REPUBLIC OF KENYA

THE PRESIDENCY
MINISTRY OF DEVOLUTION AND PLANNING

PARTICIPATORY POVERTY ASSESSMENT V

KIRINYAGA COUNTY

KARIRA LOWER CLUSTER

KENYA 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 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

ACKNOWLEDGEMENT

The Kirinyaga County 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 (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 Ogolla, 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 (SeniorEconomist), Joseph Njagi (Senior Economist), Micheal Mwangi (Senior Economist), Kimote (Senior Economist), Errick Kiilu (Senior Economist), Christatos Okioma (Economist) and Geoffrey Manyara (Economist).

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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 AND ACRONYMS

CDF	Constituency Development Fund
CHW	Community Health Workers
CIDP	County Integrated Development Profile
CT	Cash Transfers
DDO	District development Officer
DSO	District Statistics Officer
ECD	Early Childhood Development
ESP	Economic Stimulus Programme
FBO	Faith-Based Organization
FGD	Focused Group Discussion
FPE	Free Primary Education
GOK	Government of Kenya
HCDA	Horticultural Crops Development Authority
HIV	Human Immunodeficiency Virus
IFAD	International Fund for Agricultural Development
ITN	Insecticide Treated Net
KKV	Kazi Kwa Vijana
KNBS	Kenya National Bureau of Statistics
KPHC	Kenya Population and Housing Census
LATF	Local Authority Transfer Fund
NASSEP	National Sample Survey and Evaluation programme
NCPB	National Cereals and Produce Board
NGO	Nongovernmental Organization
NHIF	National Hospital Insurance Fund
NIB	National Irrigation Board
OBA	Output Based Approach
OVC	Orphans and Vulnerable Children
PPA	Participatory Poverty Assessment
PWD	People Living With Disabilities
RA	Research Assistant
SSDE	Subsidized Secondary Day Education
TBA	Traditional Birth Attendant
WRUA	Water Resource Users Association
YEDF	Youth Enterprise Development Fund

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. In particular, the survey sought the community perspectives on poverty diagnostics and dynamics, and the provision and impact of selected wellbeing services including agriculture, education, health, social protection, and devolved funds. Perspectives of the community were sought on the awareness of the availability of these services, accessibility, and affordability.

The report presents the findings of the PPA-V survey in Karira Lower cluster in Kirinyaga County. Information from the cluster was provided by community members through Focused Group Discussions (FGD) and household questionnaires and was complemented by information from key informants who are the technical experts in the subject areas of the survey.

The report reveals that urban poverty in the county stands at 60 percent, and 32.5 percent in rural areas. Poverty trends have slightly reduced over the years which are attributed to the Constituency Development Fund (CDF), Free Primary Education (FPE), Subsidized Secondary Education and free treatment for under-five children in public health facilities.

It was reported that there has been great improvement in health services over time. This was attributed to the Economic Stimulus Programme (ESP) which assisted the expansion of the health infrastructure. The major health concerns in the area are malaria, amoeba, typhoid, intestinal worms and tuberculosis. It was reported that malaria prevalence had reduced drastically over the years as a result of initiatives such as free mosquito nets and treatment of water.

Poor education has contributed to poverty in the community. This has resulted in child labour mostly among school dropouts. The high rate of absenteeism in schools has further led to decline in the quality of education vis-à-vis the performance. The lack of quality education forces youths to indulge in alcohol and drug abuse, thus increasing poverty levels.

Agriculture is the main economic activity in the county with 87 percent of the population deriving their livelihood from the sector and accounting for 72 percent of household income. However, poor yields as a result of poor farming methods have contributed to poverty in the area. The poor farming methods are related to the fact that most people in the area have no education or training in modern agricultural practices.

There is no poor sewerage system in the entire county with about 90 percent of the households using pit latrines. Despite this, it was reported that, water and sanitation has improved slightly over

the years owing to initiatives such as spraying of malaria prone areas, awareness creation by the CHWs, and clearing of bushes.

The survey also studied the devolved funds and pro-poor initiatives effected by the government. It was noted that apart from CDF, most community members have not been able to benefit from most of these initiatives due to scarce information on the programs.

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND OF PPA

Participatory Poverty Assessment (PPA) is a mechanism through which identified communities 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 regarding various interventions that help to get the poor out of poverty.

Participatory approaches add value in policy formulation and planning by enriching understanding of the realities of poverty and formulation of policies which address the plight of the poor. They increase the confidence and 'voice' of the poor while also acting as a learning process for the non-poor and often resulting in the creation of new networks. In addition, participatory approaches influence the images of poverty and public debate.

The fifth Participatory Poverty Assessment (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.

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

In addition, there are 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/AIDS, orphans and the elderly.

1.2 PPA-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, the Fifth Participatory Poverty Assessment (PPA-V) will focus 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 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. 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. Identify and prioritize policies, strategies, programmes and projects which would support poor communities to improve their wellbeing, focusing on pro-poor initiatives.
iv. Integrate the respective contributions of participatory and qualitative approaches in the 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

Kirinyaga is located between latitudes $0^0 1'$ and $0^0\ 40'$ South and longitudes 37^0 and 38^0 East. The county borders Nyeri County to the northwest, Murang'a County to the west and Embu County to the east and south. It covers an area of 1,478.1 km^2.

