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**THE PRESIDENCY
MINISTRY OF DEVOLUTION AND PLANNING**

PARTICIPATORY POVERTY ASSESSMENT V

GARISSA COUNTY

CHARIROT CLUSTER

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KFNVA 
VISION 2030
Towards a Globally Competitive and Prosperous Kenya

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FOREWORD

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

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

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

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

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

Ann Waiguru, OGW
Cabinet Secretary
Ministry of Devolution and Planning

ACKNOWLEDGEMENTS

The Garissa Participatory Poverty Assessment is the first of its kind that has the County as the key reference point on poverty profiling since the promulgation of COK, 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the 5th National Participatory Poverty Assessment (PPA-V) Report whose findings have been published simultaneously with the 47 County Reports.

Foremost, I take this opportunity to sincerely thank and acknowledge all individuals and institutions who collectively contributed their time and resources towards the production of this Report. In particular, valuable leadership and policy guidance was provided by Mr. Stephen Wainaina, the Economic Planning Secretary (EPS) and Mr. Moses Ogolla, the Director Social & Governance Department (SGD). The Social & Governance Department (SGD) 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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Eng. Peter Mangiti
Principal Secretary

EXECUTIVE SUMMARY

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

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

Poverty has reduced over time since many households can at least afford to meet basic needs such food, education and health. With more and more children going to school and getting educated, the perception of the people on various issues has changed a lot. The community has been enlightened over time and they are now focused on developing themselves. But still, high poverty levels have given rise to inter-clan conflicts as people fight for the few available resources in the area.

The provision of health services has greatly improved overtime. Although there are no health facilities in the cluster, the health status has improved for the last ten years through services from other health facilities and from hospitals in Garissa Town. The health seeking behaviour of the locals has also recorded some improvement.

The level of education in the community also has improved overtime. The parents have been sensitized on the importance of taking their children to school. They have also been encouraged to take the girl child to school. Families who took their children to school are now better placed. The main challenges faced are shortage of teachers, the nomadic lifestyle which disrupts children's education, harsh climate of the area, and early marriages of girls.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
ASAL	Arid and Semi-Arid Lands
CDF	Constituency Development Fund
CHW	Community Health Worker
CTs	Cash Transfers
SCDO	Sub-County development Officer
CSO	County Statistics Officer
ECD	Early Childhood Development
ESP	Economic Stimulus Project
FGD	Focused Group Discussion
FPE	Free primary Education
GAWASCO	Garissa Water and Sewerage Company
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
IPRSP	Poverty Reduction Strategy Paper
ITN	Insecticide Treated Net
KDHS	Kenya Demographic and Health Survey
KIHBS	Kenya Integrated Household Budget Survey
KKV	KaziKwaVijana
KNBS	Kenya National Bureau of Statistics
KPHC	Kenya Population and Housing Census
LATF	Local Authority Transfer Fund
MOE	Ministry of Education
NACC	National AIDS Control Council
NASSEP	National Sample Survey and Evaluation Programme
NASSEP	National Sample Survey and Evaluation Programme
NCPB	National Cereal and Produce Board
NER	Net Enrolment Rate
NGO	Nongovernmental Organization
OVC	Orphans and Vulnerable Children
PPA	Participatory Poverty Assessment
PRA	Participatory Rural Appraisal
PRSP	Poverty Reduction Strategy Paper
PWD	People Living With Disabilities
RA	Research Assistant
SFP	School Feeding Program
SSDE	Subsidized Secondary Day education
TBA	Traditional Birth Attendant
URTI	Upper Respiratory Tract Infection
VIP	Very Important Person
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND OF PARTICIPATORY POVERTY ASSESSMENTS

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty based on their own discourse. PPAs are aimed at understanding poverty from the perspectives of poor people including gaining a clearer notion of what their priorities are for improving their livelihoods. There is need to conduct regular PPAs in order to inform policy makers on decision making process regarding various interventions that help to get the poor out of poverty. Four PPAs have been undertaken in Kenya so far.

The first Participatory Poverty Assessment was carried out in 1994 and covered 8 sub-counties (seven of the poorest districts and two low income areas in Nairobi). This study collected information using participatory rural appraisal (PRA) tools, and a substantial amount of quantitative data. The study had two objectives: (a) to understand poverty from the perspective of the poor and those providing services to the poor, and (b) to start a dialogue between policy makers, district-level service providers and the poor.

The study recorded the respondents' vision of the future where overall 86.7% thought their situation would get worse. In some villages the figure was 95%. This meant that in some areas of Kenya, almost every person thought the situation was hopeless. It is important to point out that the PPA also targeted female-headed households in the slum areas of Nairobi as a special category in an effort to understand how vulnerable groups fared. The PPA produced a wealth of data on the disadvantaged position of poor women in the country including family breakdown, inability to inherit, lack of access to capital and credit, and discrimination in education and employment. Four major long term factors emerged from PPA-I, each contributing independently to increasing poverty across the country: inflation, social breakdown, cost sharing strategy and demographic characteristics.

