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THE PRESIDENCY

MINISTRY OF DEVOLUTION AND PLANNING

FIFTH PARTICIPATORY POVERTY ASSESSMENT (PPA V)

MURANG'A COUNTY SITE REPORT

NYATI 'B' CLUSTER

OCTOBER 2014

KENYA



VISION 2030

Towards a Globally Competitive and Prosperous Kenya

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FOREWARD

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 voices of the poor in the communities with special focus on the impact of social protection initiatives. In particular the study covered the following broad issues: poverty dynamics and indicators, provisions of government services on; health, education, agriculture, housing, water and sanitation, pro-poor initiatives and devolved funds.

The definition of poverty varies from the 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.

This study found out that level of poverty from community perspective has been rising despite various pro-poor initiatives undertaken by the government over the years. It is worthy to note many at 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. Communities for example, 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 Murang'a County Participatory Poverty Assessment Report is the first of its kind that has the County as the key reference point on poverty profiling since the amalgamation 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 Ogola, the Director Social & Governance Department. The Department of S&G provided the secretariat that was charged with the responsibility of undertaking the exercise and finally the production of both the National Report and the County specific Reports covering the 47 Counties.

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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 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

EXECUTIVE SUMMARY

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty based on their own perspectives. The government conducted PPA-I in 1994, PPA-II in 1996, PPA-III in 2001 and PPA-IV in 2005/06. Between November 2012 and February 2014, the National Government conducted PPA-V whose overall objective is to contribute to Kenya's poverty reduction strategy by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population. In particular, the survey sought the community perspectives on poverty 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.

This report presents the findings of the PPA-V survey in Nyati 'B' I cluster in Murang'a County which was conducted in November/December 2012. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire, and was complemented by information from key informants who were mainly sub-county technical experts in the subject areas of the survey.

Nyati 'B' I is a rural cluster in Kamahuha Sub-location, Makuyu Division, Murang'a South Sub-county of Murang'a County. The cluster has 70 households according to the fifth National Sample Survey and Evaluation Programme (NASSEP-V) maps from the Kenya National Bureau of Statistics (KNBS).

According to the 2009 Kenya Population and Housing Census, Murang'a County occupies an area of 2,558.8 Km² and had a population of 942,581 persons consisting of 457,864 males and 484,717 females and a population growth rate of 0.06 percent per annum.

The County has high poverty levels of 36% according to the 2005/2006 Kenya Integrated Household Budget Survey (KIHBS). The poor are not able to access basic needs such as food, shelter and education. Nyati 'B' I community defines poverty as being vulnerable due to a variety of issues including lack of funds to adequately provide for basic needs. Some of the causes of poverty include poor road network which hinder access to markets, small farms that produce low yields, lack of adequate and affordable farm inputs, high unemployment, lack of proper education, insecurity, and poor health due to poor access to good medication.

Generally, health services are accessible to the community although they are neither affordable nor adequate. Similarly, accessibility of health services for the aged and vulnerable is limited because there are no fee waivers. The community reported that there are Community Health Workers (CHWs) who are actively involved in reaching out to the community and addressing some of the health concerns.

The primary and secondary education services are available. However, secondary education is easily accessible but not affordable. The quality of primary education has gone down in recent years because of lack of individual attention due to low teacher-pupil ratio of 1:60. On the other hand, ECDE is well established and include privately-owned as well as Government-run centers.

The agricultural services offered target crop production which is for subsistence purposes; horticultural production (French beans, tomatoes and avocado) that is mainly for commercial purposes; and livestock, guinea pig, poultry keeping and fish farming.

The community reported that there were no Government water programmes and there was low awareness on community health programmes. However, there are water programmes run by NGOs and FBOs in the community. The most common sanitation facilities in the community are pit latrines. There are no sewerage facilities and they use waste disposal pits or throw their waste in the farms. The sanitation programme by the CHWs was said to have minimal impact.

The prevalence of TB is outnumbering HIV/AIDS in the community. However, the CHWs have been trained on various healthcare provision including following up on persons with HIV/AIDS or TB to ensure compliance to the treatment regime.

Women are disadvantaged in terms of asset disposal because there is limited consultation. Household chores are reported to consume all the time that could be utilized for other economic activities thus leading to poverty.

There are two institutions that take care of needs of children with disabilities. These institutions do not, however, offer the training required up to secondary or tertiary level. Students have therefore to go for further education in other counties.

ABBREVIATIONS AND ACRONYMS

AMREF	Africa Medical Research Foundation
CBO	Community Based organization
CDF	Constituency Development Fund
CHW	Community Health Worker
CT	Cash Transfers
ECDE	Early Childhood Development Education
ESP	Economic Stimulus Programme
FBO	Faith Based organization
FGD	Focused Group Discussion
FPE	Free Primary Education
KCPE	Kenya Certificate of Primary Education
KCSE	Ken ya Certificate of Secondary Education
KESP	Kenya Education Support Programme
KIHBS	Kenya Integrated Household Budget Survey
KKV	Kazi Kwa Vijana
LATF	Local Authority Transfer Fund
MDG	Millennium Development Goal
NACC	National AIDS Control Council
NASSEP	National Sample Survey and Evaluation Programme
NCPB	National Cereals and Produce Board
NGO	Nongovernmental Organization
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PEC	Poverty Eradication Commission
PPA	Participatory Poverty Assessment
PWD	Person with Disabilities
RA	Research Assistant
STI	Sexually Committed Infection
TOWA	Total War against AIDS
VCT	Voluntary Counseling and Testing
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty based on their own discourse. PPAs are aimed at understanding poverty from the perspectives of poor people including gaining a clearer notion of what their priorities are for improving their livelihoods. It is the recognition and inclusion of beneficiaries' opinions in designing development programme that ensures that the programme successfully address the problem of poverty.

Various participatory methodologies that emphasize the use of visuals and focus group discussions have been developed including PRA, PUA, Rapid Rural Appraisal (RRA), Participatory Learning Methods (PALM), and Participatory Action Research (RAP), among others.

In Kenya, four PPAs have been undertaken so far. The first Participatory Poverty Assessment was carried out in 1994, and covered 8 districts (seven of the poorest districts and two low income areas in Nairobi).

The second PPA was carried out in 1996 and covered 7 districts. The purpose of this study was to provide a deeper understanding of poverty from the perspective of the poor and to fill gaps that quantitative studies could not readily explain. It also aimed at enhancing capacity of Government staff in the application of participatory methodologies used to study poverty. The study looked at people's perception on service delivery.

The third PPA carried out in 2001 covered 10 districts; with the objective of enriching the information collected countrywide for the preparation of the Poverty Reduction Strategy Paper (PRSP). The PRSP built on past efforts aimed at poverty reduction, and in particular the IPRSP which identified measures and strategies necessary to facilitate sustainable and rapid economic growth, improving governance, raising income opportunities of the poor, raising the quality of life, and improving equity and participation.

