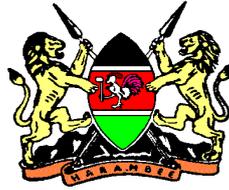


REPUBLIC OF KENYA



THE PRESIDENCY

MINISTRY OF DEVOLUTION AND PLANNING

PARTICIPATORY POVERTY ASSESSMENT V (PPAV)

KAJLADO COUNTY REPORT

**KENYA**   
**VISION 2030**  
**Towards a Globally Competitive and Prosperous Kenya**

*March 2014*

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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 from a community perspective has been rising despite the 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 Kajiado Participatory Poverty Assessment Report is the first of its kind that has the County as the key reference point on poverty profiling since the amalgamation of COK, 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the 5<sup>th</sup> National Participatory Poverty Assessment (PPAV) 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 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.

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

The Ministry also recognizes varied support provided from time to time by the following officers; Mr. Zachary Mwangi (Ag. Director General, KNBS) for cluster sampling and identification, Florence Juma (Secretary), Matilda Anyango (Secretary), Florence Natse (Secretary), Evelyn Taalam (Driver), Dequize Omg'wen (Driver) and Aphlin Onyango (Office Assistant).

The ministry is also indebted to the team of dedicated consultants comprising Munguti Katui Katua, John T. Mukui and George Mbate. Their experience and technical guidance was instrumental in the production of key documents and tools that were utilized during the field exercise as well as in the finalization of both the National Report and County Reports.

Finally, the Ministry is grateful to the respective County Governments and their staff, National Government staff in the Counties, communities and their leaders as well as key informants especially in their role in community mobilization and laying of logistics for a successful poverty assessment exercise within their areas of operation. Specifically, we thank targeted communities for turning up in large numbers and participating with enthusiasm during Focused Group Discussions (FGD) sometimes often late into the evenings thus making the work of our facilitators a success.

**Engineer Peter Mangiti**  
**Principal Secretary**

## ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
CDF	Constituency Development Fund
CHEWs	Community Health Extension Workers
CTs	Cash Transfers
DDO	District development Officer
DMOH	District Medical Officer of Health
DSO	District Statistical Officer
ECD	Early Childhood Development
FGD	Focused Group Discussion
FPE	Free primary Education
GOK	Government of Kenya
HIV	Human Immuno-Deficiency Virus
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KIHBS	Kenya Integrated Household Budget Survey
KKV	Kazi Kwa Vijana
KPHC	Kenya Population and Housing Census
KYEP	Kenya Youth Empowerment Programme
LATF	Local Transfer Funds
NGO	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PWDs	People with Disabilities
PPA	Participatory Poverty Assessment
PRSP	Poverty Reduction Strategy Paper
TBAs	Traditional Birth Attendants
VCTs	Voluntary Counseling Treatments
WEF	Women Enterprise Fund
YEF	Youth Enterprise Fund

## EXECUTIVE SUMMARY

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

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 proper sections of the population especially with regard to social poverty and provision of selected wellbeing services including agriculture, education, health, social protection and social security. The survey sought the community's perspective on poverty and provision of selected wellbeing services including agriculture, education, health, social protection and other devolved funds in particular, perspectives of the community were sought on the awareness of the availability of services, accessibility and affordability.

This report presents the findings of the PPA V survey in Ngatu A Cluster of Kajiado County which was conducted 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 subject areas of the survey.

There are several causes of poverty in Ngatu A area which include: idleness among the youth and overreliance on sand harvesting, dependence on rain fed agriculture and persistent drought continues to make the residents poorer. Poor road network and low education levels have also contributed to their poor state.

According to KI interview the major health care concerns in the community include: flu, Malaria and Diarrhea. The Ngatu A community highlights the following as their major health concerns: malaria, amoeba, and pneumonia, HIV and AIDS and Trachoma.

In regard to status of education performance, the community claimed that there has been improvement but the performance is still low. This was attributed to inadequate staffing of schools. The same sentiment was echoed by key informant who argued that education standards have not been satisfactory. The situation is said to be caused by high pupil-teacher ratio, pastoralism, inadequate staffing, absenteeism and negative cultural practices among others.

Most members of the community treat their livestock by themselves and they have not received agricultural extension services as well as livestock services over the years.

The main source of water in the cluster is River Olkeria which is a seasonal river. They also get water from water vendors at a price. The community has used the water to carry out small scale farming along the riverbanks.