The second PPA was carried out in 1996 and covered 7 districts. The purpose of the study was to provide a deeper understanding of poverty from the perspective of the poor and to fill gaps that quantitative studies could not readily explain. It also aimed at enhancing capacity of Government staff in the application of participatory methodologies used to study poverty. The study looked at people's perception on service delivery. The poor knew they were poor because they were unable to control access to and use of basic services such as education, health, water and agricultural extension service and needs such as food, housing and clothing. Their potential for moving out of poverty was reduced by poor infrastructure, declining government (service) institutions, and lack of income earning opportunities and, in a number of cases, insecurity and political unrest. From the study, it was clear that while the poor were desperate to improve their conditions, they did not subscribe to the strategy of handouts from government or other benefactors. They also pointed out that existing safety net initiatives did not assist the poor.

The third PPA carried out in 2001 covered 10 districts; with the objective of enriching the information collected countrywide for the preparation of the Poverty Reduction Strategy Paper

(PRSP). The PRSP built on past efforts aimed at poverty reduction, and in particular the IPRSP which identified measures and strategies necessary to facilitate sustainable and rapid economic growth, improving governance, raising income opportunities of the poor, raising quality of life, and improving equity and participation.

The first three studies focused mainly on poverty diagnostics (characteristics of the poor and causes of poverty), but had no explicit link to policy and therefore did not adequately address the impact of pro-poor policies. These studies raised numerous concerns on service delivery and therefore could be seen as informing the interest in ensuring that policies are pro-poor and that their impact is felt by the poor, thus laying useful foundation for the enquiries of both PPA-IV and PPA-V.

The fourth PPA was conducted in 2005/06 alongside the Kenya Integrated Household Budget Survey (KIHBS). The two studies were meant to complement each other. The PPA-IV focused on three main areas of policy relevance: 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 (agriculture and livestock extension services, healthcare, education, water and sanitation, access roads). To complement the quantitative data, PPA-IV investigated the extent to which households in the communities have moved in and out of poverty in the past.

The need to carry out the fifth Participatory Poverty Assessment (PPA-V) was mooted by the Ministry of State for Planning, National Development and Vision 2030. Participatory approaches add value in policy formulation and planning by enriching understanding of the lived realities of poverty and arriving at policies which make sense to those affected. They increase the confidence and 'voice' of people in poverty while also acting as a learning process for the non-poor who are involved, and often resulting in the creation of new networks. In addition, participatory approaches influence the images of poverty and public debate. The PPA-V commenced in 2011/2012 FY to evaluate the impact of pro poor policies with special focus on social protection initiatives.

The PPA-V was necessitated by the fact that inequality and poverty remain among key development challenges that the Government of Kenya continues to confront and address. While substantial attention has been placed on poverty alleviation, there exists a huge gap between the poor and non-poor in the entitlement to delivery of services. There also exist large disparities in incomes and access to education, health, and to other 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 persons with disability, youth, people living with HIV&AIDS, orphans and the elderly.

1.2 PPP-V STUDY OBJECTIVES

The overall objective of the study 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 this context, PPA-V focuses 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 to:

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

1.3 COUNTY/CLUSTER PROFILE

According to Garissa County Integrated Development Profile (CIDP), Garissa County is one of the three counties in the north-eastern region of Kenya. It covers an area of 44,174.1 km² and has seven sub-counties which include Fafi, Garissa, Ijara, Lagdera, Balambala, Dadaab and Hulugho. The county is further divided into 23 divisions and 83 locations.

The county has a population of 699,534 (375,985 males and 323,549 females) according to the Kenya National Population and Housing Census of 2009. The population is projected to increase to 785,976 in 2015 and 849,457 in 2017. There is low population aged 80 years and above due to low life expectancy at 56 years for males and 65 years for females. The dependency ratio in the county stands at 48 percent, and this has a negative impact on development since more resources are required to take care of this population.

Garissa County is principally a semi-arid area and receives an average rainfall of 275 mm per year. There are two rain seasons, the short rains from October to December and the long rains from March to May. Rainfall is normally in short torrential downpour making it unreliable

for vegetation growth. Given the arid nature of the county, temperatures are generally high throughout the year and range from 20°C to 38°C. The average temperature is however 36°C. The hottest months are September and January to March, while the months of April to August are relatively cooler.

Livestock rearing is the backbone of the county's economy. The main livestock bred are cattle (Boran), goats (Galla), sheep (black headed Persian) and camel (dromedary one humped). The main livestock products are meat, milk, hides and skins.

Charirot cluster is in Korakora location on the Garissa/Masalani highway. It is located 15 km southeast of Garissa Township. It has a population of about 3,000 residents. Despite its closeness to Garissa Township, it lacks most of the essential services like health facilities, safe drinking water, sanitation facilities, etc. The people of Charirot engage in subsistence farming and are pastoralists at the same time.