The county is divided into five sub-counties, namely, Kirinyaga East, Kirinyaga West, Mwea East, Mwea West and Kirinyaga Central. The sub-counties are subdivided further into 12 divisions, 30 locations and 81 sub-locations.

According to the 2009 Kenya Population and Housing Census, the population of the county was 528,054 persons with an annual growth rate of 1.4 percent. The population is projected at 550,232 in 2012 and 598, 813 in 2017.

The labour force is projected to go up from 324,596 in 2009 to 338,229 in 2012 and 363,223 in 2017. The increase in the labour force will provide opportunities for further investments but the county has to plan on absorption of this excess labour by creating new and expanding existing employment opportunities.

The county has two rainy seasons, the long rains which average 2,146.9 mm that occur between March and May and the short rains which average 1,212.4 mm that occur between October and

November. The temperature ranges from a mean of 8.1^{0}C in the upper zones to 30.3^{0}C in the lower zones during the hot season.

Agriculture is the main economic activity in the county with 87 percent of the total population deriving their livelihood from the sector and accounting for 72 percent of household income. The type of crops grown is influenced by the various ecological zones. Main crops include rice which is grown in paddies in the lower zones, and tea which is grown in the upper parts of the county. Coffee is also a major crop grown in the upper and middle zones. Other major crops grown include bananas, tomatoes, beans, mangoes, maize and other horticultural crops.

Karira lower cluster is located in Nguka sub-location, Thiba location, Mwea West sub-county in Kirinyaga County. It is situated 4 km from Wang'uru town which is along the Nairobi-Meru highway.

The cluster has 94 households. The major economic activity in the area is agriculture and livestock and poultry rearing though on small scale. The people in the cluster engage in small businesses such as shop keeping.

1.4 SELECTION OF THE CLUSTER

The selection of the cluster was done using two-stage purposive sampling that 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 maintained by the Kenya National Bureau of Statistics were used to demarcate the boundaries of the selected clusters.

One county was selected for detailed study, where specially designed participatory assessment tools were implemented. 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 in Kirinyaga County was conducted during October 2012. Information from the cluster was provided by the community members through Focused Group Discussions (FGD) and household questionnaire and was complemented by information from key informants who are the 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 the Constituency Development Fund (CDF) and Kazi Kwa Vijana (KKV).

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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 (RAs) was done one week prior to recruitment through the sub-county Development Officer (DDO) and sub county Statistics Officer (DSO). The recruitment interviews were conducted for two days. Out of the applicants who were interviewed, six Research Assistants were selected to assist in data collection in the county.

The training for researchers ran for five days and data collection and report writing was done in four days. During the training, RAs were introduced to Participatory Poverty Assessment 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.

1.6 PPA-V METHODOLOGY

The study used PPA tools and instruments including semi-structured oral interview questionnaires, focus group discussions, key informant interviews and observations. Specific tools 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. Attempts were also made to identify households which were benefiting from 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, DDOs and the Sub-county Commissioner.

1.7 REPORT ORGANIZATION/OUTLINE

The report is divided into six chapters including chapter 1 which covers introduction. Chapter 2 highlights the survey findings on poverty and inequality in Embu County while chapter 3 presents findings on provision of public services in the selected policy areas (healthcare, basic education, agricultural services and inputs, water and sanitation, and housing). Chapter 4 covers findings on selected pro-poor initiatives such as Cash Transfers (CT), Kazi Kwa Vijana (KKV), Roads 2000, and devolved funds such as CDF, Women Enterprise Fund (WEF), Youth Enterprise Development Fund (YEDF) etc and any other pro-poor interventions. Chapter 5 presents crosscutting and emerging issues. Lastly, Chapter 6 outlines the conclusions and recommendations.

CHAPTER TWO: POVERTY DYNAMICS AND INDICATORS

2.1 INTRODUCTION

This Chapter discusses issues of poverty from the perspective of the people in the area. It highlights the various dimensions of poverty as it manifests itself in different communities. It further discusses the causes of poverty and coping mechanisms as reported by the communities. It also captures impact of poverty, trend of poverty in the last ten years and recommendations for improvement.

According to Kirinyaga County Integrated Development Profile (CIDP), despite the introduction of various programmes to reduce poverty in the county, the poverty level stands at 36 percent and contribute 1.2 percent to the national poverty level. The county has one of the poorest constituency in central Kenya region i.e. Mwea where the average poverty prevalence is 43 percent even though in one location the poverty prevalence is as high as 53 percent.

Urban poverty was 60 percent and 32.5 percent in rural areas. The high poverty levels can be attributed to semi-arid conditions of the lower zones where rain-fed agriculture is not feasible, and population pressure on land leading to land fragmentation in the upper zones making it uneconomical for agriculture. Other factors are unemployment leading to vicious cycle of poverty, failing irrigation infrastructure, poor management of cooperative societies, and collapse of the cotton industry, among others.

As a result of the high poverty levels, the county has several projects which are aimed at increasing household food security and incomes. These include National Agriculture and Livestock Extension program (NALEP), Njaa Marufuku, orphaned crops programmes, and Poverty Eradication Commission's revolving loan fund.

2.2 DEFINITION OF POVERTY

The community from Karira lower cluster defined poverty (*Thiina* or *Ukia*) as inability to access basic domestic needs. According to them, poverty can be related to hunger, lack of jobs, lack of money, and inability to seek medical attention to an extent that some lose their lives. They also defined poverty as lack of clean water and congestion in the village.