The first three studies focused mainly on poverty diagnostics (characteristics of the poor and causes of poverty), but had no explicit link to policy and therefore did not adequately address the impact of pro-poor policies. These studies raised numerous concerns on service delivery and therefore could be seen as informing the interest in

ensuring that policies are not only pro-poor but also that their impact is felt by the poor, and thus laying useful foundation for the enquiries of both PPA-IV and PPA-V.

The fourth PPA was conducted in 2005/06 alongside the Kenya Integrated Household Budget Survey (KIHBS). The two studies were meant to complement each other. The PPA-IV focused on three main areas of policy relevance: poverty diagnosis and dynamics; pro-poor policies regarding service delivery and wellbeing; and voices of the poor among the communities which included analysis of the impact of the various policies on the poor (agriculture and livestock extension services, healthcare, education, water and sanitation, and rural access roads). To complement the quantitative data, PPA-IV investigated the extent to which households in the communities have moved in and out of poverty in the past.

1.2 OBJECTIVES OF PPA-V

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 the poorer sections of the population especially with regard to social protection and social security. The study focuses on two main areas:

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

More specifically, PPA-V assessment sought 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;
- 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 and preventing people from falling into poverty;
- Identify and prioritize policies, strategies, programmes and projects which would support poor communities in their escape from poverty, focusing on social protection initiatives;
- Integrate the respective contributions of participatory and qualitative approaches in the M&E strategy for Kenya;
- Enrich the 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; and
- Respond to the Bill of Rights and other articles (e.g. public participation) enshrined in the Constitution of Kenya 2010.

1.3 COUNTY/ CLUSTER PROFILE

Murang'a County is bordered to the north by Nyeri, to the south by Kiambu, to the west by Nyandarua and to the east by Kirinyaga, Embu and Machakos counties. The county occupies an area of 2,558.8 km².

The 2009 Population and Housing Census recorded a population of 942,581 persons consisting of 457,864 males and 484,717 females and a population growth rate of 0.06 percent per annum. The male to female sex ratio for the county is 95:100. The higher female population in relation to male is attributed to high male emigration to other counties and towns in search of employment and business opportunities.

The county falls in roughly three agro-ecological zones, with the highest potential zones where forestry, tea and tourism industry form the most important economic activities; the lowlands east of Aberdares are generally suitable for both coffee and dairy farming; and the flatter areas are characterized by arid and semi-arid conditions where coffee and pineapple plantations thrive.

The county is divided into three climatic regions, namely, the western region with an equatorial type of climate, the central region with a sub-tropical climate, and the eastern part with semi-arid conditions. The long rains fall in the months of March, April and May. The short rains are received during the months of October and November. The western region is generally wet and humid due to the influence of the Aberdares and Mt. Kenya. The eastern region receives less rain and crop production requires irrigation. Nyati 'B' I cluster lies in eastern region which has sub-tropical climate and is semi-arid and the crops grown include coffee and pineapples through irrigation.

1.4 METHODOLOGY

1.4.1 Selection of the Cluster

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

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

1.4.2 Process, Study Instruments and Fieldwork

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

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

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

1.4.3 Field Logistics

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

In preparation for the survey, the Research Assistants (RAs) were introduced to the use of survey tools by the supervisors/trainers. Advertisement for research assistants was done one week prior to recruitment through the District Development Officer (DDO) and District 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 research assistants ran for five days and data collection and report writing was done in four days. During the training, RAs were taken through 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 presents the PPA-V survey findings in Nyati 'B' Cluster of Murang'a County. The report is divided into six chapters including chapter 1 which covers the Introduction. Chapter 2 highlights the survey findings on poverty and inequality in Murang'a 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 (policies and programmes) 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 other pro-poor interventions. Chapter 5 presents crosscutting and emerging issues while chapter 6 gives the conclusion and recommendations.

CHAPTER TWO

POVERTY DYNAMICS AND INDICATORS

2.1 INTRODUCTION

Murang'a County has high poverty levels of 36 percent according to the 2005/2006 Kenya Integrated Household Budget Survey (KIHBS). The poor are not able to access basic needs such as food, shelter and education. The vulnerable groups such as women, the unemployed youth, widows and orphans, neglected retired old people, street children and those living in the marginalized areas of the county are hardest hit by poverty.

Poverty in the county manifests itself in many ways including inaccessibility to health services, food insecurity, inadequate potable water, lack of good and proper clothing, inaccessibility to proper education, and landlessness. The main causes of poverty include poor physical infrastructure that increases the cost of accessing and marketing of agricultural produce; and low returns from coffee, tea and milk which make it difficult for most of the agricultural community to meet their basic needs.

This chapter discusses the definition of poverty from the perception of the people of Nyati B1, a rural cluster in Murang'a South District, Murang'a County. It also highlights the various dimensions and indicators of poverty as it manifests itself in the community. The understanding of the characteristics of the poor and the rich and causes and impacts of poverty is also brought out. In addition, the chapter brings out the trends in poverty over time and how the community copes with the challenges of poverty. The recommendations to address the poverty challenges are presented at the end of the chapter.

2.2 DEFINITION OF POVERTY

The community defines poverty as being vulnerable due to a variety of issues. These issues include lack of funds to provide for basic needs adequately e.g. food, shelter and clothing. Specifically, the community defines poverty as *ukia*.

BOX 1: When the community was asked what measures poverty (*ukia uthimagwo naki?*), they reported that *ukuia* (poverty) is measured in terms of the 'status of the stomach'. They added that *ukia uthimagwo na nda*, meaning poverty is best understood from the ability to feed oneself or family.

BOX 2: During the FGD, a woman described poverty in the following words: *thina ni gukorwo wi muhinyiririku niundu wa maundu matiganite*, meaning "poverty is a

situation where you are oppressed because of different issues such as inadequate income, education and land”.

2.4 CATEGORIZATION OF POVERTY

The community classified themselves into three wealth categories, namely, the rich, the poor and the very poor. The community reported that the poor constitute 50 out of 70 households in the community. This represents 71 percent of the households in the community. Only three households were categorized as rich translating to 4.3 percent of the households.

2.5 CHARACTERISTICS OF POVERTY

The community gave the following characteristics of the very poor:

- They lack adequate meals for their families (can only afford a meal per day);
- They have semi-permanent, mud-walled houses with iron sheet roofing;
- Possess low value assets such as utensils;
- They send children to do menial jobs as survival tactic (child labour);
- Lack school fees and only depend on Free Primary Education;
- Have tattered clothes and only afford second hand clothing;
- They are unemployed and engage in casual labour and selling of vegetables;
- Have small pieces of land ($\frac{1}{4}$ acre plots) hence practice farming on leased land;
- Their children are often engaged in working for the rich as house helps;
- They have no livestock and cannot afford farm inputs, which leads to little production of food; and
- Cannot afford basic education and in many cases they even lack nursery school fees. Their children go to school at a very late age (7-9 years). Due to large family size, the older children are obligated to look after their younger siblings as their parents go to do casual jobs.