1.4 SELECTION OF THE CLUSTER

The selection of the cluster was done using two-stage purposive sampling that was superimposed on agro-ecological zones to cover common characteristics across similar zones. The aim was to capture as much variation as possible among the poor communities in a given County. The Fifth National Sample Survey and Evaluation Programme (NASSEP-V) maps from Kenya National Bureau of Statistics (KNBS) were used to demarcate the boundaries of the selected clusters.

Charirot cluster was selected for the detailed study in which specially designed participatory assessment tools were administered. In the cluster, a household survey was undertaken and a household questionnaire administered to selected households, especially those benefiting from cash transfers and those in extreme poverty.

1.5 FIELD LOGISTICS

The PPA-V pilot study was conducted during the month of March/April 2012 and the main survey in this cluster was done in November/December 2013. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who were mainly technical experts in the subject areas of the survey. The main policy areas of focus were Healthcare, Basic Education, Agricultural Services and Inputs, Water and Sanitation, Housing, Cash Transfer (CT), Roads 2000, devolved funds such as Constituency Development Fund (CDF) and KaziKwaVijana (KKV).

In preparation for the survey, the Research assistants (RAs) were introduced to the use of survey tools by the supervisors/trainers. Advertisement for Research Assistants was done one week prior to recruitment through the Sub County Development Officer (formerly DDO) and Sub County Statistics Officer (formerly DSO). The recruitment interviews were conducted for two days. Out of the applicants who were interviewed, six (6) Research Assistants were selected to assist in data collection in the county.

1.6 PPA V METHODOLOGY

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

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

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

1.7 REPORT ORGANIZATION/OUTLINE

The report is divided into six chapters including chapter 1 which covers introduction, Chapter 2 highlights the poverty dynamic and indicators, and 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), and Youth Enterprise Development Fund (YEDF). Chapter 5 covers the findings on cross-cutting areas and emerging issues, and chapter 6 outlines the conclusion and recommendations.

CHAPTER TWO: POVERTY AND WELLBEING

2.1 INTRODUCTION

According to Garissa CIDP, the county has large numbers of poor people in both urban and rural areas. The population living under absolute poverty is estimated at 50 percent. They are heavily dependent on relief food from the government and other organizations. These high incidences of poverty can be attributed to frequent droughts, regular floods, and inter-clan conflicts. Droughts reduce the number of livestock for the pastoralists, hence exposing them to abject poverty. Lack of access to credit that is attributed to the Sharia Law, and poor marketing strategies hamper the growth of small business enterprises and further contribute to poverty.

The aftermath of war in the neighboring counties of Wajir and Mandera has adversely affected the livelihoods of people in Charriot. The traditional cultural practices and religious practices have done more harm and contributed to high levels of poverty. Several pro-poor interventions have been put in place by the Government and other development partners to alleviate the suffering of the people in Charriot and Garissa County at large. Charity organization e.g. Care International and the Red Cross have done a lot in key areas like providing sanitary facilities, creating awareness on dangers of drinking unsafe water, and supporting poor families. Despite all these efforts, dependency on relief food is very high because of harsh environmental conditions.

2.2 DEFINITION OF POVERTY

According to the community, poverty is lack of basic necessities or needs. The community members defined the poor as those with no income, the orphans and vulnerable children and people with severe disabilities.

2.3 CLASSIFICATION OF POVERTY

According to the community, there are poor people, very poor people and rich people in the community. The community is mainly made up of pastoralists and as such the social classes are according to the number of livestock one owns.

Poor people in the community are those who own less than five (5) goats and have no cows or camels. The rich own a minimum of fifty (50) camels, 100 cows and 200 goats/sheep. At the time of the study, those who owned a large chunk of land along the river Tana are also regarded as rich. The residents of the community are both pastoralists and small-scale farmers. The OVCs, widows and people with severe disabilities are regarded as very poor. People with no income can also be characterized as very poor. The challenges faced by the poor in Charriot community are diverse and include lack of support, discrimination and consistent drought that has compounded their situation. Lack of collateral has made them unable to access credit from financial institutions.

2.4 CAUSES OF POVERTY

The area is characterized by harsh climatic conditions which have contributed to the high poverty rate. In addition, insecurity, illiteracy and negative cultural and religious practices have contributed to the poverty levels. Other issues identified were lack of access to loans, ignorance, poor leadership, rural-urban migration and clan conflicts. Majority of the youth are illiterate, get into early marriages, abuse drugs and alcohol, and lack exposure. Divorce, polygamy, lack of knowledge on family planning and female genital mutilation were said to be causes of poverty among women.

2.5 COPING STRATEGIES

The community members engage in charcoal burning business, working as house-helpers or housewives, grazing other peoples' livestock for pay, and working as loaders. In extreme cases, some individuals are involved in crime and prostitution just to cater for their basic needs. They depend on interventions such as cash transfers in catering for their needs and startup of small businesses. The appeal was on the Government to upscale the CT programme to cover more households so that the poverty levels can drop. The community members have now realized the importance of practicing crop farming alongside their pastoral way of life. They have a communal farm which is located five (5) km away from the area along the riverbed where they grow crops like tomatoes, bananas and potatoes. They sell their produce at Garissa Township ten (10) km away and Korakora location which is 15km away.