Majority of the residents in the rural areas resides in the Manyattas however; there is a gradual change in housing structures to semi-permanent ones.

Cash transfers in Kajiado County include the following: CT Elderly, Orphans and Vulnerable Children (CT-OVC), CT Persons with Severe Disabilities (CT-PWSD) and Devolved funds include Constituency Development Fund (CDF), Local Authority Transfer Funds (LATF), Women Enterprise Fund (WEF) and 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 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.

##### 1.1.1 Poverty and Inequality in Kenya

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.

##### 1.1.2 History of Participatory Poverty Assessments 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 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.

## **1.2 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 data base 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 themselves 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.

### **1.3 County/ Cluster Profile**

Kajiado County is located in the southern part of Kenya. It borders the United Republic of Tanzania to the South west, Taita Taveta County to the South East, Machakos and Makueni Counties to the East, Nairobi County to the North East, Kiambu County to the North and Narok County to the West. The county covers an approximated area of 21,900.9 square kilometres.

The county has an annual growth rate of 5.5 percent and the 2012 population was estimated at 807,069 with 401,784 being females and 405,285 males.

Most parts of the county are Arid and Semi-Arid (ASAL) with livestock rearing being the predominant economic activity. Most of the land is not arable, with small proportion of the population undertaking subsistence farming.

Ngatu 'A' cluster is a rural cluster located in Kiloh sub-location, Imaroro location, Mashuru Division which is in Kajiado Central Sub-county in Kajiado County.

Ngatu 'A' cluster has 112 household whose major economic activity is livestock keeping and sand harvesting. The road network to the cluster is poor; dusty during the dry season and impassible during the rainy season. Sand harvesters have contributed to the poor state of the road. The cluster has one primary school, Ngatu primary and one health facility in Ngatu. The community gets its water from river Olkeria, within the cluster, although the water is not safe for drinking.

## **1.4 Methodology**

### **1.4.1 Selection of the Cluster**

For the purpose of collecting information, one cluster was selected to represent the county. This was done using two stage purposive sampling that 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, Field Work**

This study used PPA tools and instruments including semi-structured oral interview questionnaires, Focused Group Discussions (FGDs), 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 between November and December 2012. Information from the clusters was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire, and was complemented by the information from key informants who are the technical experts in the subject areas of the survey. The main policy areas of focus were Health Care, Basic Education, Agricultural Services and Inputs, Water and Sanitation, Housing, Cash Transfer (CT), Roads 2000, Devolved Funds such as Constituencies Development Fund (CDF) and Kazi Kwa Vijana (KKV).

In preparation for the 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 former 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 were selected to assist in data collection in the county. RAs

were deliberately recruited from the local community to ensure that they clearly understood the local languages, culture, traditions and the lifestyle and patterns of the people.

The training for researchers ran for five (4) days and data collection and 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.

## **1.5 Report Organization/Outline**

This report therefore presents the PPA V survey findings. The report is divided into six (6) chapters, including chapter one (1) which covers introduction. Chapter two (2) highlights the survey findings on poverty diagnostics while chapter three (3) presents findings on provision of services in the selected policy areas (health care, basic education, agricultural services and inputs, water and sanitation and housing). Chapter four (4) covers the findings on other pro-poor initiatives (policies and programmes) such as Cash Transfers (CT), Kazi Kwa Vijana (KKV), Roads 2000, devolved funds such as CDF, Women Enterprise Fund (WEF), Youth Enterprise Development Fund (YEDF) e.t.c and any other pro-poor interventions. Chapter five (5) covers cross-cutting and emerging issues while chapter (6) outlines the conclusions and recommendations

## CHAPTER TWO

### POVERTY DYNAMICS AND INDICATORS

#### 2.1 Introduction

#### 2.2 Definition of Poverty

Poverty, “*Osina*” in the local language, is defined as the lack of resources i.e. lack of basic needs. The people in the area are poor but not very poor.

#### 2.3 Classification of Poverty

The community classified themselves into three wealth categories namely; the very poor, the poor and the rich.

The rich, on the other hand, were said to have big chunks of land (over 100 acres), employ the poor, have large herd of cattle and help others when they have no food.

#### 2.4 Characteristics of Poverty

The very Poor, “*Olaisinani*”, were said to be those who are beggars, those that borrow clothes, have no land and at times go without food. The very poor people in the community are poorly dressed and they are constantly faced with food shortages.