BOX 3: One of those falling in this category had this to add or describe their status: “*Iratu notwikinyiirie mathondwema raithi*”, meaning we can only afford cheap plastic shoes.

The following were given as the characteristics of the rich:

- Can afford stone built houses;
- Educate their children through secondary school to university level;
- Have large chunks of land and herds of livestock;
- Have water sources within their compound;
- Have electricity in their houses;
- Can afford three meals in a day;
- Can afford farm inputs;

- They are professionals such as teachers, businessmen and large scale farmers;
- Have the ability to afford modern household appliances such as television sets and radios; and
- Can afford gas cookers.

BOX 4: A community member had this to say about the rich: A person is perceived to be rich if he or she has enough to provide for herself or himself and is willing to help others who are less privileged in the community.

The following were given as the characteristics of the very poor:

- Can only afford education of their children in the public school up to primary school level courtesy of the Free Primary Education programme; and only educate their children in tertiary institution through assistance of well wishers;
- They possess no land;
- Have no access to clean water;
- Cannot access medical services due to lack of money;
- Cannot afford three meals a day;
- Have poor shelter (shattered mud walled houses); and
- Have indecent and dirty second hand clothes due to lack of cleaning detergents.

2.6 CAUSES OF POVERTY

The major causes of poverty cited by the community were:

- Poor road network hinder access to markets for farm inputs and produce;
- The only water available is not enough to irrigate their farms and for domestic use e.g. drinking water, leading to food insecurity and waterborne diseases;
- The small farms produce low yields that cannot sustain the family food requirements;
- Lack of adequate and affordable farm inputs such fertilizer leading to low yields, hence food insecurity;
- High unemployment particularly among the youth and lack of employment opportunities;
- Lack of proper education denies them skills to enable them qualify for decent and well-paying jobs. Parents sometimes fail to take their children with special needs to schools compounding the problem;
- Lack of market for farm produce exposes them to brokers who buy produce at low prices;
- Most men and women were of old age and are hence unable to engage in effective production;
- Poor health and poor access to good medication contribute significantly to poverty since a significant proportion of family income is used on medication;

- Insecurity which instills fear in people and retards property development as this will attract thieves; and
- Early pregnancies which increase the demand for limited resources in the households.

2.7 IMPACT OF POVERTY

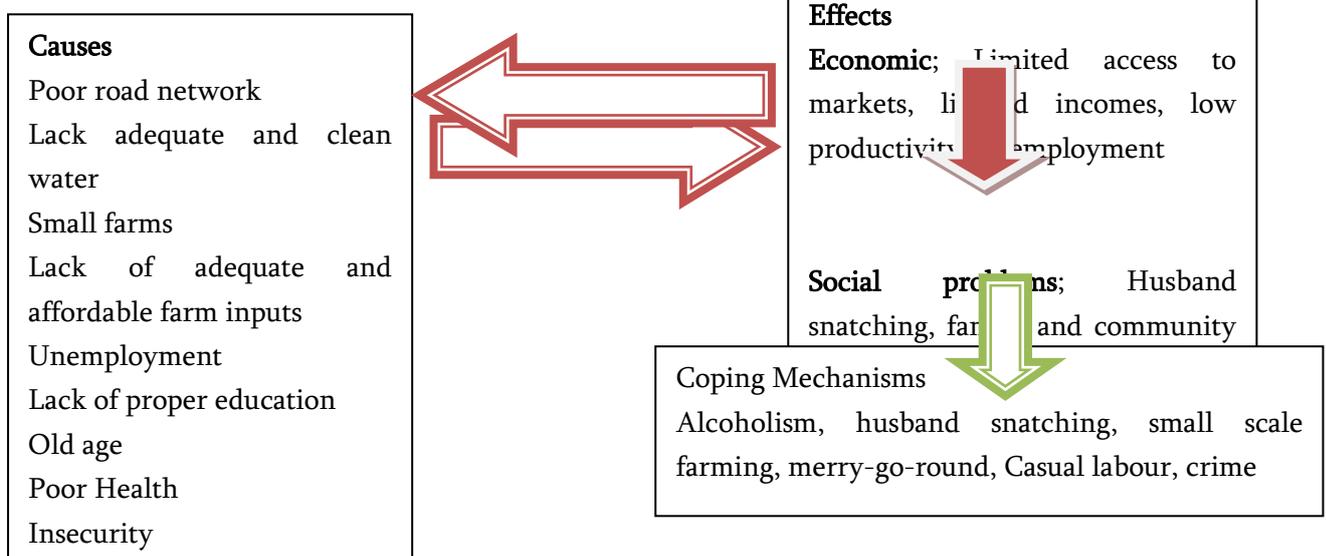
The major impacts of poverty were cited as:

- Inability to pay school fees due to low incomes;
- Alcoholism especially among the youth is a result of poverty due to idleness and unemployment;
- Some single mothers end up as “husband snatchers” since they have no one to fend for them and prey on other women’s husbands for survival;
- Family and community conflicts as a result of inability to meet basic needs;
- Stress and depression which is a strong manifestation of poverty;
- Shattered hopes among the youth, families unable to send children to school and meet other basic needs, broken marriages due to conflicts associated with poverty, as well as alcoholism are all self reinforcing;
- Crime due to lack of a means of survival particularly among the youth; and
- Early pregnancies is also associated with school dropout and low family income which expose young girls to early marriages, prostitution and HIV/AIDS;

BOX 5: A woman in the community had this to say about alcoholism in the community: *‘Dawa cia kurebia na karikari imekuwa mingi hapa Nyati’*, meaning drug abuse and alcoholism is rampant in Nyati.

A SUMMARY OF THE CAUSE-EFFECT NEXUS FOR POVERTY

Some effects could cause more poverty



2.8 COPING MECHANISMS

The coping mechanisms include:

- Alcoholism and drug abuse for men and youth is rampant in the community;
- Small scale farming for subsistence and selling of the produce within the community or local markets;
- Casual labour especially among women such as weeding and washing clothes for well-to-do families;
- Women are said to be engaged in “husband snatching” to be able to fend for herself or preys on other men for financial support in exchange for sex;
- Merry-go-round among women encourages savings and facilitates acquisition of household goods such as utensils and durables like television sets;
- Crime especially among the youth to sustain their lifestyle of alcoholism and drug and substance abuse. Children are reported to steal from other people’s farms in addition to working as casual labourers; and
- Men are said to send away their families back to their maternal home in order to reduce the strain and stress associated with household responsibilities.

2.9 ASSET OWNERSHIP AND DECISION MAKING

The main assets in the holdings are houses, livestock, money, land, bicycles, utensils, furniture and electronics. The majority of household assets of high economic or monetary value are owned by men. For instance, the community reported that a house belongs to a man because he is the one who purchased land and put the house. They said *mzee ni kila kitu kwa nyumba*, meaning “a man is everything in the house”.

Even those assets procured by women such a furniture and electronics are all considered to belong to men because a man is the head of the household. The only properties considered belonging to women are low value items such as utensils because “kitchen affairs belong to the women”.