2.6 POVERTY TRENDS OVER TIME

The community feels that poverty has reduced over time since many households can at least afford one meal per day as opposed to the past. With more and more children going to school and getting educated, the perception of the people on various issues has changed a lot. The community has been enlightened over time and they are now focused on developing themselves.

2.7 IMPACT OF POVERTY

The high poverty levels have given rise to inter-clan conflicts as people fight for the few available resources in the area. People are now migrating to larger cities in search for greener pastures despite the illiteracy levels.

2.8 INTERVENTIONS TARGETING THE POOR

With the presence of many NGOs in the area it is likely that the people of Chariro sub-location would be better off in the future. Youth and women are also empowered through several interventions like devolved funds and are encouraged to form groups and apply for loans. Through interventions such as cash transfers, many households have been able to start meaningful businesses which have transformed their lives.

2.9 RECOMMENDATIONS

- The community needs to be encouraged to achieve their full potential especially through education;
- There is need to encourage the community to embrace other forms of income generating activities and reduce overdependence on nomadic pastoralism;
- The government should rehabilitate/construct roads in the area to improve access;
- Women especially the girl-child should be allowed to attend school like their male counterparts;
- Essential services like health and educational facilities should be brought closer to the people; and
- The cash transfer programme should be up-scaled to cover more households.

CHAPTER THREE: PROVISION OF GOVERNMENT SERVICES

3.1 HEALTHCARE

3.1.1 Introduction

Garissa County has 126 health facilities. Out of these, 68 are Level 2 facilities, seven Level 4, 21 private clinics, 19 Level 3 facilities and one Level 5 facility based in Garissa Town. There are also three nongovernmental organization dispensaries and five mission health facilities which are included in the above figure. Good healthcare services are mostly in the urban areas. The average distance to the nearest health facility is 35 km. Most of the health facilities are along the river where there are settlements. The number of trained health personnel is also very low with the doctor-population ratio at 1:41,538 while the nurse-population ratio is 1:2,453.

The five most prevalent diseases in Garissa County are malaria (with a prevalence of 46.6 percent), upper respiratory tract infections (5.2 percent prevalence), stomachache (6.6 percent prevalence), diarrheal diseases (2.7 percent prevalence) and flu (3.7 percent prevalence). HIV&AIDS prevalence is low at one percent compared to the national level of 5.6 percent. This however, is a sharp increase from zero percent recorded during the Kenya Demographic Health Survey of 2003. This rise is mainly attributed to the fact that only 10 percent of the population has comprehensive knowledge on HIV prevention as per the Multiple Indicator Cluster Survey (MICS) of 2007.

3.1.2 Major Health Concerns

The main health concerns in the area are lack of health facilities, lack of maternity services forcing most mothers to depend on traditional birth attendants (TBAs) who are poorly trained, and the services in health facilities are also poor and costly. The community also suffers from diseases such as frequent diarrhoea infections, malaria and flu.

3.1.3 Provision of Health Services

The community members reported that there are no health services available in the locality. They are forced to go to Garissa town which is about 15 km to seek for health services. The situation is worse for expectant mothers who are not allowed to use motorbikes to cover the long distances. In addition, the community said that the health services are unaffordable. As a result, most respondents do not seek for these services whenever they fall sick unless it is very necessary.

3.1.4 Intervention to Improve Health Standards

The community reported that there are few interventions to improve health standards. They pointed out that sometimes there are polio vaccination exercises carried out by the government, although these services do not reach many people due to the vastness and

terrain of the area. The location has a community health worker (CHW) who is ill-equipped and has insufficient skills.

3.1.5 Household Involvement in Decision Making Process on Health

Normally their culture places the man as the top decision maker in the family including on health issues except for households headed by women who are either widowed or divorced.

3.1.6 Ideal Family Size

The community is predominantly Muslim who are polygamous in nature. They believe that many children are a blessing from God, and hence there is no ideal family size in practice. The community estimated that most families have more than 10 children. The large family sizes were also attributed to the early marriages in the area.

3.1.7 Relation of Household size and Poverty

The community noted that there is a relationship between health and poverty. They indicated that as the number of children increases the rate of poverty also increases as resources are shared and become scarce. Dependency rate will increase as a result of a large household size.

3.1.8 Access to Family Planning Services

The county has a very low contraceptive acceptance rate which stands at four percent. The low contraceptive use is attributed to the cultural and religious practices which prohibit family planning. The community noted that family planning services are accessible at the Garissa provincial hospital, but since the community is restricted by culture and Muslim beliefs, they do not practice or believe in family planning.

3.1.9 Status of Health Services overtime

Although they said there is no health facility at their community, the health status has improved for the last ten years through the polio vaccination, and health services from other hospitals in Garissa Town.

