REPUBLIC OF KENYA

THE PRESIDENCY

MINISTRY OF DEVOLUTION AND PLANNING

PARTICIPATORY POVERTY ASESESSMENT PPA V

NAIROBI COUNTY

SPRING VALLEY 'B' CLUSTER

KENYA VISION 2030

Towards a Globally Competitive and Prosperous Kenya

OCTOBER 2014

TABLE OF CONTENTS

Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Clinic
ARVs	Anti Retro Viral
CDF	Constituencies Development Fund
CT	Cash Transfer
DDO	District Development Officer
DO	District Officer
DSO	District Statistics Officer
ECDE	Early Childhood Development Education
FGDs	Focus Group Discussions
FPE	Free Primary Education
HIV	Human Immunodeficiency Virus
KI	Key Informant
KKV	Kazi kwa Vijana
KNBS	Kenya National Bureau of Statistics
NASSEP	National Sample Survey and Evaluation Programme
NGO	Non Governmental Organization
OVCs	Orphans and Vulnerable Children
PPA	Poverty Participatory Assessment
PTA	Parents Teachers Association
PWDs	People With Disabilities
RAs	Research Assistants

SDSE	Subsidized Day Secondary Education
T.V	Television
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development fund

FOREWORD

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

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

ACKNOWLEDGEMENTS

The Nairobi County Participatory Poverty Assessment Report is the first of its kind that has the County as the key reference point on poverty profiling since the promulgation of COK, 2010 and 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 Directorate. The Directorate 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 (Principal economist), Joseph Njagi (Senior Economist), MichealMwangi (Senior Economist), Samuel Kimote (Senior Economist), Kiilu (Senior Economist), Chrisamtos Okioma (Economist I) and Douglas Manyara (Economist I).

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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 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 on their own perspectives.

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

This report presents the findings of the PPA-V survey in **Spring Valley 'B' Cluster**

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

Nairobi County is one of the 47 counties in the Republic of Kenya. The county has a total area of 696.1 Km^2 and in 2012; the county population was projected to be 3,517,325 and was expected to rise to 3,942,054 in 2015 and 4,253,330 in 2017. The people who live below poverty line in the county are estimated to be 22 per cent of the total population. The most affected categories include vulnerable groups like the unemployed youth, women, persons with disabilities, female and child headed households, slum dwellers and the aged, street families/children, displaced people and HIV/AIDS orphans.

Spring Valley 'B' Cluster is an urban cluster in Njiru District of Nairobi County and is made up of 132 households. This being an urban cluster, community members involve in small-scale businesses and causal jobs.

There has been a steady growth of estates population around the Njiru health centre but the capacity of the health facility has remained the same. The nearest health center is 3 km away at Njiru shopping centre. As a result, there are many private clinics in the area which offer out-patient health services to the community mainly between 8am – 6pm.

There are permanent public primary schools accessible to the community though the schools have a shortage of teachers and security guards. There is increased number of schools due to the introduction of Free Primary Education (FPE). However, the study reveals that public institutions are at a distance of approximately 3km from this cluster.

Community members of Spring Valley 'B' do not own huge tracks of land and therefore do not practice large scale farming. They keep livestock and poultry is small scale. There is no major agricultural activities are practiced in the community which explains the reason why there are no extension service rendered to this community because it's illegal to practice agriculture.

In regard to water and sanitation, the main challenge of the region is lack of a sewer line hence leading to poor waste disposal causing the prevalence of water borne diseases such as diarrhea and typhoid which impact very negatively on the household income and livelihood. Availability, source and seasonality of water has shown improvement over the years. The housing in the community mostly comprises of permanent rental flats and owner occupied bungalows which are located within small plots and thus dense population distribution. Most of the houses are roofed with corrugated iron sheets.

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

On crosscutting issues the community reported that HIV/AIDs had really affected them as it had left many homes without the bread winners. A lot of resources and time is also spent in taking care of the persons infected with HIV/AIDS. Drugs and substance abuse has also affected the community. There are seen gender lines in terms of roles and headship in the households.

CHAPTER ONE: INTRODUCTION

1.1 Background of Participatory Poverty Assessments (PPAs)

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

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

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

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

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

1.2 PPP V Objectives

The overall objective of the study is to contribute to Kenya’s poverty reduction strategy, by providing a richer and more informative data base on the living standards,

aspirations and needs of the poorer sections of the population. In this context, the Fifth Participatory Poverty Study (PPA V) focuses on two main areas:

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

More specifically, the participatory study seeks to:

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

1.3 County/Cluster Profile

Nairobi County is one of the 47 counties in the Republic of Kenya. It borders Kiambu County to the North and West, Kajiado to the South and Machakos to the East. Among the three neighbouring counties, Kiambu County shares the longest boundary with Nairobi County. The county has a total area of 696.1 Km^2 and is located between longitudes 36^o 45' East and latitudes 1^o 18' South. It lies at an altitude of 1,798 metres above sea level. In 2012, the county population was projected to be 3,517,325 and is expected to rise to 3,942,054 in 2015 and 4,253,330 in 2017. The people who live below poverty line in the county are estimated to be 22 per cent of the total population. The most affected categories include vulnerable groups like the unemployed youth, women, persons with disabilities, female and child headed households, slum dwellers and the aged, street families/children, displaced people and HIV/AIDS orphans. These categories of people face various challenges thus they remain poor. The county is the home of major industries which accounts for about 80 per cent of the total industries in

the country. This offers a wide range of employment opportunity for the people within and outside the county. The various industries play a significant role in employment creation. There are 2,061 industries in Nairobi County with 422 being in manufacturing. Most of these industries are located in industrial area, Kariobangi and Baba Ndogo areas.

Spring Valley 'B' Cluster is an urban cluster in Njiru District, Nairobi County and is made up of 132 households. This being an urban cluster, community members involve in small-scale businesses and causal jobs. The roads in the community are in bad condition because when it rains even four wheel drive vehicles cannot access the community.