Generally, family decisions particularly pertaining to acquisition and disposal of assets and investment are made by men. However, there are areas of consultation, albeit limited, where both spouses may make joint decisions. These are family size, choice of school for children, voting (political participation), family planning, and loan taking decisions (access to credit). Women are reported to have a say in terms of savings decisions and some investment decisions e.g. like merry-go-rounds.

The responsibility to execute most family decision like fetching water and firewood, land preparation and family planning (after consultation) is with the women. Women

carry out most of the activities in the farm and also perform household chores. On the other hand, children take care of the younger ones, fetch water and firewood, and clean utensils. Men also work on the farm but greater burden falls on the women.

The following matrix summarizes the gender analysis and timeline in a day:

Male	Female	Children
Wakes up at 6 am	Wakes up at 5 am	Fetches water and firewood and assist in the farm (weeding)
6am- 7 am- takes breakfast	5 am- 7 am- Milks the cows, prepares breakfast, prepare children for school, takes milk to the market.	Takes care of their younger siblings
7 am to 12 noon- planting bananas, digging terraces, land maintenance, weeding	7 am- 8 am- fetches water	Some may engage in casual labour to supplement family income
1pm-2pm- Takes lunch	8 am- 12 noon- Goes to the farm	Go to school during the week
2pm onwards- Relaxes, takes a shower, goes to meet friends and turns up for supper in the evening before retiring to bed at 10 pm	12 noon- prepares lunch	
	1 pm onwards- Does laundry, fetches water and firewood, and attends <i>chama</i> (merry-go-round).	
	5 pm- returns to prepare supper, do some cleaning and is the last to retire to bed.	

In this community, women are overburdened by supporting their families e.g. ensuring that children go to school, basic needs are available and executing household chores.

Female-headed households were widowed, separated or never married and in many instances have to go back to their maternal homes.

In this community assets of the household goes to the woman in case of death of the husband. However, should the couple separate or divorce, household property remains with the man.

The community does not have reservations about women in position of power. Women in positions of power are appreciated and encouraged.

2.10 POVERTY AND GENDER

The community believes that women are at a disadvantaged position in terms of disposal of assets as it is characterized by limited consultation. On the other hand, family workload takes a heavy toll on women leading to poverty.

2.11 POVERTY TRENDS OVER TIME

The community reported that the poverty situation is getting worse. The living standards and the poverty levels are deteriorating due to changing climatic conditions, increased land subdivision leading to increased pressure on the land, and the rise in prices of commodities has increased over time. The community also complained of poor distribution of resources and mismanagement of public money and assets.

2.12 RECOMMENDATION

- The Government should improve the road network to enhance access to markets for farm inputs and produce;
- Provision of water for irrigation to improve food security;
- Provision of adequate and affordable farm inputs such as fertilizer;
- Creation of employment opportunities particularly for the youth;
- Provision of markets for farm produce to avoid exploitation by brokers;
- Provision of cash transfers to the elderly, OVCs and PWDs in the community;
- Enhance access to better health services to reduce the disease burden; and
- The Government should enhance security to encourage property ownership and acquisition of household assets.

CHAPTER THREE

PROVISION OF GOVERNMENT SERVICES

This chapter presents information on availability of public service facilities and where they are located in the communities, management of the facilities, awareness of the kind of services offered, affordability, and other interventions which have led to improvement in the standards of services in the community. It also seeks to establish the trend in service provision for the past ten years and recommendations for improvement.

3.1 HEALTHCARE

3.1.1 Introduction

Murang'a county has 272 health facilities consisting of 3 level five hospitals, 3 mission/private hospitals, nursing homes, 21 health centres (public and private), 114 dispensaries (89 public and 25 mission/NGO), and 137 private clinics.

The most prevalent diseases in the county are malaria/fever, flu, diarrhea, respiratory tract infections and stomachache.

The study aimed at generating information on whether there were any health facilities in the study area, where the health facilities are located in the community, who runs/manages the facilities, whether people were aware of the kinds of services offered, whether the services offered are free or paid for, and if they are paid for whether they are affordable, other health interventions which have led to improvement in the health standards of the community, people's perceptions about health services and whether the services have improved or declined during the past ten years, and why and what are the recommendations for further improvement.

3.1.2 Major Health Concerns

The major health concerns in this community are typhoid, diarrhea and cholera. This is attributed to the fact that there are few sources of safe water and the available ones like wells are not treated.

Other common diseases in the community include malaria due to the presence of numerous banana plantations. The community reported that they do not have insecticide treated mosquito nets (ITNs) and insecticides spray. Similarly, there is a growing concern about the rising cases of tuberculosis (TB). A key informant reported that TB prevalence is outnumbering HIV&AIDS in the community. The community reported that there are some cases of malnourishment especially among children due to lack of proper diets.

The community reported that the dispensary is outside the cluster and has inadequate medical supplies and personnel. The community health workers in the dispensary are reported to be inadequate and under-facilitated in terms of equipment. The community also is concerned that the old have been neglected with respect to access to treated mosquito nets and health services.

3.1.3 Provision and Accessibility of Health Services

A key informant reported that the dispensary near the community offers services such as outpatient services, curative and preventive services, and laboratory testing (for typhoid and malaria), family planning services, prenatal care (maternity), free healthcare for under-fives, and provision of mosquito nets for the less than five years and expectant mothers. The dispensary is managed by the Government and accessible to all. The community complained about the low quality of services offered and the irregularity with which drugs are availed. They reported they purchase prescribed drugs from private pharmacies. They also reported that they queue for long hours before they are offered the services.

The community reported that the services offered are not affordable to all. Payments vary according to the services offered. The community pays Kshs 50 for registration, Kshs 20 for subsequent visits and up to Kshs 300 for all services including laboratory services.

Similarly, accessibility of health services for the aged and vulnerable is limited. This is because there are no waivers for the aged and the vulnerable. Furthermore, the community complained that access to mosquito nets is limited to those under five and pregnant mothers, while others have to pay for the nets.

The community reported that there are Community Health Workers (CHWs) who are actively involved in reaching out to the community and addressing some of the health concerns.

3.1.4 Interventions to Improve Healthcare

The following interventions have been initiated to improve the quality of health in the community:

- ITNs for under-five years and pregnant mothers;
- Free immunization;
- Free de-worming; and
- Sensitization on healthcare

Additionally, CHWs have been trained on healthcare provision including following up on persons with HIV&AIDS as well as persons under TB treatment regime. The objective of the follow-up is to ensure compliance with the treatment regime for the two cases. CHWs also mobilize healthcare resources, carry out advocacy on the importance of use of latrines, execute planning for effective service delivery, as well as develop proposals for proper and effective service administration.

The community reported that CHWs have had little impact in some parts of the community due to inadequate facilitation. However, in other parts, considerable positive impact has been felt such as:

- Accelerated immunization coverage;
- Reduced morbidity and mortality;
- Reduced prevalence of malaria and vaccine-preventable diseases;
- Improved health infrastructure such as maternity wards;
- Improved access to health services; and
- Increased behavioral change in seeking healthcare.