3.1.10 Recommendations

- There is need to construct health facilities within the community.
- The community members need to be sensitized on various health issues.
- Provide the TBAs and CHWs with basic training.
- They proposed for subsidized or waived health services.

3.2 BASIC EDUCATION

3.2.1 Introduction

Garissa County has 184 Early Childhood Development Education (ECDE) centers with a total enrolment of 24,091 (13,285 boys and 10,806 girls), and 229 teachers giving a teacher-pupil ratio of 1:105. The preschool net enrolment rate is 9.6 percent and the completion rate is 89.34 percent while the retention rate is 11 percent. This is due to the nomadic lifestyle of the people. In addition to formal schooling, there are also *madrassas* where young children are taught religious studies.

The county has 131 primary schools with a total enrolment of 41,474 (24,939 boys and 16,535 girls). There are 672 teachers giving a teacher-pupil ratio of 1:61. The primary school net enrolment rate is 23.5 percent while the completion rate is 62.7 percent. The transition rate stands at 58.3 percent. This is due to the nomadic lifestyle of the people and early marriages among girls.

The proportion of the population that is able to read stands at 39.7 percent while those who cannot read and write is 57.9 percent. On average, the literacy level in the county is 8.2 percent. Men are more literate than women.

The county has 18 secondary schools with a total enrolment of 6,580 students (4,774 boys and 1,806 girls). This represents four percent of the secondary school age population. The teacher-student ratio stands at 1: 36. The secondary school net enrolment rate is 3.50 percent and the completion rate is 77 percent.

The community defined basic education as attaining primary and secondary education.

3.2.2 State of Education Facilities

There is only one primary school in the area. The school buildings are permanent but the school compound is not fenced. The school has a population of 300 pupils. The school is understaffed, thus forcing the parents to dig deeper into their pockets to hire untrained teachers, which lowers the quality of education. Each child is supposed to pay Kshs200 per month. Most households cannot afford to pay this amount which in turn result into dropouts or chronic/perennial absenteeism.

3.2.3 Provision of Education Services

The schools in the location are understaffed. For example, there are only three teachers in the primary school located in Charicot community. The schools are supplemented by teachers who are paid by the parents. However, most of the teachers employed by parents are not well trained, and this compromises on the quality of learning. Majority in the School Management Committee (SMC) are illiterate, thus affecting decision-making. The cost of meeting the salaries of extra teachers is unaffordable to most parents, and hence most pupils end up dropping out of school.

3.2.4 Intervention towards Improvement of Education Standards

The Government through different players has done a lot in improving education services in the community. The FPE and the School Feeding Programme (SFP) have improved enrolment and provided or reduced the burden on family income. The girl-child has also benefited through free primary education. The CDF has constructed classrooms and pit latrines for the local schools. The Ministry of Education has programmes in place which target OVCs and PWDs. Other government efforts are providing uniforms and books for OVCs and PWDs. Sometimes, parents burdened highly by poverty are given incentives so as to ease the burden. Equity Bank through the Wings-to-Fly programme sponsors bright students for their secondary school and university education. UNICEF is also sponsoring needy children through secondary school.

3.2.5 Status of Education overtime

The level of education in the area has improved tremendously. Initially there was no school in the area and the nearest school was 10 km away. The parents have been sensitized on the importance of taking their children to school. They have also been encouraged to take the girl-child to school. Families who took their children to school are now better placed. The work of NGOs and other development partners cannot be underestimated. They have done a lot to improve the education standards in the area. With proper sensitization OVCs and PWDs have been recognized and accepted within the community. Their right to education is also upheld and respected.

3.2.6 Relationship of Education to Poverty

There is relationship between poverty and education in so many ways. From positive point of view, those parents who took their children to school who are now employed are enjoying the fruits of their labor. Generally their livelihoods have improved. The households with many children are unlikely to put all of them through school. This can be attributed to the high cost of living experienced all over the county. The high rate of inflation has made many families to pull their children out of school. Generally in the last ten years there is improvement of education coverage and standards, where FPE, SFP and others have impacted positively to that growth.

3.2.7 Recommendations

- The Government should deploy more teachers to schools in the county to make up for the deficit;
- Parents should be sensitized and encouraged to take their children to school;
- The school feeding programmes should be sustained at all times;
- The school management should be encouraged to take advantage of farming activities in the area. Through agricultural activities they can generate revenue for the smooth running of the school and grow food to enhance the SFP.

3.3 AGRICULTURE SERVICES AND INPUTS

3.3.1 Introduction

Livestock rearing is the backbone of the county's economy. The main livestock bred are cattle (Boran), goats (Galla), sheep (black headed Persian) and camel (dromedary one humped). The main livestock products are meat, milk, hides and skins. The main crops grown are watermelons, mangoes, vegetables, tomatoes, papaws, bananas, cowpeas, simsim, maize, beans and greengrams. These are usually produced on a small scale under irrigation along TanaRiver.