1.4 Methodology

The study used PPA tools and instruments including semi-structured oral interview questionnaires, focus group discussions, key informant interviews and observations. Specific tools which were used included resource mapping, wealth ranking, Venn/chapatti diagrams and pair wise ranking. The Village Resource Map was introduced before the introduction of other PPA tools 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 check lists.

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

Selection of the cluster was done using two stage purposive sampling that was super-imposed on agro-ecological zones to cover common characteristics across similar zones. The aim was to capture as much variation as possible among the poor communities in 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 cluster.

One 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.

1.4.1 Selection of the Cluster

Selection of the cluster was done using two stage purposive sampling that super-imposed on agro-ecological zones to cover common characteristics across similar zones. The aim was to capture as much variation as possible among the poor communities in 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 cluster.

One per county was selected for the detailed study in which all 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.

1.4.2 Field Logistics

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

In preparation for the survey, the 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 District Development Officer's (DDO) and District Statistics Officer's (DSO) office. The recruitment interviews were conducted for two days. Out of the applicants who were interviewed, six (6) Research Assistants were selected to assist in data collection in the county.

The training for research assistants ran for two (2) days and data collection and report writing was done in four (4) days. During the training, RAs were taken through the introduction to Participatory Poverty Assessment and methodologies, guiding principles for participatory data collection and the data collection instruments.

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

Other key areas covered during the training included data collection logistics, data storage, compilation of the site reports and the format of the cluster report.

1.5 Report Organization/Outline

This report therefore presents the PPA V survey findings in Spring Valley Cluster of Nairobi County. The report is divided into five (5) chapters including chapter one (1) which covers the Introduction. Chapter two (2) highlights the survey findings on poverty and inequality in Nairobi County while chapter three (3) presents findings on provision of public services in the selected policy areas (health care, basic education, agricultural services and inputs, water and sanitation and housing). Chapter four (4) covers the findings on 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) e.t.c and other pro-poor interventions. Chapter five (5) gives the conclusions and recommendations.

CHAPTER TWO: POVERTY DYNAMICS AND INDICATORS

2.1 Introduction

Poverty is a multi-sectoral phenomena cutting across all sectors of development in the county. The people who live below poverty line are estimated to be 22 per cent of the total population. The most affected categories include vulnerable groups like the unemployed youth, women, persons with disabilities, female and child headed households, slum dwellers and the aged, street families/children, displaced people and HIV/AIDS orphans. These categories of people face various challenges thus they remain poor.

2.2 Definition of Poverty

The Spring Valley 'B' cluster is an urban cluster where the most common language used is Kiswahili. The interview was therefore conducted in Kiswahili.

The Spring Valley 'B' community defined poverty as inability to access basic needs e.g. food, education and ideal shelter. The common terminology(s) which was used by the community to refer to the poor was "maskini" meaning a poor person.

2.3 Classification of Poverty

The community categorized poverty as follows:

1. **"Mtu wa katikati" /middle class person –** Whose characteristics were given as:
    - Can afford to educate their children without much difficulty especially in public schools;
    - Can afford to pay rent for a single or double room regularly; and
    - Can feed the family comfortably without much strain.
2. **"Tajiri"/ the rich** –Whose characteristics were given as:
    - Owner occupied permanent house with good security fence;
    - Possesses rental properties in various areas;
    - Eats well balanced food with weekly feeding timetable;
    - Take their children to good schools (private) outside Spring Valley 'B' community;
    - Able to own new cars and models of their choice;
    - Have luxurious facilities in the house like modern T.V., carpet, fridge, micro wave, cooker e.t.c; and

- Cooks using gas or electricity.

There are no extremely poor people in this cluster although the informal settlements in the city are vested with very needy persons.

2.4 Characteristics of Poverty

The under listed characteristics were mentioned by the community members to describe and identify a poor person (maskini):

- A person who stays in a rental house ranging from Kshs. 500- Kshs. 1,000 per month in rent;
- Their children do not go to school (free primary education) and even if they do , they attend without uniform and shoes;
- The household does not have enough food and thus cannot afford three meals in a day;
- The household of a poor person lacks essential facilities like bed, mattress, utensils among others; and
- Whenever the landlords want to confisticate property due accrued rent, there is nothing in the poor person can do

2.5 Causes of Poverty

Causes of poverty were said to differ for men, women, youths, PWDs and OVCs. The following were some of the causes given by the community members:

- Lack of jobs/unemployment which in turn leads to illegal activities such robbery, prostitution, and drug and substance abuse among others ;
- Loss of jobs through retrenchment and retirements;
- Many dependant brought by either lack of family planning or death of parents from diseases such as HIV and AIDS,Cancer, Diabetes among others.
- Sickness, especially prolonged/chronic conditions which demand one to be on drugs throughout and yet the resources to buy the drugs are inadequate;
- Lack of education also limits chances of employment especially among the youth;
- Insecurity which create unhealthy environment for business growth; and
- Many orphans; who in turn indulge in illicit/illegal behaviors such asprostitution creating insecurity and break down of the social moral fabric.

2.6 Impact of Poverty

When members of the community were asked who suffers most or feels the weight of poverty in a household, they argued about it for a while before finally coming to a consensus that it was the men/fathers. However, using voting by show of hands, mothers got 18 out of 35 which translate to 51%; fathers got 12 out of 35 to represent

35% while children got 5 out of 35 representing 14%. This meant that mothers were most affected.

2.7 Coping Mechanisms

It was reported that different groups of people would behave differently in making efforts to make ends meet. The following are some of the coping mechanismsgiven by the community:

Mothers (both married and single)

- Start small businesses such as selling sukumawiki (kales);
- Do domestic work for the well to do people in exchange for money;
- Joins quarry activities like crashing ballast;
- Start food hawking in the construction sites;
- Fetch water for the construction sites;
- Others go to Gikomba market and buy secondhand clothes commonly known as "fagia fagia" and then resell them at a small profit;
- Engage in prostitution;
- Some young ladies have ventured into the matatu business as touts;
- Some women prepare illicit liquor;
- Where there is availability of land and water, they practice small scale farming; and
- The old and the sick beg or depend on well wishers. Begging is mostly done by the old and sick women.