3.1.5 Household Decision Making on Health Issues

The community reported that family health decisions are made by women but on serious issues, there is consultation with men. This, however, depends on household headship, in which case the head of the household is in charge of the health of the household. The measures taken to restore health depend on the household head's perception and the subsequent behavior in seeking healthcare services.

3.1.6 Ideal Family Size

The community reported that an ideal family size consists of five children because it is economically manageable. The community believes that a family of more than five children would put a huge demand on limited family resources.

3.1.7 Relationship between Household Size and Poverty

The bigger the family size the poorer the household due to possible depletion of resources as a result of feeding more mouths. The community reported that the level of poverty was dependant on the number of children in a household as well as the frequency of child bearing. According to a key informant, there are many cases of unplanned pregnancies hence exerting pressure on family resources.

3.1.8 Relationship between Health and Poverty

The community reported that there is a negative correlation between health and poverty as poverty reduces the purchasing power of the household and a sick household cannot afford proper diet and medicine. Ill health also impacts negatively on the capacity of the poor to be economically productive hence the situation

becomes a vicious circle of low incomes- higher health risks- low economic productivity- and increased poverty.

Conversely, good health liberates people from poverty. The community reported that good health is a prerequisite to poverty reduction because more time will be committed to productive activities, fewer resources will be spent in seeking health services, and this will save considerable resources to improve the wellbeing.

3.1.9 Access and Decision Making on Family Planning

Family planning services are accessible and available to the community because all health centers offer family planning services such as free condoms. However, injections are offered at a subsidized fee of Kshs 50.

Both men and women were involved in making family planning decisions. However, woman take the bigger responsibility in ensuring that family planning decisions are effected since she has more control of her sexuality. Nevertheless, it was reported that some men are against the use of certain family planning methods such as condoms and pills because they believe they can pose health risks. In cases where men are against the methods, the women procure such services in secret.

A key informant reported that family planning decisions are left to the woman although some men take the issue very seriously and were even accompanying their wives to the health centers.

3.1.10 Opinion on the Status of Health in the Last Ten Years

Generally, there has been improved status of health services over the last ten years. This is attributed to establishment of the dispensary which is easily accessible and is stocked with subsidized drugs and services. However, it was reported that supply of drugs was irregular and inadequate.

The presence of CHWs and greater awareness on the part of the community particularly on preventive actions are other factors that explain the improvement of general health of the community.

3.1.11 Recommendations

The following recommendations were given for improvement of health services in the community:

- There is need to upgrade the existing health facilities so as to offer more services;

- Provision of adequate medical supplies and personnel to cater for the increasing population;
- CHWs should be facilitated in terms of training and equipped with essential medical supplies. They should be motivated through improved benefits to ensure commitment to their work; and
- Expand accessibility to treated mosquito nets to all people at an affordable price to combat malaria.

3.2 BASIC EDUCATION

3.2.1 Introduction

The county has 989 preschools, 616 primary schools, 263 secondary schools, 48 youth polytechnics, one technical institute, two colleges, and one university college. A reported 98.3 percent of the secondary schools are connected with electricity but connectivity for the primary schools is lower and needs to be increased. About 70 percent of the community lives between 1.1 km and 4.9 km to the nearest primary school which means that there is a need for more schools to increase accessibility. There is also need to standardize the sanitation facilities in the schools by providing flush toilets and water to all schools in the county.

This section presents information on the status of availability, accessibility and affordability of education in Nyati B 1 community, interventions in the sector, and their impacts as well as the challenges and recommendation for improvement of education.

3.2.2 State of Education Facilities

A key informant reported that basic education is well established in Murang'a County. Early Childhood Development and Education (ECDE) centers are well established and include both public and private run institutions. Public ECDEs are attached to local public primary schools and are reported to be affordable. The ECDE centers charge between Kshs 600 and Kshs 1,500, a fee that is predetermined by the school committee in consultation with parents. The fee varies from school to school and is used to pay ECDE teachers. The key informant further reported that ECDE teachers hold either a certificate or diploma in ECDE and are considered to be well trained and qualified.

The community reported that there is one privately sponsored, one streamed secondary school, sponsored by PCEA Church. The school started in 2008 with 8 students, and currently has about 200 boarding students. The school admits four students per year from poor families within the community. Only 10 percent of the student population is from the locality due to the high fees at Kshs 13,500 per term. There is also an ECDE center sponsored by the same church.

Both institutions are easily accessible by the community. There is no public school within the community and the nearest public schools are within 1 km radius. Some of the primary schools are in poor state (not cemented) with small and inadequate classrooms. The community reported that they are members of the PCEA-sponsored schools and most of the board members of PCEA are from the community.

3.2.3 Provision of Education Services

The community reported that the ECDEs in the County are well established and include private as well as Government-run centers. A key informant noted that FPE is a success in Murang'a County because majority of the parents now enroll their children to the school. The programme is said to have greatly relieved parents of the need to pay fees. This is responsible for the increased enrollment rate, where an average class size shot to between 60 and 80 in various areas in the county.

The community reported that there is one private secondary school which is run and managed by a Board of Governors who includes some members from the community. According to a key informant who is also a community member, the school is mainly accessed by pupils from outside the community. However, the school is easily accessible since it is within the community but not affordable to the locals.

3.2.4 Status of Education Services

A key informant described the performance of primary schools accessed by the community as having gone down in the recent years because they lack individual attention to pupils' unique needs as well as a high student-teacher ratio of 60:1. On the other hand, it is reported that the ECDE center reports good quality education with consistently good performance.

The performance in secondary schools is average although most of the students are below average. Most of the public secondary school students who perform well put individual effort into their success as opposed to tuition.

3.2.5 Interventions for Improvement of Education Services

- The community is well sensitized on the importance of sending children to school through the efforts of the provincial administration;
- The quality assurance officers make follow up on standards of education and assess teacher performance to ensure compliance to education regulation;
- There is Constituency Development Fund scholarship for two children in community at college level and bursaries for secondary school pupils;
- Provision of sanitation facilities and classrooms through CDF;
- Local Authority Transfer Fund (LATF) bursaries to children from poor families;

- The local PCEA church sponsors children from poor families every year (4 per year) from the community;
- Government funding through FPE and SSE ensure affordability of textbooks and other costs that would otherwise lock out potential poor pupils out of school.
- Where parents are reluctant to enroll children (especially primary school level), the provincial administration enforces the Government's compulsory enrolment directive;
- The Government promotes centers of excellence to be models for improving other learning centers. There are two centers of excellence in the county.
- Equity Bank, through its *Wings to Fly* programme, sponsors the best boy and girl in each district in Kenya Certificate of Primary education. The selected students must be needy but academically excellent. They are educated through high school to tertiary level.
- The Ministry of Education increased bursaries through the county education office and allocated by the County Education Board (CEB) to the very poor students in public schools. There exists Bursary Committees at the district office who vet and allocate bursaries to students at the constituency level. The amounts of bursary differ according to need. These allocations range between Kshs 2,000 and 8,000.
- Government bursaries for OVCs.
- A school for children with special needs (Parsy Davis) which trains children on technical skills and is funded by donors with some complimentary funding from parents;
- School feeding programme in some schools established in partnership with parents who have to pay a fee for the implementation of the programme.