The total hectarage under food crops in the county is 981 ha while that under cash crop is 1,800 ha. The average farm size in Garissa County is 1.3 ha. These are individual group farms dominantly found along TanaRiver.

The main storage facilities are raised shafts within Manyatta huts and shopping centers. There are also five National Cereal and Produce Board (NCPB) stores located in Garissa town each with a capacity of 4,500 metric tonnes. These are mainly used for the storage of relief food.

Fish farming in Garissa County is done on a small scale along River Tana and in fish ponds. There are five fish ponds with a total area of 1,200 m². The main types of fish caught are mud fish, cat fish, bone fish, tilapia and eel. There are six landing beaches along River Tana in Garissa, Fafi, Balambala and Masalani.

3.3.2 Provision of Agricultural Services

The major constraints to farming are lack of farm inputs (seeds, fertilizers, ploughing machines, waterpumping engines and insecticides), lack of skills and knowhow since they are slowly switching from nomadic pastoralism to farming, occasional floods that destroys their crops, lack of transport for farm produce, and destruction of crop by both wild and domestic animals.

There are no extension services offered by the Ministry on crop farming in the location. The Agricultural Officer confirmed that there will be target programs for Charriot location in particular.

3.3.3 Intervention for Improving Agricultural Services

Many agricultural services are offered in the area to help improve crop and livestock production. These include farm inputs and extension service, capital, school-based programs, school feeding programs and training of farmers on use of inputs and other technical skills. Other target programmes offered by government and development partners are NjaaMarufuku, Economic Stimulus Programs, irrigation services, KilimoBiashara, and abattoirs in ASALs. The target groups for the services are the pastoralists and farmers and more so the poor and needy who cannot afford essential services.

3.3.4 Relation between agriculture and Poverty

It was reported that there is a relationship between agriculture and poverty. The residents of the area depend mostly on livestock, and as a result of droughts and diseases, sometimes their livestock die leaving them with no source of income or food. Poor farming practices and crop failure also leave them with no food and income.

3.3.5 Status of Agricultural Services Overtime

The communities in the location are mainly livestock farmers (herders) and drought has swept away their animals. This has forced the community to turn to farming along the river.

3.3.6 Recommendations

- The community should be assisted and encouraged to embrace modern ways of life and abandon negative cultural practices;
- Sensitization and proper awareness on the importance of farming and further provision of training services and farming skills to the community;
- The Ministry of Agriculture should assist the community with farm inputs and services;
- The various marketing boards in the county and national level should assist farmers in marketing their produce and offer access to subsidized farm inputs and fertilizers.

3.4 WATER AND SANITATION

3.4.1 Introduction

Garissa County has one permanent river (River Tana), 25 shallow wells, 65 boreholes, 177 water pans and one dam. The Garissa Water and Sewerage Company (GAWASCO) supplies treated water to the residents. Water from other sources is generally unsafe and as such it is treated at the household level by use of aqua tabs, water guard and other chlorine-based purifiers supplied by the relevant government departments. Other areas of the county rely on shallow wells, boreholes and water pans. The county is generally water scarce with acute water shortages experienced during the dry season. Various interventions have been undertaken to mitigate against these water shortages. These include water tinkering and the activation of the rapid response team charged with the responsibility of repairing boreholes during drought.

The Garissa Water and Sewerage Company (GAWASCO) supplies water to about 27,725 households in Garissa Town and its environs. There are nine river-based water supply schemes that provide water to communities living along River Tana. These are basically managed by Water Users Associations.

Garissa County is water scarce with only 23.8 percent of the population having access to safe water. Access to piped water is limited to the sub-county headquarters where an estimated 27,725 households have connection. The main source of water in the county is River Tana and seasonal *Laghas*. The average distance to the nearest water point is 5 km. However, for residents of Garissa Town, this distance has reduced considerably.

The proportion of the county population that uses pit latrines is 46.76 percent while 2.6 percent use VIP latrines. A majority of the population (50.63 percent) use other means of sanitation such as bush. There is only one sewerage connection that is currently being constructed in Garissa town. However, other towns in the county do not have sewerage connections.

3.4.2 Status of Provision of Water and Sanitation Facilities

The supply of water by GAWASCO is normally disrupted by other villagers who live along the piping system. The water rarely reaches Charriot and even when it does it is in small quantities. The most reliable source of water for the community is Tana River which is 5 km away. The river is full of giant crocodiles which endanger the lives of the villagers who have even lost some community members. Many villagers drink water without necessarily treating it. The condition is made even worse by the people's perception based on religious belief that water can never be contaminated. Some members of the community believe that Allah (God) is in-charge and therefore nothing bad can happen to them after consuming unsafe water. There are 3 functional pit latrines (permanent), while others have collapsed due to heavy downpour experienced in the area.