2.3 CLASSIFICATION OF POVERTY

The community divided members of the area into three categories based on their level of wellbeing, namely, the rich, the poor and the very poor.

2.4 CHARACTERISTICS OF POVERTY

The community felt that the poor in the area can be characterized as those people who lack good clothing, are living with various disabilities, take traditional medicine as they cannot afford to go to hospitals, their children do not attend school and some attend public schools because they are free, and those that are landless.

The rich were said to possess properties like stone built houses, vehicles and motorbikes, operate shylock business, take their children to private schools, have electricity in their houses, and seek medical attention from private and expensive hospitals.

2. 5 CATEGORIZATION OF POVERTY

The community pointed out that, out of the 94 households in the area, 89 or about 95 percent were very poor, 3 (3.2 percent) were rich and the remaining 2 percent were consider just poor.

2.6 CAUSES OF POVERTY

The community noted that there were several factors that contribute to poverty in the area. They argued that men and a few women were involved in gambling and watching movies and football, where they waste a lot of time which could otherwise be spent in other productive activities for the benefit of their households. It was further reported that men also spend a lot of money on bhang and illicit local brew (*makabo*).

The young men were categorical that most of the land belonged to the older people and in most cases the land which is paddy rice fields is leased to rich people. In their view, the people leasing their land are from other places like Nyeri and Kerugoya. When produce from these lands is sold, benefits are not felt by the community. In families that lease land, men misuse the income from the lease in alcohol and gambling.

Lack of or proper family planning methods results in large families vis-à-vis the limited resources.

The community members argued that poverty is most severe among PWDs, OVCs and the elderly who are not capable while some of the PWDs have severe disabilities.

2.7 IMPACT OF POVERTY

The community said that poverty is felt most by women and children. This was attributed to the fact that women will always be required to do the domestic chores like feeding the entire family. This responsibility is further bestowed on the girl child especially in doing chores such as washing

dishes, washing clothes or fetching firewood. The boys and men are usually busy in the rice farms to earn some income which is sometimes misused.

The youth argued that if they can get money to cater for their educational needs they would get good jobs and therefore access good employment. However, as a result of the high poverty rates, they end up not getting good education. Some argued that even after attending high school they do not get good employment as jobs are the preserve of the rich.

2.8 COPING MECHANISMS

Despite the various problems they face, the community members said that life has to go on and to survive, the following were identified as the coping mechanism:

- Collecting rice leftovers from the paddy fields which they sell to local buyers during harvest time, and through this they are able to get income to feed their children and to cater for other needs;
- They work as casual laborers in the paddy rice fields where they get an average of Kshs 150 to Kshs 200 a day. Casual labour in the paddy rice fields is not available throughout the year and they therefore have to look for other alternatives;
- The community members form unregistered groups, also known as merry-go-round, where they contribute money to help each other in catering for basic needs. A few families benefit from relief food from the chief's office which they said was not adequate;
- A few individuals indicated that some people are forced to engage in social vices such as crime and prostitution when the situation gets worse.

2.9 ASSET OWNERSHIP, ACCESS AND DECISION MAKING IN THE HOUSEHOLD

Economic empowerment for any population is the cornerstone for sustainable development owing to the direct contribution to production systems. This includes participation in all socioeconomic sectors. In addition, representation of both men and women in decision-making processes is critical for effective implementation of policies that affect the general population.

In the community, most of the property is owned by men. This poses an obstacle to the welfare of women when they get married and also when they get divorced or those in polygamous homes. In the case of a monogamous home, the wife has no control of property especially land.

Women in the community contribute in homemaking and reproductive activities, and also in providing labor for commercial rice farming. However, in many instances, men have control over all the resources. It is believed that all the wealth the man and wife have built together belongs to the man.

Most decisions on asset disposal are usually made by men. It was reported that some men consult their women before any disposal of assets.

2.10 POVERTY IN THE CONTEXT OF GENDER AND PEOPLE WITH DISABILITIES

Men and women tend to have different socioeconomic profiles within an economy in terms of the positions they occupy, the activities they engage in, and their overall economic status. In this regard, economic growth and development will obviously not benefit men and women equally. In this context, gender inequality acts as a constraint to growth and poverty reduction. This inequality is manifested in access to a wide range of economic, human and social capital assets that comprises key poverty dimensions in Africa.

It is evident that poverty in the area has a female face because of the burden women face fending for the entire family solely while men engage in entertainment and drinking alcohol. Assets such as land ownership by men puts women in a difficult position of not being able to benefit from sale or produce emanating from these commodities.

2.11 POVERTY TRENDS OVER TIME

The community reported that the poverty trends have slightly reduced over the years. This was attributed to the Constituency Development Fund (CDF), Free Primary Education (FPE), Subsidized Secondary Education and free treatment for under-five children in public health facilities.

The CDF has been providing bursaries to poor families and maintaining rural access roads, thereby enhancing access to markets for their meager products. Money which was being spent on primary education is now being utilized to improve livelihoods.

2.12 INTERVENTIONS TARGETING THE POOR IN THE COMMUNITY

Some of the interventions targeting the poor in the area as informed by both the community and key informants include:

- Bursaries to the most needy students in secondary schools by CDF, Ministry of Education and some non-state actors such as financial institutions, FBOs and NGOs;
- School feeding programme to schools which are located in areas most affected by poverty.