BOX 6: The DEO reported that FPE has helped to fight ignorance at individual and household levels. It has created an informed community that better understands government policies and developed knowledgeable citizenry in all aspects. FPE has laid a great foundation for this concept; it has lowered levels of crime in the county as children of all ages have accessible and easy enrolment opportunities. Individual mannerisms have improved through acquired knowledge and behavioral concepts learned at school. At school, pupils have learned to neutralize ranks at the social level. The uniform, teachers, programmes, learning facilities, rules and regulations have ignored student backgrounds and social status.

3.2.6 Relationship between Education and Poverty

The community reported that high poverty levels have a negative impact on pursuit of education in the community. For instance, the secondary school in the community (sponsored by PCEA) has majority of the students coming from other localities. This is because the children in the community cannot access the school due to high poverty

levels as well as illicit brews among other factors that have been barring children from enrolling in school.

Generally, the community noted that lack of education or its inadequacy contributes to rise in poverty and thus education would therefore largely address poverty.

3.2.7 Opinion on Education over Time

Generally, education standards in the county have relatively improved due to FPE and SSE. There has also been improved infrastructure including sanitation facilities and easier accessibility to schools in terms of distance and affordability.

The quality of education is said to be above average and has greatly improved since the introduction of FPE and SSE. According to a key informant, the quality of education can be measured in terms of infrastructure, staffing levels, level of staff training, parental and community support, as well as the value they attach to importance of education, access to schools, student retention, and availability of learning materials. All these parameters are reported to be high hence the reported improvement in quality over the last ten years.

The quality of education is reported to be low in public primary schools due to large class sizes that do not enable teachers to accord individual attention to students. However, the quality of education in private schools in the County is much higher in comparison to public schools. Private schools have over time recorded better performance especially at primary school level. The public sector has very few boarding schools that compete poorly with the many private boarding schools in the County.

There has also been improved enrolment in secondary schools in the County which is attributed to SSE. A key informant reported that the performance of public secondary schools has improved over the last ten years and relates this trend to increased student and teacher commitment.

The community reported that the status of education had improved over time and was attributed to the FPE which has boosted enrolment in primary schools.

Specifically, the community reported that there has been:

- Increased student retention at both primary and secondary schools;
- Infrastructure development particularly at secondary school level are good since the parents can now afford to pay development fees used by the School Boards to improve infrastructure; and

- There has been an increase in well trained staff though the number is still inadequate to meet the high student population.

3.2.8 Recommendations

- More classrooms should be built in public primary and secondary schools to reduce overcrowding;
- There is urgent need to increase the number of teaching staff so that staff-student ratio is improved to ensure personal attention is given on the basis of each pupil's unique learning abilities;
- Capacity building of teaching staff through refresher courses to improve quality;
- Awareness creation to the community on the importance of educating their children;
- The community faces a trend where the boy child is being neglected which has led to high dropout rates among boys. The situation has resulted in boys flocking the casual job market and compounding the social problems within the community. The community called on stakeholders to pay equal attention to the boy-child as has been the case with the girl-child.
- Efficiency and equity in bursary allocation through more transparent system to avoid the situations of '*ni ka mwene*' (whom do you know?' in allocation;
- The Government should deploy more teachers to the school to improve on quality and relieve parents the need to pay salaries to non-TSC teachers;
- There is need for the government to consider including ECDE teachers in the government payroll.

3.3 AGRICULTURE SERVICES AND INPUTS

3.3.1 Introduction

According to the County Development Profile (CDP), the major cash crops in the County include tea, coffee, avocado, mangoes, macadamia and horticulture crops, among others. Horticultural crops include tomatoes, cabbages, kales, spinach and French beans while food crops include maize, beans, bananas, sweet potatoes and cassava.

The main livestock bred in the county are cattle, pigs, goat, sheep, rabbits and chicken. Exotic cattle breeds are found in the upper parts of the county while indigenous cattle breeds are found in the lower parts. Dairy and indigenous goats are spread all over the county but they thrive well in the lower parts.

This section presents information on provision agricultural services including extension, inputs, production, storage and marketing. Areas of concern include

agricultural extension services, access to these services, affordability, interventions and the impact they have had on the community, and challenges and recommendations for improvement.

3.3.2 Status of Provision of Agricultural Services

A key informant reported that there are five categories of agricultural services in Murang'a South sub-county which include:

- Crop production which is for subsistence purposes;
- Horticultural production that is mainly for commercial purposes and includes French beans, tomatoes and avocados;
- Livestock farming which involves cattle rearing, poultry keeping, and guinea pig rearing; and
- Fish farming.

The challenges experienced in the provision of agricultural services include:

- Marketing of agricultural produce – there are many brokers within the market chain which distorts effective market prices;
- The community reported that there were not enough silos for perishable produce which sometimes go to waste.
- Over- or underproduction in different seasons leading to losses and wastages of production when in plenty and food insecurity when in short supply;
- The community reported that the subsidized fertilizer was still unaffordable;
- Inaccessible roads during the rainy seasons hinder transportation of goods to the market thereby compounding the problems of perishable goods;
- Unreliable rainfall and water scarcity poses a challenge to agricultural production.

3.3.3 Intervention for Improving Agricultural Services

- Capacity building on crop husbandry;
- Provision of subsidized farm inputs e.g. French beans, sweet yellow passion and fertilizers;
- Free advice to farmers on, say, how to grow drought-resistant crops e.g. cassava;
- Networking that involves linking farmers to other stakeholders e.g. Kilimo Biashara which is an initiative of Equity Bank that advances loans to small-scale farmers e.g. sweet yellow passion farmers;
- Njaa Marufuku programme initiated four years ago and was targeting groups of small-scale farmers in crop production;
- Teaching farmers on fish production such as maintenance of ponds (fertility of pond); ESP built ponds and gave them starter feeds and fingerlings;

- Encouraging farmers to form groups e.g. Dairy Goat Farmers Association of Kenya (DGAK). These unions help to regulate prices of produce by reducing or eliminating the many brokers/middlemen in the marketing chain.
- Injecting livestock in case of disease outbreaks in the community at subsidized fee of Kshs 100.

3.3.4 Target Group for Agricultural Services

- Fish farming services are targeted to small-scale farmers and there is a plan to target institutions of learning in the future (20 institutions);
- The subsidized farm inputs such as fertilizer and seeds are targeted to both women and men who can afford to pay the subsidized prices and who have the capacity to produce in large quantities.

3.3.5 Relationship between Agriculture and Poverty

The community reported that there was low agricultural production, hence negative returns, leading to low income and hence increased poverty levels. The problem is compounded by lack of access to good markets and exploitation by middlemen.