Fathers

- Join quarries to crash stones for ballast and excavate building stones,
- Clearing construction sites;
- Join jua kali activities such as selling charcoal, soap and doing barber work;
- Start driving commercial vehicles and working as touts;
- Roast maize by the roadside;
- Some young fathers engage in illegal activities such as robbery, mugging and selling drugs;
- Get hired to cut grass for livestock; and
- Depend on family members who are well-to-do thus increasing the dependency ratio.

Orphans

- Some are taken to children's homes where well wishers provide for their basic needs;

- Others turn to drugs and alcohol as a way of trying to forget the problems they are undergoing;
- Some engage in plastics, waste papers and scrap metal collection;
- Some go to quarries to look for casual jobs; and
- Others are employed as house girls or boys.

Youth

- Young ladies start prostitution in exchange of money;
- Indulge in alcoholism by consuming cheap illicit brew;
- Look for casual engagement such as being kiosk attendants, house helps, farm labourers; and
- Petty crime such as t mugging, commonly known as "kupiga ngeta" in local terms.

2.8 Assets Ownership access and decision making

Assets included plots, T.V. sets, motor bikes, poultry, goats and cereals stores. Men being household heads make majority of the decisions in consultation with the women about the assets although this differs from one family to the other. However, it was reported that there were several women who own property and control them while others let their husbands to be in charge.

2.9 Poverty and Gender

The community reported that there were major gender disparities in terms of poverty. Women are mainly the providers of the household needs especially in the provision of food items in most of the households. Women are supposed to improvise ways of financing most of the activities in the households. . There are PWDs in Spring Valley 'B', including those heading households. They were said to be very poor as there are no government interventions, hence become a burden to both their families and relatives.

2.10 Poverty Trends over time

The Spring Valley 'B' community reported that poverty over the past years has slightly reduced due to various interventions by the government and other stakeholders. Free Primary Education (FPE) and Subsidized Day Secondary Education (SDSE) have freed some resources for other household needs. However, to them FPE is not entirely free, even though it has enabled many households to reduce the expenditure on educating their children.

Programmes by other stakeholders such as the World Vision which has been involved in construction of classes and provision of food stuffs, and uniform to the disadvantaged and OVCs have had some impact on their livelihoods.

2.11 Recommendations

The community made the following recommendations:

i) The Government should roll-out the Uwezo fund as promised to enable the youth start income generating activities;
ii) The free primary education should be made absolutely free to relieve the parents the burden of additional costs by schools;
iii) Security in the community should be beefed up to ensure a conducive environment for business operations;
iv) The Government should consider ensure that the community benefits from the cash transfer programmes; and
v) Youth recreation facilities should be introduced in the community to avoid idleness which leads to insecurity and drugs and substance abuse.

CHAPTER THREE: PROVISION OF GOVRNMENT SERVICES

3.1 HEALTH CARE

3.1.1 Introduction

Kenyatta National Hospital is the major referral hospital in the county. There are 16 sub- county hospitals, 9 mission, 32 private, 15 nursing homes, 38 public health centres as well as 45 private health centres. The county has 30 public dispensaries, 27 private dispensaries, 84 private clinics and 22 public clinics. Kenyatta National Hospital has a total bed capacity of 1,800. Level 5 hospitals in the county have a bed capacity of 750. The doctor patient ratio stands at 1:7,816. The most prevalent disease is malaria at 39 per cent of the cases; while diarrhoea follows with 16.3 per cent. The prevalence of both flu and respiratory diseases is 15.5 per cent, while intestinal worm prevalence is 14 per cent. Stunting levels for children less than 5 years is 23 per cent while the proportion of children who are wasted stands at 2.6 per cent. The proportion of children who are underweight is 10 per cent. By 2012, the percentage of children who were immunized in the county was 73 per cent. The percentage of pregnant mothers who attend Ante-Natal Clinic (ANC) was 87.6 per cent. The proportion of mothers who delivered in health facilities was 77 per cent while those who delivered at home and other unspecified places were 21.6 and 1.4 respectively.

Contraceptive prevalence among women in the reproductive age group in the county stands at 49 per cent as compared to 39 per cent nationally. The unmet needs for family planning amongst the urban poor remain a big challenge due to the question of commodity accessibility and affordability.

3.1.2 Major Health Concerns

The major health concerns in Spring Valley 'B' community are malaria, HIV/AIDS, throat infections and STDs.

Other health concerns include typhoid, amoeba and cholera which are usually caused by unsafe drinking water that is not treated through boiling or adding chlorine/water guard; eating contaminated and uncooked foods; eating food before washing hands; drinking contaminated water or getting in contact with human waste.

To respond to these water related health problems, the community is advised on how to prevent these diseases by drinking boiled, washing hands with water and soap before eating, washing fruits before eating and general personal hygiene when they visit the health facilities. This is done during public barazas.

3.1.3 Provision of Health services

There are no public health institutions in this cluster. The nearest health center is 3 km away at Njiru shopping centre. As a result, there are many private clinics which offer health services to the community. Most of these clinics only offer out-patient services mainly between 8am – 6pm although a few open until 10pm. St. Francis clinic, which is owned by an NGO offers maternity services. There is also a herbal clinic in the community which offer health care services. Njiru health centre operates only between 8am and 5pm, so if one falls sick outside the operating

hours, he/she either goes to the private clinics or is forced to wait until the following day. In cases of emergency, the community uses the private clinics for first aid.

For minor sickness like stomachache, headaches, flu and colds, many people prefer to buy drugs from chemists or kiosks/shops that sell painkillers. They claim that private clinics are costly so they just ask for medication over the counter in the chemists. The patients describe the nature of their illness to the chemist attendant who thereafter prescribes drugs they deem necessary.