On the other hand, the poor were said to be those who can afford a meal per day and have moderate number of cows (approximately 10). The poor in Ngatu ‘A’ community are those with a few animals like goats and cows, they can afford to take their children to public primary schools.

The rich in the Ngatu ‘A’ community are those with large parcels of land and large herd of cattle, they own tractors and live in modern houses.

#### 2.5 Causes Poverty

To the Ngatu ‘A’ community, poverty is caused by idleness, as the youth lie in wait to load lorries for sand harvesters all day. The youth were further said to over-rely on sand harvesting to earn a living. Men were said to be poor as they mostly depend on rain-fed agriculture and persistent drought had seriously affected them. Further, poor road network and low education levels were said to be significant factors contributing to their low welfare. Women were said to be poor due to drought as they rely on selling water to rich neighbours and in the local Ngatu market.

## **2.6 Impact of poverty**

The community noted that poverty has forced some people into commercial sex thus exposing them to HIV/AIDS. There is also high rate of school dropouts as parents are unable to raise school fees. These dropouts result to child labour to supplement family income. Many households live in poor housing conditions making the population prone to respiratory infections like tuberculosis. The community is also unable to afford the health care services.

## **2.7 Coping Mechanisms**

Among the coping mechanisms that are common in Ngatu 'A' community include charcoal burning, sand harvesting and farming along river Olkeria banks by men and youth.

Some women take to prostitution as an alternative way of raising incomes and have merry-go-rounds where they make contributions and then share the money among themselves after some period. Women also sell charcoal in addition to depending on relief food to feed their families.

The neighbours and the community as a whole assist the orphans and most vulnerable children to access basic education, food and clothing. The community came up with a programme called the Keekonyokie South Bursary Programme where all able members of the community contribute some amount of money that is used to educate the most vulnerable children. However, this programme covers only high school students.

The women form groups where they can assist each other. For example, Nalalau Women Group is a group of women that came together so that they can do business by taking loans from Kenya Women Finance Trust.

The poor also seek informal employment within and outside the community. Some women fetch water and firewood in order to fend for themselves.

## **2.8 Asset Ownership, Access and Decision Making in the Household**

Ngatu 'A' households have land, poultry, cattle, goats and utensils as the most common assets. All these are owned by men and women cannot make any decisions concerning them. The village has Persons with Disabilities (PWDs) and OVCs (few of them), who depend on relatives and other well wishers.

## **2.9 Poverty and Gender**

According to the Ngatu 'A' community women have been sidelined and they have remained in the periphery in decision making this in turn has compromised their political and economic well-being. The underlying factors include socio-cultural beliefs and gender discrimination. Therefore the women in this community has been overburdened and furthermore complicated by lack of information and low literacy levels among women.

### **2.10 Poverty Trends over Time**

According to the Ngatu 'A' residents Ten (10) years ago, the poverty levels were low compared to the present because of persistent drought and famine. Then, they had lots of cattle which are no more because of the long spells of drought. Cattle provided them with milk which they could sell to fend their families. They had also not sold land 10 years ago, so there was more land to graze their animals.

They also felt that their living conditions have deteriorated due to the harsh economic times. They could not afford most of the basic commodities such as food, clothes, health care as well as clean drinking water.

### **2.11 Interventions Targeting the Poor in the Community**

Some of the interventions put in place to address extreme hunger and poverty in the county through concerted efforts from all stakeholders include: cash transfers for orphans and vulnerable children (OVCs), older persons cash transfer and funds for people with severe disability; the Constituency Development Fund (CDF), Local Authority Trust Fund (LATF), the Youth and Women Enterprise Funds among others. Through the Poverty Eradication Commission revolving loan Funds, Njaa Marufuku Kenya, community groups are funded to undertake income generating activities. Development partners in the county like AMREF, the Red Cross, World Vision, Concern World Wide and World Food Program have played a major role by funding projects and providing interventions like food during drought. Through Agriculture and Rural Development sub-sector, various interventions have been put in place like; improvement of livestock breeds, promotion of crop farming and introduction of drought resistant crops among others. The county through the Steering Group has taken the lead in coordination of all the actors and provide early warning system and surveillance.

### **2.12 Recommendations**

- Introduce drought resistant crops like sorghum and millet and drought resistant fruits like pawpaw and pineapples.
- Introduce alternative ways of water harvesting and sensitize the community on importance of rain water harvesting to reduce over-reliance on Olkeria River, whose water is not safe for drinking;

- Introduce small-scale irrigation schemes along river Olkeria; and
- Issuance of title deeds so that they can use them for collateral purposes.