Land fragmentation leaves little land for agricultural production and thus more pressure on productivity of the land, hence farming is rendered commercially unviable.

3.3.6 Status of Agricultural Services over Time

The community reported that agricultural services have declined over time e.g. the community reported that they rarely receive seedlings from the Government. Njaa Marufuku and cattle dip services collapsed; fish pond projects stalled; and agricultural extension services became unaffordable to farmers.

3.3.7 Recommendations

- The community members should embrace aqua-culture;
- Fertilizer and other farm inputs should be made accessible and affordable to all; and
- There is need for the Government to construct more silos.

3.4 WATER AND SANITATION

3.4.1 Introduction

Murang'a County's water resources are rivers, shallow wells, springs, dams, boreholes and roof catchments. There are 10 permanent rivers, 400 shallow wells, 75 springs, 30 dams and 100 boreholes that supply water for domestic and agricultural use in the

county. All these sources supply 60 percent of the county's population with clean and safe drinking water. The mean distance to the nearest water point is three kilometres.

The county has 27 water supply schemes and about 16 irrigation schemes. Water supply schemes are managed by three different entities, namely, water companies, the department of water, and community members through water project committees.

This study sought information on the location of water and sanitation programs and projects in the study areas. It also sought to establish the types of water sources and sanitation facilities, availability, accessibility and affordability. In addition, information on the role of the community in the management of water services and the status in water availability in the study site was established.

3.4.2 Status of Provision of Water and Sanitation Services

The community reported that there were no Government water programmes. They reported that safe drinking water is rainwater and water from springs which was proven during the colonial period to be pure without contamination. The community reported that they had not started any water programme except a youth project available at the PCEA church.

The following are the water programmes in the community

- Thaara river (main source of water);
- Kamahuri spring (main source);
- Individual borehole;
- Shallow wells during wet seasons, as they dry up in hot weather;
- There is an undeveloped water point though there is land set aside for construction of a community borehole;
- There is a youth water project in the PCEA church on community rainwater harvesting. This helps to supply water to the ECDE center and secondary school;
- Buying water from vendors at Kshs 10 per 20 litre jerrican which is not affordable;
- A youth-run water project was established by the local church although there has never been any capacity building.

3.4.3 Types of Sanitation Facilities

The community reported that the most common sanitation facilities are pit latrines. There are no sewerage facilities in the community. They use waste disposal pits although some throw their waste in their farms and bury plastics materials. They noted that the sanitation programme by the CHWs was not effective.

Most of the community members reported that they wash hands after visiting the toilet and before meals, and treat drinking water through boiling. A few reported that they do none of the above as '*God helps them*'.

3.4.4 Environmental Degradation and Water Availability

The community reported that cutting trees and vegetation has affected rainfall patterns. The community had many blue gums (*minyua mai*) trees which reduce water availability.

3.4.5 Status of Water and Sanitation over Time

A key informant reported that provision of water over the last 10 years has not changed much though the introduction of the Water Act 2000, which distinguished water services provision from capital works, has led to improved efficiency in water services delivery. This view was supported by the community who reported that water patterns have remained the same for the last ten years. However, hygiene such as hand washing has improved in the community.

3.4.6 Relationship between Water and Sanitation and Poverty

The community reported that the high levels of water unavailability and/or scarcity lead to higher rate of poverty due to cost of buying water, crop failure, and poor sanitation and hygiene that lead to waterborne diseases.

3.4.7 Recommendations

- The Government should put in place a water programme in the community;
- A sewerage system and waste disposal mechanism should be put in place in the community; and
- More awareness should be created on sanitation and hygiene.

CHAPTER FOUR

FINDINGS ON PRO-POOR INITIATIVES AND DEVOLVED FUNDS

4.1 PRO-POOR INITIATIVES

4.1.1 Cash Transfers (CTs)

There are three CTs in this sub-count namely; CT- Elderly CT- Orphans and Vulnerable Children (OVCs) and CT- Persons with Severe Disability (PWSDs).

CT - Elderly

This programme began in 2009 and in 2010 it was benefiting 3 people in Nyati B1 community and 50 people in the location and 150 beneficiaries in Murang'a South Sub-county. The beneficiary get Kshs.4,000 after every two months and they collect the money themselves and in case of un-favourable weather conditions they send the next of kin collect the money on their behalf but after thorough verification by the Assistant Chief to ascertain that they belong to the respective family. The payment is made through the post office.

The selection criterion is through open barazas courtesy of the Assistant Chief. They must also be 65 years and above and be living in deplorable conditions and vulnerable and do not have other sources of livelihood. This is verified through household surveys.

The community noted that the money was not enough to meet the daily expenses on their needs.

They reported that the Cash Transfers for the Elderly has had a positive impact on the beneficiaries and acknowledged the Government for having remembered them. They had improved their standard of living and given them money to access healthcare and some basic needs.

CT - Orphans and Vulnerable Children

They could not remember when this programme began in the community. The community reported that the children receive Kshs.2,000 every month. Payment is made in the first two weeks of every month though it is not timely as the process takes quite a lot of time.

The beneficiaries are about 4-5 children in Nyati B1 and the money is collected by their guardians and/or caretakers after signing for it. The money is paid through the post office.

The selection criterion for the beneficiaries is orphans from the most destitute families and who do not have other sources of income.

The money has helped in the provision of some basic needs and improved enrollment in schools. The money has also assisted them in accessing some of the important documents such as birth certificates.

CT - People with Severe Disability

The programme began in 2011 and was targeting the people who had severe disability. The beneficiaries get Kshs.4,000 after every two months which is collected by the guardian from the post office. The selection criterion is for those with severe disability.

The community recommends that the amount of money should be added as it is too little to cater for the needs and the programme be expanded to cover more deserving people.

4.1.2 Kazi Kwa Vijana (KKV) PROGRAMME

The programme began in 2009-2010 Financial Year and in this community it is known trees for jobs that involves environmental and public works which include planting trees and nurturing tree seedlings.

The beneficiaries are the youth both male and female aged between 18 to 35 years. They are paid Kshs.250 daily on cash basis and they are accountable for the money. They were also involved in manual construction of roads but the programme ceased existence. The money has helped the youth afford adequate provision of their basic needs.

4.2 DEVOLVED FUNDS

4.2.1 Constituency Development Fund (CDF)

The community reported that the fund supported programmes such as:

- Construction of schools;
- Provision of bursaries to school (Nyati Primary School);
- Construction of Nyati B 1 Dispensary (Maternity);
- Provision of scholarships to college students; and
- Provision of bursary to secondary.

4.2.2 Local Authority Trust Fund (LATF)

The community reported that the fund supported programmes such as:

- Provision of bursaries to secondary school students; and
- Construction of Road.

4.2.3 Women Enterprise Fund (WEF)

The community reported that they have never benefited from WEF.