2.13 RECOMMENDATIONS FOR IMPROVEMENT

The community proposed the following recommendations to improve their wellbeing:

- Introduction of the cash transfer programmes in the community;
- The community members should be educated on how to invest the income they get from the rice farms;
- Control measures should be put in place to curb the use of drugs and illicit brew which are contributing to poverty; and
- The community members need to be sensitized on use of family planning methods to be able to control the number of children they give birth to.

CHAPTER THREE: FINDINGS ON PROVISION OF GOVERNMENT SERVICES

3.1 HEALTHCARE

3.1.1 Introduction

According to the Kirinyaga County Integrated Development Profile (CIDP),there are 202 health facilities in the county with a total bed capacity of 764, comprising of 109 public health institutions, 39 mission/NGO institutions the largest one being Mwea Mission hospital, and 54 private clinics. There are three level four facilities located in Kirinyaga Central, Gichugu and Mwea constituencies, and one private hospital (Mt. Kenya hospital) located in Kerugoya town. In addition, there are 10 level three facilities, 45 level two facilities and 51 level one facilities which are spread all over the county. The doctor-population ratio is 1:36,339 and the average distance to the nearest health facility is 5 km.

The most prevalent diseases in the county are flu at 38 percent, respiratory diseases (36.9 percent), malaria/fever (21.6 percent), diarrhoea (6 percent), and stomach ache (2 percent). Malaria is on an upward trend mostly due to stagnant water in the rice fields at Mwea irrigation scheme. Malnutrition is not a big concern in the county. The proportions of stunting, underweight and acute malnutrition is below 2.5 percent among children below 5 years. This is attributed to the fact that most mothers breastfeed their children during their first year coupled with regular supply of food.

3.1.2 Major Health Concerns in the Community

According to a key informant, the main health concerns are waterborne diseases such as malaria, amoeba, typhoid and intestinal worms. This is due to the fact that the areas' main economic activity is rice farming, thus the water used for irrigation poses a health risk to the residents. The other health concern is tuberculosis (TB) due default in taking drugs. The key informant reported that malaria prevalence had reduced drastically over the years.

3.1.3 Provision of Health Services

Members of Karira lower cluster cover a distance of 2 km to access health services. They noted that this distance is relatively longer and that the facility needs to be brought closer. They complained that they only get painkillers from the facility and are referred to chemists for other drugs. Before accessing any services from the public health facility, one has to pay a registration fee of Kshs 20. The community members also pay for laboratory services which may cost up to Kshs 150. They all agreed that the charges are sometimes too high and unaffordable.

According to the key informant, there are two faith-based health facilities, one health centre and nine dispensaries in the sub-county which are accessible to the community members.

Community members said that maternity services are not available and therefore most pregnant mothers give birth in their homes despite the risks involved. Those who go to the nearest mission hospital have to part with a minimum of Kshs 6,000 which is expensive to most. They have no history of any trained traditional birth attendants.

The community members reported that most of the drugs are not available in the health facilities and they are forced to purchase them from chemists at a high cost. They cannot even access drugs which should be given free though they are available in these facilities.

Though they are aware of the National Hospital Insurance Fund (NHIF) few can afford it. Due to the poor infrastructure, they find it hard to take sick people and pregnant women to the hospital and also lack of money to cater for transport and bills.

They reported accessing family planning services from public health facility for only Kshs 20 and they think it is affordable.

3.1.4 Interventions for Improvement of Health Services in the Community

The community complained that there are no known health programmes in the area. Some argued that a few programmes like the use of Community Health Workers (CHW) used to be there but has since ceased. Pregnant women get one treated mosquito net from such facilities and when such treated nets get worn out there are no replacements. Some complained that the health workers in the public health facility charge them for replacement of the treated nets. It was also reported that their children are given multivitamins from the public health facilities.

According to the key informant, the major services offered at the health facilities are provision of Aqua tabs for water treatment, antiretroviral therapy and distribution of condoms, immunization for children (although there are cases of defaulters), immunization against typhoid, maternal healthcare, under-five free healthcare, and family planning services.

Majority of the community members agreed that they hear about antiretroviral therapy but they have no concrete information about it as only infected and affected people are concerned about the programme.

There are seven community units in the sub-county covered by the Community Health Workers (CHWs). The trained CHWs monitor the sick people in the community and follow up on those who refuse to seek treatment especially for TB cases. They monitor and advise expectant mothers to

go for prenatal and antenatal services as there is a general tendency for pregnant mothers to seek services during the eighth month of the pregnancy.

Other roles of the CHWs is distributing of aqua tablets, reporting, development of community health action plans, and dialogue days (awareness creation). They also supply medical commodities (condoms, de-wormers, aqua tabs), follow up on households without pit latrines, and monitor sanitation issues by sensitizing the community on dangers of washing and bathing in the canals.

3.1.5 Decision Making on Health Issues in the Family/Community

Decisions concerning health issues of the family members are usually made by both parents. However, in some cases the health of the family lies entirely on women as men are never bothered. Bills for medical services are catered for by both men and women but sometimes men become evasive.

3.1.6 Ideal Family Size among Households in the Community

The community members said that the ideal family size is four children which are about the average actual size on the ground. They noted that this was somehow made possible due to access to family planning services.

3.1.7 Relationship between Health and Poverty

Members of the community feel that ill health hinders them from attending to casual labor in the paddy fields which is their main source of income, and hence this has contributed highly to their poverty situation. During this period, they use all hard-earned savings in treatment and cannot therefore access their basic needs and purchase farm inputs thus contributing to poor harvests.