Due to high cost of medicine, others go to seek medical attention from herbalists within or outside the cluster at a lower cost. A hospital card costs Kshs. 20 at Njiru health centre which is enough to get herbs for a particular ailment. Some community members who have knowledge on herbs inherited from their parents use available leaves/herbs in the surrounding area to help the community without charging any fee.

Some members of the community said if they do not have money and fall sick, they just wait to die or wait for miraculous healing from God. In some instances, sympathetic neighbours would come together and donate money to take a patient to Kenyatta National hospital, Mama Lucy hospital in Kayole or St. Francis Hospital in Kasarani.

Some religious sects such as Wakorino in the community do not belief in healing by use of drugs but they believe in healing through prayers.

For maternity cases, mid wives come in handy. Pumwani Maternity Health Center which they considered affordable is quite far. One takes two hours to reach there because of traffic jam and many stop-over's made by public transport. Some opt to go the Mama Lucy Hospital or St. Francis in Kasarani which they considered quite expensive and thus unaffordable.

Mid wives charge Kshs. 50 for checking the position of the baby and Kshs. 500 for delivery. These delivery charges are negotiable and in case of very needy cases they do it for free. The community members are aware that delivering through these midwives is unhygienic and may endanger both the mother and the child.

Some members of the community normally visit witchdoctors especially in circumstances they believe modern medicine may not be working or is becoming too costly.

Community members who preferred going to public health facilities did so because the Government has qualified doctors and other medical personnel like nurses and laboratory technicians. Drugs which are stored here are cheaper, genuine and strong compared to those sold in chemist.

However, they reported that services in public health facilities are too poor. In Njiru health centre, the medical officers are not enough to attend to all the patients. The facility sometimes lacks requisite drugs and thus prescribes to patients to buy them from chemists. Due to lack of medical laboratory, the medical officers prescribe drugs to patients who donot carry with them laboratory reports. The community reported that it takes 2 hours to access the facility while walking but one can access it by using public transport which costs Kshs. 20 while using a vehicle or Kshs. 50 while using a motorcycle.

It is as a result of these shortcomings in public health centers that private clinics have mushroomed in the area and have become famous with the community because they are easily accessible, give fast services; drugs are available and open till late hours. However,despite

theseprivate clinics being readily available, they are only accessible by those who can afford their services.

The community complained that the Government has failed to regulate the private clinics since some are operated by unqualified l personnel, sell expired drugs, give no proper laboratory services and give incorrect prescriptions. They cited cases where patients are given a combination of malaria and typhoid drugs at once and a case where a child was injected with an expired drug on the leg which was later amputated.

3.1.4 Interventions towards Health services

The members of the community reported that they receive general healthcare information from radios, television, posters, churches, health facilities, private clinics and from public barazas.

Malaria, they reported that there are increased incidences of malaria due to stagnant waters in the area. They were aware that malaria is caused by female mosquitoes and can be prevented by sleeping under mosquito nets. The government had boosted campaigns against malaria by giving treated nets to children under-five at a cost of Kshs. 50. These nets are found in the D.O.s office or Government health facilities, but due to corruption they are at times sold to adults. Those who can afford, sleep under treated nets while others use insecticides or mosquito coils. They also drain stagnant water that accumulates around the compounds to prevent mosquitoes from breeding, by clearing bushes and grasses around the compound. The community requested that the surroundings be sprayed, stagnant water drained and sewer line be constructed to prevent breeding of mosquitoes to prevent malaria.

Immunization

Regarding immunization, the information is received from television, radio, posters, public barazas or health facilities. In public health facilities, vaccination is done for free but charged in private clinics. Most mothers do not know the specific vaccines and timings. They just follow the appointment dates indicated in their hospital immunization cards.

Maternal and child health

Maternal and child health care information is received from public and private health facilities. The community is taught on how to prevent HIV/AIDS transmission from mother to child, hygiene during and after birth and what to eat during pregnancy. Mothers are advised to visit medical officers for checkups.

Infant feeding information also received through radios, newspapers, TV stations and health facilities during pre-natal visits. Mothers are advised on how to feed the child and when to start weaning them and what to give them for healthy growth.

HIV/ AIDS information is received from seminars, chief barazas, radios, and televisions during Worlds HIV and AIDS day, clinics, posters, during funerals and their children are taught about HIV and AIDS in school. They are aware that HIV/AIDS is a disease that has no cure yet, reduces the body's immunity and can be passed from one person to another. They have received information on how to prevent its spread such as condom use, being faithful, abstaining, and going for VCT to

establish one's status. Teenagers who cannot abstain are encouraged to use condoms. However, the community noted that there had been a big challenge in dealing with the issue of youth due to peer pressure on drug and substance abuse rendering them to practice unsafe sex. Further, the youth are more afraid of being pregnant than being infected. Community members who are trained on HIV and AIDS teach the affected how to eat healthy; counsel them to live positively and some create awareness on HIV and AIDS in the community.

3.1.5 Decision making on health issues.

At the household level, the community informed that most of the decisions are made by both men and women. However, there are instances where men make decisions since they are the ones who provide money for treatment. The DPHO stressed on the advocacy they carry out to encourage to participate in matters of health given that majority of people with health education knowledge are women.

3.1.6 Ideal Family Size

The Spring Valley 'B' community members explained that an ideal family size consists of about 4-6 members (including the parents). This may also depend on (with) individual families. The educated tend to use family planning and get the ideal family size of 2-3 children but some illiterate people continue giving birth in disregard of how to care for them. Some community members take children as part of their wealth and thus have large family sizes.

3.1.7 Relationship between Poverty and Health

The community noted that diseases had impacted very negatively on the livelihood and more so on productivity. Some of the impacts highlighted were:

1. Loss of lives among all age groups - These deaths have led to increase in the number of orphans in the community;
2. Orphans with no homes to stay have become 'chokoras' (urchins) or thieves within the community or other places;
3. When these diseases affect a household, they affect the budget. Money that would have been used to pay school fees or buy food is spent on medicine. Children are thereafter sent away from school. Children are at times withdrawn from schools to take care of their ailing parents or other siblings. Pathetic state of the ailing parent emotionally affects the children and this affects their academic performances and in some cases, they completely drop out of school;
4. Loss of income - Wage earners lose income as they cannot work as a result of ailments; and
5. Prolonged illness makes families poorer due to heavy expenses associated with bad health such as medical bills or special diets.