## CHAPTER THREE

### FINDINGS ON PROVISION OF GOVERNMENT SERVICES

#### 3.1 Health Care

##### 3.1.1 Introduction

There are three sub-county hospitals, three Nursing Homes, 12 Health centers, 52 Dispensaries and 65 Private clinics. Most of these facilities are concentrated in Kajiado North constituency in particular Ngong division, due to high population density. The total number of hospital beds is 395. The doctor population ratio is 1:26,094 and the nurse population ratio is 1:1,068. The average distance to a health facility is 14.3 km, with only 9.9 per cent of the population within a distance of less than one kilometre to a health facility.

##### 3.1.2 Major Health concerns in the Community

The five most common diseases in order of prevalence in the county are: Flu, respiratory diseases, malaria, and diarrhoea. Flu constitutes 36.1 per cent of all reported illness case, malaria 11.8 per cent, respiratory diseases 12.2 per cent and diarrhoea 2.9 per cent. The common ailments within Ngatu 'A' include malaria, amoeba, pneumonia, HIV/AIDS and Trachoma. Normally, the community members get treatment and advice on HIV and AIDS from AMREF sponsored Mobile VCT which visits the community semi-annually. There are no condoms at the CDF Dispensary, in Ngatu 'A', but are available in social places and are also sold in the shops at Kshs50 for a pack of 3.

##### 3.1.3 Provision of Health Services (access, affordability and availability)

Ngatu 'A' community depends on the Ngatu CDF dispensary which is poorly equipped has no X-ray, operating equipment and has no enough staff to man the facility. The facility is out of the cluster, although less than a kilometer away. There are also private clinics in the nearby Ngatu Centre, although services are expensive and they only give first aid. The Health personnel in the CDF Dispensary are not always available although drugs are available.

Before the Ngatu CDF Dispensary was built, the community was seeking services from health centers in Kajiado, Mashuuru, Kiu and Machakos, which are far from the community.

The community members are aware of the Community Health Strategy (CHS), although no Community Health Worker (CHW) is available in the community as they are not aware how one becomes a CHW.

The community pays Kshs50 for children and Kshs100 for elderly for the card at the CDF dispensary. During pregnancies, women mostly rely on TBAs for maternal care due to poor road network and prohibitive means of transport to Mashuru health centre where the service is available. The community pays Kshs. 3,000 at Mashuru Health Centre for delivery while TBAs charges 800 and a goat.

Family Planning services are only accessible from the private clinic and most of the community members cannot afford to pay the private practitioner Kshs. 100 for the injectables.

#### **3.1.4 Interventions towards health services in the community**

The government has put several interventions such as; intensified immunization campaign, nutritional campaigns, intensified the fight against FGM, family planning and promotion of Antenatal Care Services (ANC). Several NGOs have invested in campaigns on behaviour change and prevention in the fight against HIV&AIDS.

A key informant interviewed acknowledged that health interventions such as issuance of ITN and non-payment of health services for under fives has positively impacted on the health status of the community by improving their health seeking behaviour.

#### **3.1.5 Decision making on health issues in the family/community**

In this community, the man being the head of the household is the one who makes decision on health issues affecting the family.

#### **3.1.6 Ideal Family Size among the Household in the community**

According to the Ngatu 'A' community the average family is 6 children. However, it was noted that some families they are polygamous and may have more children.

#### **3.1.7 Relation between household size and poverty**

The community were of the opinion that the more the number of children the poorer the household became. The prevalence of diseases within the community has drained most of the household income because of the many members in the house.

#### **3.1.8 Access and Decision Making on family Planning**

The man being the head of the household decides on the number of children and health related decisions. However, according to the Ngatu 'A' community the family planning commodities are inaccessible and unaffordable.

### **3.1.9 Opinion on Status of Health services over time**

In the last ten (10) years, health facilities have improved. Ten years ago, the private clinic and the CDF dispensary had not been constructed and the community was seeking services from health centres in Kajiado, Mashuru, Kiu and Machakos, which are far from the community, even for minor ailments.

### **3.10 Recommendations**

- Adequately staff the CDF dispensary and provide necessary facilities;
- Connect the dispensary with electricity; and
- To fast track creation of more community health units to manage healthcare of communities;
- Construct a maternity ward in the CDF dispensary.