3.1.8 Access and Decision Making on Family Planning Services

It emerged from the community members that most decisions on family planning are made by women. Men noted that they assumed that women understand their bodies better and thus should be in a position to avoid getting unplanned pregnancies. However, some men noted that they are forced to use condoms as a method of family planning. One community member added that some men used condoms when they are having '*mpango wa kando'* and would never use it with their wives.

3.1.9 Opinion on Status of Health Services over time

It was reported that there has been great improvement in health services over time. This is attributed to improved supply of drugs, the Economic Stimulus Programme (ESP) assisted in

expansion of the health infrastructure, and there has been a decrease in cases of malaria and waterborne diseases.

3.1.10 Recommendations for Improvement

The community made the following recommendations:

- Reducing charges at public health facilities that hinder community members from accessing services when they do not have money;
- The number of Community Health Workers should be increased and consequently health surveillance increased;
- Provision of clean piped water to address waterborne diseases which are prevalent in the area;
- A health facility be constructed within the area and equipped with enough drugs that are affordable to all members of the community;
- Diseases related to cold weather such as asthma and other airborne diseases such as TB should be prevented;
- In paddy rice fields, good latrines should be built by the community to avoid people going to the bush and disinfectants should be provided for the latrines;
- More medical staff and medical supplies should be provided;
- Increase infrastructure such as outpatient, labour wards, laboratory and theatre;
- Ambulances for referral cases should be purchased;
- Increase supply of insecticide treated mosquito nets; and
- Land grabbing and construction of illegal structures on public land which have encroached on the land meant for expansion of health facilities should be controlled.

3.2 BASIC EDUCATION

3.2.1 Introduction

According to Kirinyaga CIDP, the number of ECD centers in the county is 348 with 358 teachers and enrolment of 24,672 students. The teacher-pupil ratio is 1: 41 and gross enrolment rate is 62 percent.

The number of primary schools in the county is 326 with a 2,916 teachers and total enrolment of 111,400 students. These figures give a teacher-pupil ratio of 1: 38. The gross enrolment rate in the county is 117 percent due to the introduction of Free Primary Education (FPE) programme. Kirinyaga County has been performing well nationally in KCPE and was ranked first in two consecutive years (2011 and 2012).

The literacy level defined as those who can read and write is 78.4 percent. There however exists a gender disparity, with male literacy levels of 81 percent and females at 75 percent.

Secondary schools in the county are 143 with 1,329 teachers and 39,988 students. The teacher-pupil ratio is 1: 29 and gross enrolment rate is 47.91 percent.

3.2.2 Status of the Education Facilities

The state of classroom structures for the public primary school is poor. Most of them have earthen floors, few have window panes, and have rusted iron sheet roofing. This is despite most of them being stone walled. The school belongs to the community where they have a community representative in the school management committee.

3.2.3 Provision of Education Services

According to the key informant, the education facilities are generally accessible and the distances to the facilities are manageable by the students. However, during the rainy season some roads become impassable e.g. Kangai location. This even makes the administration of examinations costly. Most secondary school education facilities are day schools with only one private boarding school.

The community noted that their children walk a distance of 1 to 2 km to the nearest primary schools. The nearest secondary school is 2 km away from the area. The other secondary school is about 4 km away. There is one baby-care facility where some parents pay Kshs 20 when they are attending to casual labor in the farms.

Despite FPE, they noted that they pay various charges that vary from school to school. Some of these charges include money for employing BOG teachers, activity fee, money for employing the secretary, tuition fee which is mandatory, and examination fee. The community members felt that they cannot afford all these charges and some children are forced to stay at home.

Some community members were not aware of the subsidized school fees for secondary schools. Their children attend day secondary schools as they cannot afford to pay for boarding schools though they still struggle to pay fees in the day secondary schools. The only boarding school in the area admits students from far distances. They were not happy since they contributed in building the school and yet their children do not benefit. They pointed out that their children are constantly sent home for school fees arrears.

In a complete family, both parents pool together in paying school fees which is an uphill task as both are likely to be casual labourers. Sometimes children are forced to drop out of school when the situation gets worse. However, some needy children are helped through CDF though the money they get is not sufficient.

3.2.4 Status of Education Services

According to the community, most of the school facilities are semi-permanent with a few having permanent structures. Some of the permanent structures were constructed through the Constituency Development Fund (CDF). Most of the primary schools are highly congested with the school equipment also getting constrained, e.g. a desk for 2 to 3 pupils may be shared by up to 5 pupils.

3.2.5 Interventions for Improvement of Education Standards

Bursaries from CDF have assisted needy students to progress in their education though they claimed the money they get is not sufficient. There are also religious organizations which educate bright children from poor backgrounds.

Free Primary Education (FPE) programme has made primary school education affordable to many, though the community complained that there are other charges still incurred. Some pupils had benefited from the Wings-to-Fly Programme by Equity Bank and the Cooperative Bank's bursary programme.

3.2.6 Relationship between Education and Poverty

Lack of education has contributed to poverty in the community. It has also led to child labour especially when children drop out of school to work in paddy rice fields. Lack of good education forces youth to indulge in alcohol and drug abuse and this has increased poverty.