3.1.8 Access and decision making on family planning

The community admitted the failure to use family planning was due to low awareness, access and availability of the services, apart from the educated,which use them. Propaganda on the side-

effects of the services was also cited as a factor that has negatively contributed to minimal use. Women were said to be more aware and some were practicing without the knowledge of their husbands.

3.1.9 Opinion on the status of health services over time

There has been a steady growth of population around the Njiru health centre. But the capacity of the health centre has remained the same, thus straining service provision. The facility has had persistent problem of lack of drugs over time and in case they were available, the medical officers prescribing drugs without neither examining nor investigating diseases due to lack of a laboratory services. The Government has a policy of free treatment for children under-five but in most cases, there were no drugs to give these children.

The community nevertheless applauded the government efforts to provide free TB drugs and ARVS for HIV AND AIDS patients after the scrapping of Kshs. 100 formerly levied on ARVs drugs.

Health services have deteriorated in that, in the past, there were enough medicines in the hospitals and even in the dispensaries, but these days, people pay for treatment and medicines separately hence some end up not buying the drugs.

Youths abuse drugs and alcohol and as such, the health of the youths has deteriorated. Girls on the other hand end up dropping out of school, engaging in prostitution and early marriages just to be able to afford healthcare. This coupled with the HIV and AIDS scourge has really affected productivity in the community. The respondents pointed out that the introduction of free health care for under-five has greatly impacted positively on their health seeking behavior.

3.1.10 Recommendations

The community gave the following recommendations and suggestions to improve health care services and delivery in the area:

1. There is lack of general knowledge on health issues. They should be informed through public barazas. The government should enhance public health awareness through seminars, chief barazas and churches;
2. Build a social hall to hold monthly seminars on health and welfare meetings;
3. Equip Njiru health center with adequate drugs, a maternity ward, a laboratory and a children clinic;
4. Build a public health facility within or near the community and equip it with essential medical supplies;
5. Build sewerage to prevent stagnant water and proper waste disposal to prevent water and air borne diseases;
6. Public health officers should inspect food selling kiosks in the community to prevent any health hazards;
7. Tarmac the roads to prevent air borne diseases caused by too much dust;
8. The Government should monitor usage of drugs allocated to public health facilities to avoid misuse;
9. The County Government should collect garbage from the community regularly; and
10. There should be an ambulance for referral in case of complications and other serious emergency referrals.

3.2 Basic Education

3.2.1 Introduction

The county is very vibrant on the education front. This is demonstrated by high concentration of tertiary and university level institutions with science and technology institutions being 237 as at 2012. It hosts the oldest public university in the country; The University of Nairobi, and 16 university colleges and campuses. Whereas the county has a high concentration of national schools, it experiences huge challenges in accessing secondary education due to high competition for available vacancies both from within and without the county. Access to basic education at primary and secondary levels remains a major challenge to the urban poor especially in the informal settlements. Civil society organisations continue to play a key role in ensuring that pupils from non-formal settlements access basic education. The requirement for land in registration of public primary schools has been a big barrier to education accessibility since schools operating as community based organisations do not benefit from free primary education. There are 1,235 functional primary schools with a total population of 429,280 while the total number of secondary schools is 319 with a population of 49,728 students.

3.2.2 Provision of educational services

The community members take their children to public and private schools. The public schools are at a distance raging between two and four kilometers. However, the private primary schools are within the community. Buildings in public schools' are permanent, with desks, tables and chairs. Since the introduction of free primary education, public schools have been congested due to increased enrollment; which has led to a shortage of space in available schools. This has paved the way to the opening of many private primary schools.

3.2.3 Provision of educational services

There are permanent public primary schools accessible to the community though the schools have a shortage of teachers and security guards. The number of schools has increased tremendously due to the introduction of Free Primary Education (FPE). This has also seen the rise of private primary schools within the community.

3.2.4 Status of education services

There are two public primary schools accessible to the community. The schools have a shortage of teachers thus forcing parents to employ PTA teachers. The schools have all the classes, though they are over-crowded since the introduction of Free Primary Education (FPE). Each student pays Kshs.1000 per term and Kshs. 100 per month for the PTA teachers and watchmen respectively. In addition, students pay for all the exams fees except the end-term exam. The respondents explained that they are sometimes forced to buy furniture such as desks and chairs by the school management.

3.2.5 Interventions towards Improvement of Education Standards

According to the key informant (KI), both Free Primary Education (FPE), Subsidized Secondary Education (SSE) and bursaries from Constituency Development Fund (CDF) among others have improved the education standards of many students within Njiru. Non-Governmental Organizations

(NGOs) such as Practical Action and World Vision have also chipped-in in terms of building classrooms, provision of school materials and identifying OVCs and other needy children for support in terms of fees and uniform.

Issuance of sanitary pads to girls and awarding presents to children who are performing well both academically and behavior wise have been initiated The community felt that their schools should re-introduce prizegiving to encourage good performance and good behavior.

3.2.6 Impact of Poverty on Education

According to the community members, some children are sent home due to lack of minimum fees set. This disrupts their studies hence affecting their performance. Others are simply not schooling due to lack of funds and school uniform. There are classes of congestion thus affecting the quality of education. Boys opt to leave school in order to do casual jobs such as collection of plastics and paper bags for sale, construction work and washing cars. The community value education as it is an avenue to the child's financial independence. Education enables the children to acquire good manners as well as know how to communicate with different kinds of people. As a result of education; children keep off criminal behavior, negative peer pressure and drug abuse which are major constraints towards the community's development and advancement.