4.2.4 Youth Enterprise and Development Fund (YEDF)

The community reported that they were aware of the fund but not the beneficiaries. They were aware that the fund supports the youth in business and programmes such as subsidized youth polytechnic training.

4.3 RECOMMENDATIONS

- i. There should be community awareness on the available government funds and pro-poor initiatives at the lowest grass root level;
- ii. Most of the roads in the region are inaccessible during rainy seasons thus hindering the vulnerable from accessing services;
- iii. The ability to access basic needs was the standard or the yard stick used to measure poverty and thus there is need for more community empowerment;
- iv. There was a challenge of getting data for specific thematic areas such as devolved funds and cash transfers because of low community awareness.

CHAPTER FIVE

CROSSCUTTING AND EMERGING ISSUES

5.1 HIV & AIDS

According to the County Development Profile, the HIV&AIDS pandemic poses a serious threat to the development of the county as the prevalence rate stands at 3.7 percent. The scourge is on the increase as well the number of AIDS orphans. HIV&AIDS has led to declining productivity of the labour force due to increase in morbidity and mortality and rise in medical expenses, loss of man hours and employment. It has also led to psychological and physical stress due to uncertainty of the future, stigmatization, emotional stress and depression of families left behind. Poverty is viewed as a major cause and consequence of HIV&AIDS. Poverty increases vulnerability of people with HIV, and the situation is further aggravated by the fact that HIV&AIDS mostly affects people in the productive age leaving minors and the elderly to take care of households.

A key informant reported that TB prevalence is outnumbering HIV&AIDS in the community. Additionally, the community reported that CHWs have been trained on various healthcare interventions including following up on persons with HIV&AIDS or TB to ensure compliance with the treatment regime.

6.2 GENDER MAINSTREAMING

Gender concerns have implications on economic growth and poverty reduction. Women have been discriminated against when it comes to access to ownership of property and finances. About 80 percent of women constitute the agricultural workforce but only a small percentage hold title deeds. This imposes a great constraint on their ability to make major land-related investment decisions. Gender disparities are minimal in primary and secondary education in the County as shown in the 2013 County Development Profile.

The community reported that women are disadvantaged in terms of asset disposal because there is limited consultation. Household chores also consume all the time that women could utilize for other economic activities thus leading to poverty. Women carry out most of the activities in the farm and also perform household chores. Men also work in the farm but greater burden falls on women.

The community reported that poverty has led to some single mothers becoming "husband snatchers" since they have no one to fend for them, thus resorting to preying on other women's husbands for survival.

6.3 DISABILITY MAINSTREAMING

In the past, PWDs have been marginalized in all sectors of development in the county. This has changed and there have been national campaigns to recognize the role of PWDs so as to give them equal opportunities in all aspects of socioeconomic development.

The major challenge is that there are only two institutions in the county that take care of the needs of children with disabilities. These institutions do not offer the training required up to secondary and tertiary level, making the students to go for further education in other counties. Another challenge is lack of data pertaining to persons with disabilities in the county which affects efforts to cater for their needs.

CHAPTER SIX

RECOMMENDATIONS AND CONCLUSION

6.1 RECOMMENDATIONS

- Provision of water for irrigation in case of rain failure;
- Affordable farm inputs such as fertilizer should be made accessible, cheap and available to the members of the community as this would help them improve farm output and food security;
- Improve healthcare through supply of adequate medical supplies and personnel to the health facilities. The facility should also be expanded to offer more services;
- Expanding the Cash Transfers safety net to cater for more people, review the amount of cash transfers, and ensure consistency in disbursement;
- The Government should put up silos to provide storage for their cereals. In addition, direct markets for farm produce should be created to avoid exploitation by middlemen;
- The Government and other stakeholders should develop fruit canning and juice extraction factories in the community for value addition and hence fetch better prices in the market;
- Secondary school fees are still high and should be subsidized further;
- The Government should develop mechanisms and strategies to fight alcoholism and drug abuse that has destroyed the youth e.g. by enhancing youth health education and provision of employment opportunities;
- Creation of unemployment opportunities particularly for the youth; and
- Affordable services should be made available to PWDs.

The county's poverty level is high compared to other counties within the central region though it has high potential in agriculture. This was attributed to alcoholism among the youth, Poor road network hinder access to markets for farm inputs and produce, high prices of farm inputs, small farms among members of the community, and un-availability of water to irrigate their farms.

6.2 CONCLUSION

It was noted that the rich among the communities were either immigrants who have bought land or locals who owe their wealth to inheritance. The major causes of poverty in this area include lack of affordable and quality education, insufficient water, ill health and inaccessible roads.

There were no youth-friendly services such as health education for the youth. Furthermore, there is no resource mobilization for youth education on matters

affecting them. The youth therefore are integrated in the larger community and hence only benefit from the general community targeted services.

It was found that maternal and child healthcare is effective and free and this has led to reduced infant and maternal mortality.

The community reported that parents incur charges on education, particularly on examination and activity fees. In the opinion of the community, this is against the spirit of the FPE. The charges to access ECDE push some of the very poor children out of school. They also reported that there is no school feeding programme in the community.

ANNEX

CASE STUDY OF A COMMUNITY-BASED ORGANIZATION

The case study was identified through the FGD and details sourced from a key informant for the purpose of establishing the validity of information. The community gave a general understanding of the circumstances surrounding the establishment and running of the pharmacy and the eventual challenges that led to its collapse.

The pharmacy was established by a community-based organization (CBNB) in 1995 to provide preventive health to Nyati B1 and the surrounding community. Such preventive interventions include spraying of mosquitoes, use of clean drinking water and first aid services. The pharmacy also provided subsidized malaria drugs, mosquito nets and painkillers. These drugs and nets were sourced from Maragwa District Hospital. In addition, the pharmacy organized for the training of CWHs on various health concerns. The pharmacy was run by a committee appointed by the community in consultation with the CBO. The committee comprised of two persons per village. This committee appointed among themselves a management committee to spearhead its operations.

The CBO, in consultation with the committee, trained a number of Form Four leavers from the community to oversee the day-to-day running of the pharmacy. They were taken to Nyeri for training on preventive actions and basic drugs dispensing. They were to be remunerated from the proceeds of the drugs and mosquito nets. The CBO then handed over the facility to the community committee.

The pharmacy opened in the afternoon hours up to five in the evening and operated until 2004. However, in the course of its operation, challenges began to emerge. The staff was not permanent, their remuneration could not be sustained because the proceeds from sale of drugs could not meet their salaries, there were no proper structures set out for its running, and the community could not afford the drugs. This problem was compounded by allegations of misuse of the proceeds from the sale of drugs and soon the whole pharmacy was riddled by local politics as accusations and counteraccusations took center stage. It was reported that the community participation began to wane in the wake of these challenges.

Unable to sustain itself, the pharmacy was closed in 2005 and another committee appointed in 2006 to run the facility. However, the new committee did not effectively rerun the pharmacy owing to lack of a clear operational structure. The stock of drugs that had remained in the pharmacy was eventually returned to Maragwa District Hospital.