3.2.7 Opinion on Status of Education over time

The community members argued that it was the role of leaders to improve the quality of education. Though the government offers Free Primary Education they do not believe that this has helped much. They do not see much change in terms of improvement over time. While they concur that pupils' enrollment in schools has gone up, they believe that it was due to the chief's efforts in arresting parents who do not take their children to school which they are very happy about. Due to high rate of absenteeism in the schools, the quality of education has also gone down vis-à-vis performance.

3.2.8 Recommendations for Improvement

The following recommendations were made:

- The community feels that more schools should be built within and around the area to reduce congestion and distances to school;
- The government should provide enough teachers to avoid parents from contributing to pay for BOG teachers;
- School feeding programmes should be introduced to retain children who do not attend school due to hunger;
- The government should increase bursaries in amount and coverage;
- The government should make sure that pupils have enough books as they only get books and 3 pens per term; and
- Teachers should be rotated in a span of at most 5 years for quality control.

3.3 AGRICULTURAL SERVICES AND INPUTS

3.3.1 Introduction

According to Kirinyaga County Development Profile, agriculture is the most important activity in the county with 87 percent of the total population deriving their livelihood from the sector and accounting for 72 percent of household income.

The type of crops grown is influenced by the various ecological zones. Main crops include rice which is grown in paddies in the lower zones, and tea which is grown in the upper parts of the county. Coffee is also a major crop grown in the upper and middle zones. Other major crops grown include bananas, tomatoes, beans, mangoes, maize and other horticultural crops.

The total arable land in the county stands at 116,980 ha, which represents 79 percent of the total land area. The total land under food crop production is currently 50,864 ha and 31,244 ha under cash crop production, which shows that only 70 percent of the arable land is utilised in food production.

The average farm size for large scale farms is 5.2 ha and 1 ha for small-scale farms. This is likely to change in future as the population increases and land is fragmented for inheritance.

Most farmers have small storage facilities in their homes for storage of dry grain products. However, there are two National Cereals and Produce Board (NCPB) silos located in Ndia Constituency, two Horticultural Crops Development Authority (HCDA) cold storage facilities located at Ndia and Mwea Constituencies, one National Irrigation Board (NIB) store in Mwea Constituency and one Kenya Planters Cooperative Union (KPCU) store located in Ndia. Most of these storage facilities are however underutilized due to large transport costs incurred by farmers and poor promotion about the existence of these facilities.

There are 762,682 poultry in the county comprising of 680,343 indigenous chicken, 55,578 layers; 20,439 broilers and 5,162 ducks. Cattle population is 98,899 and comprise of 69,183 dairy cattle and 29,716 zebu cattle. The zebu cattle are mostly bulls used for cart pulling as well as in tilling the land. These are mostly found in the upper and middle parts of the county. Goats total 73,978 where 48,960 are indigenous goats and 11,068 are dairy goats. The total number of sheep is 13,950. Other livestock found in the county are bees with a total of 18,199 beehives and 39,491 rabbits.

Aquaculture has recently emerged as a major agricultural activity in the county with a total of 1,281 fishponds spread across the county. Most of the public primary and secondary schools have also embraced fish farming with the aim of enhancing their incomes. Fishing is also carried out along Tana River mostly in Sagana area. There are 200 fishermen who mostly sell fish by the roadside and this makes it difficult to establish the amount of fish that is sold. The fishermen mostly use hooks for fishing and the main species found in the river are mudfish, tilapia and catfish.

3.3.2 Provision of Agricultural Services and Inputs

The only agricultural programme the community is aware of is the irrigation scheme provided by the National Irrigation Board. The community members said that there are no extension officers working in the area. A few have had heard about the Economic Stimulus Programme but nobody has ever benefited from it.

The community members are mainly rice farmers with a few having a small number of livestock and poultry. They indicated that when their livestock get sick, in most cases they slaughter them without consulting veterinary officers despite the impending dangers. In rare cases, they try to find help from freelance veterinary officers. The only available government veterinary officer can be found 5 km from the area. There have been cases in which their poultry are killed by a disease they call "*kiburuto*" which wipes the whole flock when it strikes and this has not been addressed despite the numerous reports to the Ministry in charge of livestock.

Farm inputs are purchased from the nearest town which is 5 km away. The community reported that these farm inputs were very expensive and thus sometimes unaffordable to them. They noted that they have no information about government subsidy on some inputs like fertilizer.

Most people in the area have no education or training in agricultural best practices such as *Kilimo Biashara*. They complained that they are never consulted on any agricultural decisions involving the area. A few individuals access rice seeds from the National Irrigation Board (NIB) as opposed to most of them who use seeds from their previous harvests. They engage in both commercial and subsistence farming. They have nowhere to store their produce except in their houses. Most of their rice harvest is used to repay loans accessed from local people and therefore they hardly store anything.

3.3.3 Relationship between Agriculture and Poverty

Lack of money for farming has led to poor farming methods and hence poor yields. This is believed to have contributed to poverty in the area. Lack of extension officers has led farmers to make losses as they lose crops, livestock and poultry to various diseases. A rice crop disease which goes by the name "*Blast*" has made farmers incur huge losses in rice farming due to lack of sufficient government intervention. Sometimes there is insufficient water for irrigation and therefore farmers wait long time before they can plant.

3.3.4 Opinion on Status of Agriculture over time

The community members noted that the produce from the farms had slightly improved due to the reliability of the water for irrigation and the new farming methods. The added that they are educated on the best farming practices by the National Irrigation Board (NIB).