3.2.7 Opinion of status of education over time

Over the last 10 years, education in this area has generally improved. Retention, transition and enrollment rates have all gone up.However, other parents were dissatisfied with the FPE policy, since despite education being free, they still pay tuition fee, and the living expenses have gone up making the free education initiative lose its meaning. Unemployment is still on the rise and the government is not doing enough to contain the problem. The fertility rates have gone up because parents no longer cater for primary education expenses. Free education has also decreased parental responsibility.

3.2.8 Recommendations

The community recommended the following towards improvement of education:

i. FPE should be completely free as envisaged;
ii. School feeding programme should be introduced so as to boost retention rates;
iii. Devolved funds should target the less fortunate and schools with fewer facilities;
iv. The government should employ more teachers to ease the burden on parents;
v. The government should strive to provide adult education to enable the elderly engage in meaningful economic activities and
vi. The government should consider funding Early Childhood Education Development Education (ECDE).

3.3 Agricultural Services and Inputs

3.3.1 Introduction

The main crops grown in the county are maize and beans though mainly on a small-scale basis especially in Njiru, Langata and Kasarani. Other crops include sweet and Irish potatoes, kales and

cassava. High value crops such as onion, tomato, and Swiss chard are also produced. Most of these crops are meant for consumption by the farming households while the surplus is sold to earn supplementary income. The land under crop cultivation is about 751.5 hectares. However, sack gardening and greenhouses are coming up as an alternative method of farming due to limited space for conventional farming. The average farm size in the county is approximately 0.0295 ha. The main livestock breeds in the county are dairy cattle, beef cattle, sheep, goats, poultry, donkeys, bees, rabbits and pigs. There is a total population of 25,536 dairy cattle, 29,010 beef cattle, 35,980 sheep 52,412 goats, 127,083,985 commercial chicken, 181,721 indigenous chicken, 12,824 donkeys, 18,430 rabbits and 29,976 pigs. Livestock products in the county include milk, beef, mutton, chevon, pork, hides/skins, eggs, honey and wax. These products form an important source of income for the livestock farmers as well as a source of raw materials for processing industries.

3.3.2 Status of Provision of Agricultural Services

It was reported that community members of Spring Valley 'B' do not own huge tracks of land and therefore do not practice large scale farming. They only grow crops for basic consumption such as sukumawiki in their small plots. They also keep livestock and poultry is small scale. Due to lack of space, no major agricultural activities are practiced in the community. However, there is no extension service rendered to this community because it's illegal to practice agriculture. As a result they face a lot of harassment from the county reinforcement officers who take the animals away. However, those with dogs get medication from an Agrovet in Kasarani. It takes about 30 minutes to drive to this facility for information and advice.

3.3.3 Intervention towards improvement of Agricultural standards in the community.

There is no extension service rendered to this community because it is illegal to practice agriculture in the city environ in the first place. As a result, the farming community faces a lot of harassment from the county council who take the animals away.

However, those with dogs (though few) get medication from an Agrovet in Kasarani. It takes about 30 minutes to drive to this facility for information and advice.

3.3.4 Target groups for Agricultural services

There are no target groups for agricultural services because the county council by-laws prohibit agriculture within its jurisdiction.

3.3.5 Relationship between Agriculture and Poverty

Agricultural activities are mostly practiced in Ruai and Kamulu regions but not in Njiru. According to the Sub County Agricultural Officer, agriculture is related to poverty in most of the household since when agriculture is doing well food becomes relatively cheap for the households.

3.3.6 Status of Agriculture Services over time

Due to the fact that by-laws prohibit agricultural activities in the estates, people of Spring Valley 'B' only do kitchen gardening. They plant vegetables for subsistence. Sometimes when they

produce in excess they may sell. Livestock trade is negligible and some people who had kept goats and sheep lost them to County council. Chicken (Kienyeji, layers and broilers), cows and pigs are kept by some households. The produce is sold in the local market. The residents are aware of the dangers posed by keeping the livestock. When the poultry get sick they treat them using Aloe Vera plants. There are some private veterinary officers in the cluster who can be called to treat the livestock.

3.3.7 Recommendations

The following recommendations were made:

i) The county government of Nairobi should review the restriction of keeping livestock in 'rural like' communities within their jurisdiction;
ii) The Government should offer advice on animal and crop husbandry. This would help make the animals more productive; and
iii) Artificial insemination should be offered at subsidized rate for those keeping daily cattle.

But these recommendations can only be implemented once urban agriculture is allowed within the precincts of the city.

3.4 Water and Sanitation

3.4.1 Introduction

Nairobi County has no main water tower; most of the supply is from the Tana Basin and is pumped to the city from distances of around 50 Km. This bulk water-supply is not reliable during periods of drought, and is also endangered by siltation of the reservoirs due to deforestation in the catchment areas. The supply problem is further aggravated by the poor state of the distribution system, which results in about 50 per cent losses Un accounted for water) due to leakage, illegal connection and inefficient and wasteful use of water by some consumers. The main sources of water for the residents of Nairobi County are Sasumua Dam in Nyandarua, Kikuyu Springs, Ruiru Dam, Thika and Ngethu water works. Although Nairobi River is permanent, its water is unsafe for human consumption. There are residents that use borehole water, wells and roof catchments. Over 80 per cent of the residents have access to piped water. On average, it takes 52.5 per cent and 24.7 per cent of the population 0 and 1-4 minutes to fetch water. Only 0.9 per cent of the population takes 30-59 minutes to nearest water point. It is estimated that 61.5 per cent of the population in the county use flush toilets as the main waste disposal method, while 32.1 per cent use pit latrines. The remaining 4.8percent have no means of waste disposal. On garbage collection, 36.1 per cent of the communities have their garbage collected by private firms and similar percentage is collected by neighboring community groups.