## **3.2 BASIC EDUCATION**

### **3.2.1 Introduction**

At the county level 76.7 percent of ECD population has been enrolled in schools. There are 786 ECD centres with 2031 teachers. The net enrolment in primary was 67.8 per cent with 48.7 percent for girls and 51.3 per cent for boys. The transition rates from primary to secondary schools stood at 51.8 per cent with the majority of the beneficiaries being boys. Enrolment in the secondary school stood at 21.3 per cent. The transition from secondary to university education is estimated at 20 per cent. The literacy rate in the county was 65.2 per cent which is attributed to high dropout rates, low transition rates and social cultural practices. It is notable that illiteracy levels is higher in women than in men due to cultural beliefs and practices which undermine education among women.

### **3.2.2 Status of Education Facilities in the Cluster/County**

The community can only access one primary school, Ngatu Primary, which is outside the cluster. Ngatu Primary School is brick-walled; has 10 teachers (six employed by parents and 4 from the Teachers Service Commission).

There is no secondary school in the cluster and pupils go to Mashuru Secondary, or join schools in the neighboring Ukambani region, which are more than 30 kilometres away. Even with FPE, the region has not recorded any improvement in education in terms of enrolment, retention and transition.

### **3.2.3 Provision of Education Services**

According to a key informant, people in the county are starting to appreciate education. Public primary schools have benefitted from the home grown feeding programme.

The school has good facilities in terms of classes and also wind generated electricity. The school benefitted from the Constituency Devolved Fund, where one classroom was built with the aid of the community. A non-governmental organization called Child Life has built a hall for the school and also hired pre-school teachers but has since withdrawn from the community.

Parents pay Kshs560 for PTA teachers per parent per term and buy textbooks and desk for new entrants. They pay for exam and activity fee every term although the amounts vary from as low as Kshs 50 to Kshs 300.

### **3.2.4 Status of Education Services**

Major challenges in the education sector are poverty, high drop-out rates, FGM, early pregnancies and marriages that affect girls. About 63.8 per cent of the population covers a distance of 5 Km to the nearest primary school in the county. The schools have inadequate teaching staff and most of the public schools lack basic facilities. There are no polytechnics and adult education classes are few.

However, since the introduction of free primary education (FPE) in the year 2003 the school has significantly witnessed increased enrolment. The increased enrolment has compromised the quality of education due to understaffing.

### **3.2.5 Interventions towards improvement of education standards in the community**

The county has put remarkable efforts towards investing in education. Implementation of the education policy by the department of education, stakeholder investment and the overall support received by various donors like construction of additional classes, support in sanitation facilities and the feeding program have contributed to major improvement in education standards in the county.

According to a key informant, the county has embarked on a programme where day-school primary have been converted to boarding schools due to high school drop-outs, early pregnancies and peer pressure. However, in the Community there are no boarding facilities, though parents have made local arrangement for the class eight students to board in school, that is, a classroom is set aside for the boys to sleep in school while girls are accommodated in a rental room in the market.

### **3.2.6 Relationship between Education and poverty**

According to the Ngatu ‘A’ community when they take their children to school their chances of being employed is higher and in future they are able to assist their families. Lack of education lead to early marriages and thus young couples start a new life without a source of income. This curtails them from pursuing their education hence limiting their career development.

Lack of education among the poor forces them to seek cheap labour since they cannot access formal employment. The poor in the community are also sometimes forced into consumption of cheap local brews because of frustrations.

### **3.2.7 Opinion of Education Status over time**

The education situation has improved over time especially with the introduction of free primary education. However the challenges of quality, understaffing, congestion and school dropout among others are still alive.

### **3.2.8 Recommendations**

- There is need to establish a day secondary school in Ngatu “A”;
- Bursaries should be enhanced to the needy and bright students;
- There is need for government to post and provide adequate-qualified teachers to Ngatu Primary school; and
- There is also need of sensitizing of the community on the education of the girl-child to curb early marriages and school drop-outs.

## **3.3 Agriculture Services and Inputs**

### **3.3.1 Introduction**

Pastoralism is the main source of livelihood to majority of rural households in the county. Small scale farming is practiced along the river banks but majority of the farmers rely on rain fed agriculture. There is a significant change in land use in the urban areas where industrial and commercial use is gaining momentum.