3.3.5 Recommendations

The following are the recommendations that were made:

- Government should provide subsidy for various farm inputs and extension services;
- Strategies of crop rotation should be explored to avoid waiting long for the next rice planning season;
- Adequate water should be provided in the area for farming;
- Proper timing in rice planting should be practiced to avoid certain diseases;
- The community wants the government to provide loans to farmers for free or with minimum interest as they find it hard repaying;
- Good markets for their produce should be provided.

3.4 WATER AND SANITATION

3.4.1 Introduction

According to the Kirinyaga CIDP, there are six main rivers in the county, namely, Sagana, Nyamindi, Rupingazi, Thiba, Rwamuthambi and Ragati, which ultimately drain into the Tana River. These rivers are the principal source of water. Other sources are 29 unprotected springs, 12 water pans, 3 dams, 208 shallow wells, boreholes and protected springs. Water quality is good in the upper parts of the county where there are numerous springs, but in the lower parts of Mwea Constituency the water is contaminated due to use of fertilizers and pesticides in irrigation.

The water in the rivers has been harnessed through canals to provide water to the lower zones of the sub-county especially in Mwea for irrigation purposes. Domestic water has also been tapped from these rivers using piped schemes. The piped schemes supply 51,515 households.

There are 12 established Water Resource User Associations (WRUA) in the county along various sub-catchments. The average time taken to the nearest water point is 26 minutes.

There is no sewerage system in the entire county and the households with flush system construct their own septic tanks. About 90 percent of the households use pit latrines, while 6.2 percent use VIP latrines. The proportion of the population with flush toilets is 3.3 percent, buckets 0.2 percent, while 0.4 percent has no form of sanitation.

3.4.2 Status of provision of water services

According to the community, they get water from a permanent river that flows through the area. It is the only source of water for the area. According to the key informant, the major sources of water in the sub-county are rivers, streams, swamps, boreholes and dug holes. There are also some irrigation drainage canals around the area, but the water can only be used for washing clothes and livestock due to its state of cleanness.

Donkey cart vendors also sell water to community members at Kshs 100-150 per drum which they felt was too high for most of them to afford. The community members said that they never treat drinking water though they were aware of the dangers of taking unsafe water. They noted that they cannot afford to purchase water treatment tablets from local shops.

It was evident that only few people could afford water storage tanks for water harvesting. For those households which cannot afford to purchase water, they get it from the river which is about 2 km away.

It is the duty of women, boys and girls to fetch water. They noted that there is a general belief that a man is the head of the family and should not do such household chores. They are aware of the fact that lack of water leads to poor sanitation.

3.4.3 Types of Water Programmes in the Community

There are no water programmes in the community. However, according to the key informant, there are water programmes spread in the sub-county such as Kajema Community Group Water Project, Kindegwa-Kiamumbi Water Project funded by IFAD, and Kirinyaga Water and Sewerage Company Water Project. The water is not enough in some parts of the sub-county. For instance, Makutano-Rukanga area at the border of Mwea and Murang'a is surrounded by paddy areas which do not have sufficient water while canals and sub-canals are highly polluted.

3.4.4 Types of Sanitation Facilities in the Community

The main sanitation facilities in Karira community are pit latrines. There is no sewerage system within the area. Some of the pit latrines are poorly constructed such that one can see through.

3.4.5 Relationship between Water and Sanitation and Poverty

The community members pointed out that lack proper sanitation and hygiene as a result of insufficient water for cleaning puts them at health risk. Drinking untreated water exposes them to various diseases, and increases treatment expense and reduction in their productivity. They have poorly constructed latrines due to lack of money and this may cause the spread of diseases.

3.4.6 Opinion on Status of Water and Sanitation over time

The members noted that water and sanitation situation has improved slightly over the years. This was attributed to the spraying of malaria prone areas, awareness creation by the CHWs and clearing of bushes.

3.4.7 Recommendations

The following recommendations were made:

- The government provide clean piped water and construct a sewerage system in the county/area;
- The government should ensure good latrines are accessible to all;
- Provision of bilharzias tabs should done for free as before; and
- CHWs should be encouraged to visit the area more frequently.

3.5 HOUSING

3.5.1 Introduction

According to the Kenya Population and Housing Census 2009, there were 53,073 houses with wood-walled material, 37,396 stone-walled houses; 28,517 mud/wood-walled houses, and 25,880 brick/block-walled houses in the county. The most common floor material used was earth in 92,239 households, cement in 60,133, wood in 735 and tiles at 680 households.

3.5.2 Types of Building Materials

Almost all houses are iron sheet roofed. All building materials are purchased from the nearest town except the earthen bricks which they make using local soil, water and rice husks.

3.5.3 Types of Housing and Household Headship

Members in the community build their own houses as there are no housing programmes to help the local people build houses. Men are responsible for building houses.

3.5.4 Status of provision of housing

The community members noted that building materials are accessible but very costly. Congestion in houses has led to spread of communicable diseases. Due to poor ventilation and sometimes congestion in their homes, they suffer from diseases such as TB and asthma. The houses they build do not have security reinforcements such as strong walls, doors and fences and therefore there is fear at night as thieves can break in easily.

3.5.5 Opinion on Status of Housing over time

The state for housing has improved over time as most houses are built using iron sheets and bricks as opposed to the past where most houses were mud-walled with grass thatched roofs.

3.5.6 Conclusion and Recommendations for Improvement

The community recommended that the Government should ensure housing programmes are available to the residents of the area. Due to congestion, land should be provided especially since the population is expanding.