The County is characterized by seasonal water scarcity and low sanitation access mainly in non-formal settlements. **3.4.2 Status of Provision of Water and Sanitation**

The availability of water in Spring Valley 'B' does not depend on dry or wet seasons since it is supplied through piping by the Nairobi Water and Sewerage Company although some time is not available especially when repairs works are being undertaken. Each residential plot has piped water. The landlords are responsible for the amount of water being used and pay the water bills. The estate welfare association conducts the repairs outside the plots and assists in new connections. For new connections, the welfare charges Kshs. 8,400. Nairobi Water and Sewerage Company currently charges water consumed in units form. Residents felt that the charge of Kshs. 20 per unit was expensive. Community members, who decide to sell water, do it at Kshs. 5 per jerrican but when water is not available, a 20 litre jerrican is sold for Kshs. 20. The community said that the water is safe since it is treated from the source by Nairobi Water and Sewerage Company. The residents are not happy about the efficiency of Nairobi water and Sewerage Company, because whenever they have complains they are not attended to in time.

There is a private garbage collector who charges Kshs. 200 per residential plot per month. Some residents pay for garbage collection when paying rent and the landlord does the payment.

3.4.3 Types of Water and Sanitation facilities

The community understands sanitation to mean, toilets, garbage collection, and drainage and sewer system. In their view, hygiene has to do with body health, foods and quality of water. Since there are no drainage systems in the estate, pit latrines are used within the residential houses and others outside the houses. Some houses are connected to septic tanks.

3.4.4 Relationship between Environmental Degradation and water sanitation

The main challenge of the region is lack of a sewer line hence leading to poor waste disposal. This in turn causes the prevalence of water borne diseases such as diarrhea and typhoid which impact quite negatively on the household income and livelihood.

During the rainy season, there could be overflow of human waste which may lead to diseases water borne diseases.. Residents who contribute to water and environmental pollution are punished by having their water disconnected. Since there are no drainage systems,the residents allow water to run to the streets hence endangering the lives of children in the estate.

3.4.5 Status of Water availability over time

The community drew timelines for availability, source and seasonality of water. This showed improvement from 2003 to 2012. Before 2003 there were not many houses constructed but now so many houses have come up and more people are now connected to the water supply. At that time, there was only one main pipe but as the estate increased in size, water became available.

In 2005, the residents formed the Spring Valley 'B' residents welfare association whose objective amongst other things was to help residents particularly landlords to get connection to the water source. The World Bank started a water project in the estate and gave a contractor the job to distribute water up to Ruai. The main pipe was initially blocked, and so the welfare started unblocking the pipes which were full of sacks and other materials.

In 2006, the residents were allowed to use the tap water after a resolution by a committee of their welfare and the Nairobi City Council. Initially the welfare charged Kshs. 8,300 as the cost of connection to cater for pipes and other costs. The landlords were to buy the meters at their own cost. Water became more available to more people.

3.4.6 Recommendation

The community gave the following recommendations:

i) The Government should construct the drainage system and a sewer line;
ii) County Government should collect garbage on regular basis to reduce the risks of diseases;
iii) There should be monitoring and evaluation by health officers to emphasize on importance of cleanliness, and waste disposal;
iv) The county Government should ensure that all rental houses have a proper and functioning toilets and a waste disposal system; and
v) Adequate water should be provided to the people and at a subsidized rate to enable affordability.

3.5 Housing

3.5.1 Introduction

The housing type by wall materials in Nairobi County is mainly characterized by stone, brick/block, mud/wood and corrugated iron sheet. The stone and block walled houses account for 65.9 per cent while wood and corrugated iron sheet account for 31.1 per cent. The classification by floor type indicates that 75.8 per cent of household have cement floor, 14.2 per cent earthen floor, 7.5 per cent tiles and 2.2 per cent for those with wooden floor. Most of the households in Nairobi have corrugated iron sheet roofed houses which accounts for 56.6 per cent. Tiles and concrete roofs account for 12.4 per cent and 27.9 per cent respectively.

3.5.2 Types of building materials

According to community members, most houses are constructed using building stones and are roofed using corrugated sheets. The building materials are readily available in the nearby quarries and hardware shops.

3.5.3 Status of Provision on housing

The housing in the community mostly comprises permanent rental flats and owner occupied bungalows. The houses are located within small plots and thus there is high e population density. . . But some the structures are semi-permanent and other temporary and very congested in some areas. Most of the houses are flats of three and four storey and are already rented out. The cluster visited comprised three flats and a few bungalows.

3.5.4 Opinion on status of housing over time

The community agreed that there has been a notable trend in the improvement of the standard of housing attributed to the fact that the housing in the community mostly comprises permanent rental flats and owner occupied bungalows though the small size of land has over the time led to congestion. But there is insecurity in the area.

3.5.5 Types of housing and household headship

There is an almost striking balance for the households that were said to be headed by men and women. Most of the households have structures that have fairly good since most of them are rental houses built by landlords with financial muscle.

3.5.6 Recommendations

The residents gave the following recommendations:

i) Security patrols should be intensified in the area due to the high population;
ii) The area should be well planned and controlled development; and
iii) The sewerage system should be constructed

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

4.1 Introduction

4.1.1 Cash Transfer

The Spring Valley 'B' community members reported that they have heard about the cash transfers to the elderly, the PWDs and Orphans and Vulnerable Children (OVCs) but have not benefited from the programmes. They lamented that despite the community having a high number of OVCs and elderly, they have never been considered as beneficiaries. They noted that the area chief had requested for the information of the OVCs and the elderly but they have not being given any feedback.

According to the Key Informants, there are cash transfer programmes available for the OVCs, the elderly and persons with disability. Cash transfers programmes in the district started way back in 2008. The beneficiaries are located all over the district and chosen using well specified criteria without bias. The beneficiaries receive Kshs.2, 000 per month but disbursements are done for two months through the post bank. They added that the Spring Valley 'B' eligible community members may not have benefited since the amount released could not cover all the deserving cases. With the expanded programme, they hoped that all the deserving cases will benefit and with an increased amount.

The Key informants reported that the selection criterion is non discriminatory since they use guidelines prepared by the ministry. The process is participatory and thorough vetting is done for the beneficiaries. However, they noted that there is need for intensified sensitization of the public so that they are aware of the cash transfer programmes. Some community members perceive that as long as one is over 65 year, one automatically qualifies regardless of the status. Further, the officers suggested that the government should try and centralize and automate the system of documenting the beneficiaries.