3.4.3 Types of Water and Sanitation Services

The Garissa Water and Sanitation Company supplies piped water to Garissa Township, and has extended the supply to Charriot area. However, the residents are yet to enjoy the services. Most people in the area get water from River Tana which is 5 km away. Women and children are normally the ones given the responsibility of fetching water from the river. Sanitation services available in the area are mainly pit latrines. Care International, an NGO working in the area, has constructed a number of pit latrines, and since most of the latrines were semi-permanent the structures did not last long.

3.4.4 Relationship between Water and Sanitation and Poverty

There is a relationship between water and sanitation and poverty in so many ways. To start with, lack of adequate water and sanitation facilities can lead to outbreak of diseases e.g. waterborne diseases. This will have an effect on the livelihoods of families who take care of the sick instead of buying food with the little income. If the disease affects the household head who is the sole breadwinner, it means the family has no livelihood means. The OVCs, PWDs and women are the ones mostly affected.

3.4.5 Opinion of Water and Sanitation Overtime

The situation is worse than it was in the past due to lack of adequate sanitary facilities, lack of safe drinking water, lack of proper awareness on safe drinking water, outdated cultural and religious practices, illiteracy, insecurity, nomadic way of life, lack of proper infrastructure, clan conflicts, overgrazing lands, and water for their animals.

3.4.6 Recommendations

- More pit latrines should be constructed in the area to reduce spread of waterborne diseases through improper human waste;
- The Garissa Water Company should make effort to repair the broken pipes so that water can reach Charriot village in plenty;
- Dumping site should be constructed so that the streets are not littered;
- The locals should be trained on the need to practice high standards of hygiene and avoid things that would jeopardize their health;
- The infrastructure especially the roads should be improved to allow free movements of goods and services.

3.5 HOUSING

3.5.1 Introduction

Housing remains a big challenge in the county with a high percentage of the population living in manyatta's. The distribution of housing in the county by wall material is varied. According the CIDP, the most common type of wall is grass straws (43 percent), while 19.4 percent live in houses with mud/wood walls and only 12.9 percent reside in brick/block walled houses.

3.5.2 Types of Building Materials

The main materials used by the community for constructing houses are locally available materials consisting of poles, twigs, specially weaved fiber mats for roofing, ropes, and animal skin. Some semi-permanent houses are built using poles, sand, cement and iron sheet for roofing.

3.5.3 Types of housing and household headship

The main housing type in the area are traditional house and a few semi-permanent houses. The only permanent buildings are the primary schools and the mosque. The materials are locally available and affordable. The traditional houses are constructed by women while the semi-permanent ones are built by men.

The households are headed by men or women if the household head is a widow. However, female headed households are not common. Other households are headed by people with disabilities and elderly where there are cases of grandparent-headed households, but these cases are very few.

3.5.4 Status of Housing overtime

The community noted that housing status over the last ten years had improved. Most of the houses used to be traditional but currently they have changed to semi-permanent housing. Traditional houses are insecure from predators, thieves and other harmful things. They are very temporary and even affected by rains and strong winds.

The community has recently been experiencing shortage of building materials due to heavy charcoal burning, among other reasons. The community and the forest department are in conflict due to overharvesting of the construction materials. Most of the community members cannot afford to buy materials for building semi-permanent houses.

3.5.5 Recommendations

- The community proposed provision of alternative building materials like bricks to avoid deforestation;
- The community proposed provision of subsidized building materials such as iron-sheet and cement.

CHAPTER FOUR: FINDINGS ON PRO POOR INITIATIVES AND DEVOLVED FUNDS

4.1 CASH TRANSFERS

The cash transfer programme started in 2009/2010 as a pilot project covering two districts, namely, Garissa and Ijara. The criteria for selection of beneficiaries involve formation of a committee to scrutinize individuals who have applied for the fund. The names are submitted to the department of children at sub-county (district) level who forward them to the cash transfer secretariat in Nairobi. The names are vetted and the shortlist is handed down to the district level. It is the responsibility of the sub-county (District) Gender and Children's Affairs to take the names to the committee. The names are called out in a public baraza to verify whether they exist.

The community confirmed that the cash transfer amount is Kshs2,000 for a household per month. In most cases the payment is delayed and comes after two months. The amount has helped many families to start small businesses. This has impacted positively on the livelihoods of the beneficiaries. The money is collected and signed for by the beneficiaries. Currently, the money is paid through the Post Office, which is at the County Headquarters 15km away from the community.

The money is not adequate because of the high inflation rate experienced all over the country. Lack of alternative income or income-generating activities has made the dependency rate very high.

OVCs and people with severe disabilities cannot afford the visit to the nearest post office which is 15 km away. The money is not given on time and is delayed sometimes even for four months and this makes the beneficiaries more vulnerable.

The community proposed that the money from cash transfers should be up-scaled. There is need to consider the eligibility criteria in order for more people to benefit. One of the proposed criteria is to pay according to the number of children being supported in the household. The age limit should be reduced so that even those aged 50 years who are poor and vulnerable can benefit from the cash.