### **3.3.2 Status of Provision of Agricultural Services and Inputs.**

In most cases the community treats their livestock by themselves buying medicine from Ngatu center. Extension officers are only available when there is an outbreak of livestock diseases and charges Kshs. 20 per goat and Kshs. 50 per cow. No free fertilizers and the little seed they get go to

selected few. Production is mostly subsistence and the little excess they sell at a throw away price. The extension services are not accessible.

### **3.3.3 Intervention towards improvement of agricultural Standards in the Community**

The Ngatu 'A' community have not benefited from interventions and as such they say the services are situated away from the community. However, according to a key informant there are several programmes in place such as relief food, extension services and Njaa Marufuku. The community however says they have never received any livestock extension services or farm inputs.

### **3.3.4 Target Group for Agricultural services**

According to the Ngatu 'A' community there are no service offered to them and they have not benefitted from the agricultural services.

### **3.3.5 Relationship between agriculture and poverty**

The community practices subsistence farming along the river banks and they also practice livestock keeping. The community reported that recurrence of droughts and famines which affect their livestock and agriculture have made the poverty levels high.

### **3.3.6 Status of Agricultural Services over Time**

Ngatu 'A' community have not benefitted from the agriculture services. However, they reported that the extension and livestock officers are only seen when there are diseases outbreaks in the area.

### **3.3.7 Impact of Poverty and Agriculture**

According to the Ngatu 'A' community poor agricultural harvest and loss of livestock due to drought and famine have made the community poorer.

### **3.3.8 Challenges**

- Lack of extension services within the community
- Overreliance on rain fed agriculture
- Recurring droughts and famines

### **3.3.9 Recommendations**

- There is need to facilitate extension officers at Mashuru (which is about 5km away).

- There is need to introduce small-scale irrigation schemes along the banks of Olkeria River to reduce over-reliance on rain-fed agriculture; and
- There is need to create awareness on drought resistant crops i.e. pawpaw, oranges, millet and pineapples.

### **3.4 Water and Sanitation**

#### **3.4.1 Introduction**

The County has few permanent rivers, shallow wells, protected springs, dams, water pans, boreholes and unprotected springs. Although ground water is readily available it contains high salt levels making it unsafe for drinking. The average distance people travel in search of water is approximately 10km from the homesteads. Sanitation coverage is still low with only 2,407 out of 87,120 in the urban areas connected to the main sewer. The situation is worse in the rural areas where 44,203 households out of 86,344 households use the bush for toilet. It approximated that 50 per cent of the population have no access to proper sanitation.

#### **3.4.2 Status of Provision of Water and Sanitation Services**

The main source of water is Olkeria River which is a seasonal river. The water is supplied by water vendors who sell it at Kshs 30 for a 20-litre jerrican. Water is accessible because it is not very far from the cluster (around 2 km). Availability of water has contributed to the well-being of the community because they are using it for farming along the river bank. They also use it for domestic and for their livestock. There is also a water pan near the community which is used by livestock. However, since majority use bush for toilet thus, improper disposal especially by sand harvesters along the river banks causes water borne diseases i.e. amoeba and cholera. Ngatu Centre has no site set aside for garbage collection and dumping.

#### **3.4.3 Types of Sanitation Facilities**

The residents of Ngatu 'A' community do not have enough latrines, however the available ones are poorly constructed and they also do not have ways of disposing wastes. From observation, it was apparent that majority of household do not have toilet facilities. The reason given for this is the high cost of digging a toilet given the place is too rocky.

#### **3.4.4 Relationship between Environmental Degradation and Water Availability**

Environmental degradation has been aggravated by overstocking, deforestation, use of bush as toilet, uncontrolled mining and quarrying. This has contributed to water pollution and worsened the quality of already scarce water.

### **3.4.5 Status of Water Availability over the last ten years**

The water situation has worsened over the years due to increased population, overstocking and increased land for farming.

### **3.4.6 Relationship/Impact between water and Sanitation and Poverty**

It was notable that where poverty levels are high the water and sanitation situation were worse.

### **3.4.7 Recommendations**

- There is need for awareness creation to the community on water harvesting and sanitation;
- There is need to create awareness to the community on the dangers of defecating along the river banks and use of open bush as toilets/ latrines;
- From the chapati diagram, the community apportioned a big chapati to water services far from them indicating its importance but inaccessible to them. Therefore they recommend that an alternative water source to serve the village that is affordable to all; and
- Distillation of the water pan should be done

## **3.5 Housing**

### **3.5.1 Introduction**

Majority of the rural people in this county live in Manyattas, however, there is a gradual change in housing structures to semi-permanent ones. The urban areas are dominated by permanent structures mainly estates due to the proximity of the county to Nairobi. There is need to match rate of provision of housing units with the rapidly increasing population in the urban centres.