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

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

4.1 PRO-POOR INITIATIVES

4.1.1 Cash Transfers

The community members reported that only one person has benefited from the cash transfers programme in the area. The said person's lifestyle was reported to have improved a lot due to the programme. The community wants the number of people who benefit from the program to be increased and the money disbursed also increased.

4.1.2 Kazi Kwa Vijana (KKV)

Though the community members were aware of the program no one in the area has ever benefited from it.

4.1.3 Roads 2000

The community has not benefited from the Roads 2000 program and they are also appealing to the government to improve the roads in the area as well as employ their youth.

4.2 DEVOLVED FUNDS

Such programs are only heard of through the media. They have scarce information on Women Enterprise Fund and Youth Enterprise Development Fund. However, the Constituency Development Fund (CDF) has been quite beneficial in the county. It has helped in the construction of some permanent school facilities in addition to providing bursaries for needy students though they claimed the money they get is not sufficient.

CHAPTER FIVE: CROSSCUTTING AREAS AND OTHER EMERGING ISSUES

This chapter highlights crosscutting issues such as HIV/AIDS, and gender and disability mainstreaming.

5.1 HIV & AIDS

HIV/AIDS was mentioned as a prevalent disease in the community and more so as a main challenge to the community members. Drug and alcohol abuse has resulted to people engaging in casual unprotected sex which escalates the problem. There is no VCT close to the community and they only rely on the awareness creation by the CHWs. However, the health facilities offer all services related to HIV/AIDS and other sexually transmitted infections (STIs). It was reported that HIV/AIDS mostly affects the youth who are afraid to visit health facilities even when they are sick for fear of exposure.

5.2 DISABILITY

There are People with Disabilities (PWDs) in this community. These people live in deplorable conditions and rely on well-wishers for their livelihood. They depend on begging and alms while some are abused by some community members either sexually or physically. It was noted that some of these people whose cases were severe were selected for the cash transfer programme but they have never benefited.

5.3 GENDER

Being among the oldest village in the sub county, old men have reduced in number and they leave behind elderly women who cannot take care of themselves. Therefore they should be given attention by the Government. Women blamed men for some of their problems. They said that men have left their responsibilities such that women have to feed the whole family including men.

CHAPTER SIX: RECOMMENDATIONS AND CONCLUSION

6.1 RECOMMENDATIONS

The following recommendations were made:

- The health facilities should have enough drugs and should be brought close to the people;
- Agricultural extension services should be offered within the area and should be accessible to everyone who needs it;
- Clean and treated water should be provided;
- The cash transfer programmes should be introduced/expanded in the community;
- The community members should be educated on how to invest the income they get from the rice farms;
- The abuse of drugs and local illicit brew which are contributing to poverty should be controlled;
- The community members should be sensitized on use of family planning methods so that they can have a family they can be able to raise;
- The many charges at the public health facilities hinders community members from accessing services when they do not have money and this has sometimes led to death;
- Community Health Workers should be visiting homes regularly and insecticide treated nets should be provided to all members of the community for free;
- More medical staff and medical supplies should be provided;
- Increase health infrastructure such as outpatient, labour wards, laboratory and theatre;
- The government should provide adequate teachers to avoid parents from contributing to pay for BOG;
- School feeding programmes should be introduced to retain children who do not attend school due to hunger;
- Good markets for their produce should be provided;
- The Government should provide subsidy for various farm inputs and extension services to farmers; and
- The public health staff should mobilize the community to construct latrines so as to encourage proper human waste disposal.

The high poverty situation in the county can be attributed to semi-arid conditions of the lower zones of the county where rain fed agriculture is not feasible, population pressure on land leading to land fragmentation in the upper zones making it uneconomical for agriculture. Other factors are unemployment leading to vicious cycle of poverty, failing irrigation infrastructure, poor management of cooperative societies and collapse of the cotton industry among others.

6.2 CONCLUSION

The community mainly practices rice farming. They engage in both commercial and subsistence farming. It emerged that the community is highly dependent on agriculture which puts them at a disadvantage when there is crop failure. The main causes of poverty are idleness, abuse of drugs such as bhangs and illicit brew, and lack of or poor family planning methods. The causes of poverty among PWDs and OVCs are that they have been left with the elderly who are not capable while some of the PWDs have severe disabilities.

The main health concerns are waterborne diseases such as malaria, amoeba, typhoid and intestinal worms. This is due to the fact that the area's main economic activity is rice farming and thus the water used for irrigation poses a real health risk to the residents.

The community members reported that most of the drugs are not available from the health facilities as they are forced to purchase them from chemists where they get them at high cost. CHWs have changed the health seeking behaviour of the community members and thus disease prevalence has gone down.

There is little awareness targeted towards the youth on seeking healthcare and a youth friendly health facility has not yet been constructed. HIV/AIDS and TB are also very prevalent among the youth.

Education facilities are generally accessible and the distances to school are manageable. However, during the rainy season some roads become impassable e.g. in Kangai location. This even makes the administration of examinations costly. Most of the education facilities are day schools with only one private school.

The community members mostly access water from a permanent river which is the main source of water for the area. This is despite the fact that they admitted to not treating drinking water therefore exposing them to a myriad of health hazards.

The main sanitation facilities are pit latrines and there is no sewerage system within the community. Some of the pit latrines are poorly constructed and one could see through inside.

There is low coverage and awareness of cash transfers in the area as well as devolved funds.