4.2 KAZI KWA VIJANA (KKV) AND ROADS 2000

The community in Charicot has never benefited from KKV or Roads 2000 programme. There is need to introduce the initiative to the community. Members of the community felt that there is need for sensitization and awareness creation of such government initiatives before implementation.

4.3 DEVOLVED FUNDS

These are funds initiated by the Government to assist communities at the grassroots levels. The community was aware of the Constituency Development Fund (CDF), HIV&AIDS Fund

Community Initiative Fund, Disabled Fund, Water Service Trust Fund, etc. The CDF has been used to construct classrooms for schools and pit latrines in the area.

The community cited lack of knowledge on how to access the funds, illiteracy, ignorance, lack of means of airing their complaints, and outdated cultural practices as major challenges experienced. The community has never accessed nor are they aware of YEDF and WEDF funds.

Recommendations

- Awareness campaign should be created to educate the area residents about the existence of the funds and how to access them;
- There should be transparency and fair distribution so that most of the poor people benefit;
- There should be enough consultation and participation before the funds are disbursed.

CHAPTER FIVE: CROSSCUTTING ISSUES

5.1 HIV&AIDS

The HIV&AIDS prevalence rate is low at one percent compared to 5.6 percent at the national level. However, this is a sharp increase from zero percent recorded during the Kenya Demographic Health Survey of 2003. This rise can be attributed to the fact that only 10 percent of the population has comprehensive knowledge on HIV prevention as per the Multiple Indicator Cluster Survey (MICS) of 2007.

5.2 DISABILITY MAINSTREAMING

The area has a number of persons in the community with various forms of disabilities. The PWDs have not benefitted from any of the Government initiatives and programmes like Cash Transfer to Persons with Severe Disabilities (PWSDs) and neither do they get any special consideration for other programmes. Some of the PWDs have no wheelchairs, walking sticks and other special enablers meant for them.

5.3 GENDER MAINSTREAMING

It was clear that the community is very patriarchal and the woman is not consulted on any issues affecting the community including on family planning. It is even a taboo for a woman to assume any position of leadership in the community. There are concerns in the area on the plight of women/girl-child as most of the tasks and activities are dominated by males. In most households, females are the main breadwinners in the family, including cooking and washing. Fetching of water is a woman's task and they trek long distances. It was evident that the girl-child's education is very low as observed in the school enrolment rates. Early marriage was another issue among the Charriot community and female genital mutilation is a common practice.

6.1 RECOMMENDATIONS

- There is need to encourage the community to embrace other forms of income-generating activities and reduce overdependence on nomadic pastoralism;
- The government should rehabilitate/construct roads in the area to increase access;
- The girl-child should be encouraged to attend school;and mechanisms be put in place to ensure that parents take their female children to school, donot marry off their girls before attaining 18 years, and that female genital mutilation is curbed;
- Essential services like healthcare, education, water and sanitation, and agriculture should be made accessible,, affordable, available and ensure quality;
- The Government should deploy more teachers in the county to make up for the deficit;
- The cash transfer programme should be up-scaled to cover more households, and money increased to match the cost of living;
- The school management should be encouraged to take advantage of farming activities in the area.Through agricultural activities they can generate revenue for the smooth running of the school and grow food to enhance the SFP;
- The Ministry of agriculture should assist the community with subsidized farm inputs, provide extension services, sensitize on the importance of farming, and provide training services and farming skills to the community;
- More pit latrines should be constructed in the area to reduce the spread of waterborne diseases through improper human waste;
- Garissa Water and Sewerage Company should make effort to repair the broken pipes so that water can reach Charriot village in plenty; and
- Awareness campaign should be created to educate the area residents about the existence of the various funds and how they can be accessed.

6.2 CONCLUSION

The traditional cultural practices and religious practices have done more harm and contributed to high levels of poverty.Several pro-poor interventions have been put in place by the Government and other development partners to alleviate the suffering of the people in Charriot community and Garissa County at large. Despite all these efforts, dependency on relief food is very high because of the harsh environmental conditions.

Illiteracy levels are high in the area, a factor that is attributed to attitudes and perceptions. This is however changing with more people taking their children to school. The area residents are also trying to embrace crop farming through irrigation to supplement pastoralism.

Most of the residents are highly dependent on relief food. Lack of food affects education, farming, pastoralism and majority of the key sectors that push the county's economic growth. Incidences of insecurity in the county have increased which has strained the existing security

apparatus and slowed down development. Insecurity is manifested by al-shabab terrorism and inter-clan conflicts caused by fighting over resources such as land, water and grazing land.

The traditional cultural and religious practices that restrain decision making power for women is a major factor that limits the development of Garissa. Young girls are hindered from seeking and finishing formal education hence reducing their economic viability and growth. Women get limited information on economic empowerment funds available in the country and hence are unable to grow. If they are not given an opportunity to grow financially, yet they are economic players, the growth of the region is hampered. Another major factor that is slowing down growth of the county is inadequate food and water.