### **3.5.2 Types of Building Materials**

In Ngatu 'A' community majority of the houses are mud walled houses. A few houses are under iron sheet roofs. The houses are constructed using locally available materials.

### **3.5.3 Status of the Provision of Housing**

The cluster has semi-permanent building, scattered all over with fenced compounds, constructed with locally available materials.

### **3.5.4 Opinion /trends of the Housing**

The housing situation has improved over the years and there are semi-permanent houses which can be spotted in the area.

### **3.5.5 Types of Housing and Household Headship**

The cluster has semi-permanent building, scattered all over with fenced compounds, constructed with locally available materials. Majority of the household are headed by the man and he is the sole decision maker.

### **3.5.6 Recommendations**

The Ngatu 'A' community proposed that the government should improve the road connecting the Manyatta to Ngatu centre to an all- weather road to improve accessibility and reduce the transport cost.

## CHAPTER FOUR

### FINDINGS ON PRO-POOR INITIATIVES AND DEVOLVED FUNDS

#### 4.1 Introduction

The pro-poor initiatives aimed to cushion the vulnerable from effects of poverty need to be informed by a sound understanding of Social Protection programming in Kenya.

Over the years the government of Kenya has introduced cash transfer programmes in the country to alleviate poverty. Cash transfers in Kajiado County include the following: CT Elderly, Orphans and Vulnerable Children (CT-OVC), CT Persons with Severe Disabilities (CT-PWSD).

Devolved Funds is a government invention where citizens are given a portion of the national resources in a participatory environment, to take charge of their own social and economic welfare.

The government has also introduced devolved funds that are supposed to foster development at the grass root levels. Some of the devolved funds available in the county include the following; CDF, LATF, YEDF and WEF.

##### 4.1.1 Cash Transfer

Cash Transfers (CT) are direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth incomes and to reduce poverty and vulnerability. In Kenya, they include CT-Orphans and Vulnerable Children, CT-Elderly and CT-Persons with Severe Disability (PWSDs).

According to key informant, there are social protection programs aimed at helping the marginalized groups such as people with disabilities, elderly, and orphans and vulnerable children.

People with disabilities are given Kshs.2,000 every two months and elderly (65 years and above) receive Kshs.2,000 per month. The money is paid through post office on a quarterly basis.

The community members were involved in selecting beneficiaries for CT-elderly (those that are 65+ years of age). However, there was no report of anybody receiving any form of cash transfer within the community.

The community blames the chief for lack of awareness on various interventions put in place to assist the vulnerable people. They feel like the chief is not concerned about the community welfare since he rarely attends the county meetings hence he is not updated.

#### **4.1.2 Kazi kwa Vijana (KKV)**

The Kazi Kwa Vijana (KKV) programme was started as an emergency government initiative to minimize the impact of the 2008/09 famine crisis in the country. The objective was to employ about 300,000 youth in rural and urban areas in government labour intensive projects over a period of 6 months and create a direct and positive trickle-down effect on the wellbeing of households from which the youth would be drawn. The study revealed that KKV in many instances did not work as expected due to a number of challenges that include dysfunctional selection criteria and outright embezzlement of funds.

According to the key informant, the coverage of KKV programme was on end off. The implementing Ministries targeted the community but in this community, the KKV programme did not benefit the local youth.

The community members have heard about KKV and that some of them participated in the construction of “Kibaki dam” in Mashuru. However, to them, the work was done according to who knows who and the youth were mostly not engaged.

The youth expressed the lack of proper awareness about the KKV initiative. Some thought that the Chief did not inform them about such initiatives and wondered who should be informing them about such government initiatives.

### **4.2 Devolved Funds**

The devolved strategy was successfully implemented with the launch of Constituency Development Fund (CDF). Other initiatives that were rolled after include Youth Enterprise Development Fund (YEDF) and Women Enterprise Fund (WEDF). There were other preceding types of devolved funds which include Poverty Eradication Pilot Revolving Loan Fund (PEC-RLF), Community Development Trust Fund (CDTF) and HIV&AIDS Fund Community Initiative Account (HIV&AIDS Fund) among others.

#### **4.2.1 Constituency Development Fund (CDF)**

According to the community, CDF has helped them in construction of a dispensary in Ngatu, giving bursary to needy students and construction of Ngatu Primary school administration block. There are locational committees which identify priority problems facing the community then forward the information to the CDF committee. However, the community expressed their dissatisfaction on CDF allocation and distribution due to politics involved in the whole process.

#### **4.2.2 Other Funds**

The community is also aware of Kenya Women Finance Trust (KWFT) and table banking by the institution has helped women get soft loans of about Kshs. 30,000.

The roads 2000 programme had very little to report on. The strategy seems not to have been inadequately funded and structured. Its impact therefore is little known and awareness levels are equally low in many communities.

The other devolved funds such as YEDF, WEF, PEC-RLF and LATF are little known to the community and they have never accessed or benefited from them.

#### **4.2.3 Recommendations**

- The youth recommended that awareness be created about the existing government programmes and initiatives available in the community and the county as a whole;
- Politicians should not be involved in devolved funds allocation processes to reduce biasness; and
- Integrity should be a key factor in selecting the committee in-charge of distributing devolved funds.

## CHAPTER FIVE

### CROSSCUTTING ISSUES AND EMERGING AREAS

#### 5.1 HIV&AIDS

Community members are aware that HIV&AIDS is prevalent. However, most of them do not know their status because of ignorance, despite a mobile Voluntary and Testing Centre (VCT) visiting Ngatu semi-annually.

#### 5.2 Persons with Disabilities (PWDs)

The community has few cases of PWDs who depend on relatives and parents. Further, the community is aware of the CT for extremely deserving cases but no such a person has benefited from the community.

#### 5.3 Gender Mainstreaming

Men own all assets in the households and solely make decision on their disposal. Women are responsible for mostly household chores and make no binding decisions in the households.

#### 5.4 Extraction of Minerals and Oils

Sand harvesting was noted to be a key activity going on along the river bank and many community members were engaged in this activity especially the youth. They are hired to load the Lorries which transport the sand to areas beyond the community.

According to the key informant, most of the mining sites are currently under exploration. However, this is not done at full capacity, and is prone to inefficiencies. The mining potential is still high and could be further explored if all activities are well coordinated and controlled.

Quarrying in Kitengela, sand harvesting in Kajiado River, limestone and marble mining in Kajiado can be enhanced although environmental impact assessment should first be carried out.

## CHAPTER SIX

### CONCLUSION AND RECOMMENDATIONS

#### 6.1 Conclusion

Ngatu cluster is a rural cluster with 112 household, whose major economic activity is livestock keeping and sand harvesting. Through observation and community engagements, it was established that the road network to the community is poor; dusty during the dry season and impassible during the rainy season. This has had negative effects on the socio-economic activities of the region. The community has one primary school, Ngatu primary and one health facility in Ngatu, and gets water for both domestic and livestock use from Olkeria River, although the water is not safe for drinking. The community is in-need of interventions/programmes/projects to alleviate their poverty status.

#### 6.2 Recommendations

The community recommended the following to improve their status;

- Introduce drought resistance crops (fruits i.e. pawpaw, pineapple, millet) and create awareness about them;
- Facilitate issuance of title deeds to enable them use their land for collateral purposes and to undertake meaningful economic activities;
- Provide adequate and qualified staff to the Ngatu dispensary;
- Provide adequate facilities to the Ngatu dispensary;
- Construct a maternity ward in Ngatu dispensary
- Construct, equip and staff a day secondary school in Ngatu;
- Facilitate extension officers by giving them transport and employ more;
- Introduce small-scale irrigation schemes along the river banks;
- Create awareness of rain-water harvesting and provide facilities;
- Create awareness on the dangers of consuming un-safe water; and
- Create awareness on the dangers of charcoal burning to the environment and their livelihoods.

#### ANNEXES: PAIR WISE RANKING OF SERVICES

Most pressing issues identified by the community were Education, Health, Water, Roads and Security.

	Water	Health	Education	Roads	Security	Score	Rank
Water		Health	Education	Roads	Water	1	4
Health			Health	Health	Health	4	1
Education				Roads	Education	2	3
Roads					Roads	3	2
Security						0	5

The community raised the following reasons:

1. Health was ranked first: People must be healthy so that they can perform their work;
2. Roads: Roads must be accessible so that children can access schools easily and cheaply; and
3. Education: People must be educated so that they are aware of government policies and programmes.