4.1.2 Kazi Kwa Vijana (KKV)

The community has heard about KKV and even seen people working. Some of them noted that they did not know the selection criteria. The youth said that they were normally informed by the local administration to report to the District Commissioner's office for selection. It was reported that the jobs range from clearing bushes, tree planting, repairing drainage system, filling pot-holes and sometimes construction of new roads such as Njiru-Mwiki road and Kangundo road.

According to the key informant, the youths in the area are very much involved in KKV programme. The programme started in 2009 and only benefits the youths who are paid Kshs.250 per day and are engaged for 20 days. The youths are paid on weekly basis in cash and the process is very transparent. The youth's ballot for the selection during every engagement and the ballots are picked randomly. However, even after balloting, they consider gender balance and PWDs have reserved slots. Depending on the nature of disability, the PWDs are assigned the lighter duties which they can comfortably execute.

The key informant reported that the programme had faced some challenges such as engaging youth who are drug addicts, high number of deserving cases, and untimely release of funds to pay for the work done. .

However, the key informant recommended that the daily wage should be increased due to the high cost of living and the programme be expanded by increasing funding to engage more youth.

4.1.3 Roads 2000

The community noted that they were involved in re-carpeting of Njiru-Mwiki-Kasarani road and Kangundo road. They are also engaged in repairing the roads running through the community. These roads were not funded through Roads 2000 programme.

4.2 Devolved Funds

The community members reported that they were aware of the Women Enterprise Fund WEF) and Youth Enterprise Development Fund (YEDF). They are aware that people organize themselves in groups and develop a business proposal before applying for the funds.
They have heard and know youth groups who benefited from YEDF within their community. These youth groups engage in businesses such as car wash, garbage collection, bodaboda, furniture making among others.

Some registered women groups who developed business proposals benefited from the WEF. The groups engage in businesses such as bead work, makings ciondos and kikois, supplying fruits and hairdressing, among others.

According to the key informants, the funds up-take was initially low but has been increasing with time. This can be partly attributed to the continued awareness creation, capacity building of the existing groups and the new Government policy on procurement.

4.3 Uwezo funds

The community members said that they have heard about Uwezo Fund but are still waiting for the disbursement of the funds. There was growing misconception that the funds will be given for free without repayment. They were not aware of the criteria for disbursement and who would qualify to benefit. As such, there is need for community awareness regarding the Uwezo Fund.

4.4 Youth Enterprise Funds

The youth sited some of the challenges they faced to access the Youth Enterprise Development funds. These include the bureaucracy involved before receiving funding. An active bank account they felt was not easy to maintain together with the high repayment interest rates on the loans.
The key informant reported that some youth needed the money to start the businesses but were unable to organize themselves into groups. The other challenge is the misuse of the funds for the unintended purposes leading to the collapse of the projects they had ventured into.
They recommended that the capacity building of the youth groups be intensified through regular training, study tours, bench marking and exchange programmes. The youth should also be encouraged to form groups and venture into business through the fund.

4.5 Huduma Centres

The community is aware of the Huduma centres but have never gone to seek services in the centre. They said that the centre was very far away from them and the cost of transport to the centre is a hindrance. They perceived that this was a noble idea but the centres should be opened near them.

4.6 Extraction of Mineral and Oils

There are quarrying activities around the community that produce natural building stones, ballast and hardcore. Some community members get their livelihood from these quarries.

According to the key informant, there are many people especially the youth working directly in the quarries from all over the county and there exists potential for increased production of quarry products if mining technology is enhanced.

CHAPTER FIVE: CROSS-CUTTING ISSUES AND EMERGING AREAS

The following cross cutting issues were identified:

5.1 HIV AND AIDS

The community is taught on how to prevent HIV/AIDS transmission from mother to child, hygiene during and after birth and what to eat during pregnancy. Mothers are advised to see a gynecologist after 6 weeks from birth for check-ups.

Infant feeding information is received from radio, newspaper, TV and health facilities during pre-natal visits. Mothers are advised on how to feed the child and when to start weaning and what to give the child for healthy growth.

HIV/ AIDS information is received from seminars, chief's barazas, radios, televisions during WorldsHIV/ AIDS days, clinics, posters, during funerals. Their children are taught about HIV/ AIDS in school. They were aware that HIV/ AIDS is a disease that has no cure, reduces the body's immunity and can be passed from one person to another. They had received information on how to prevent its spread. This information includes usage of condom, being faithful, abstaining, and going for VCT to establish one's status. Teenagers who cannot abstain are encouraged to use condoms. However, the community noted that there had been a big challenge in dealing with the issue of youth due to the peer pressure and drug and substance abuse rendering them to practice unsafe sex. Further, the youths are more afraid of being pregnant than being infected. Community members who are trained on HIV/ AIDS teach the affected how to eat healthy; counsel them to live positively and creating awareness on in the community.

5.2 Disability

There are PWDs in Spring Valley 'B', including households headed by PWDs. They were said to be very poor as there are no government interventions there Hence they are regarded as burden to both the family and relatives.

5.3 Gender

The community reported that there were major gender disparities in term of poverty. Women are mainly the providers of the household needs especially in term of food in most of the households. Men seemed to be less concerned on what the family feeds on and sometimes rely on women for the provision of food items. This puts a lot of strain on women to an extent of having no time to carry out some chores.

5.4 Drugs and substance abuse

The youths abuse drugs and alcohol making their health to deteriorate. Girls on the other hand end up dropping out of school, engaging in prostitution and substance abuse which leads to early marriages. This has increased the risk to contacted HIV/AIDS, thus affecting productivity in the community.

5.5 Uwezo Fund

Some community members have heard about Uwezo Funds but were not aware what it was all about. They only knew that it was the money which had been set aside for a presidential run-off after the elections and was to be allocated to the youth and women.

According to a key informant, there was misconception on the ground because people perceive that the Uwezo Funds will be distributed to the youth and women to start business without any obligations attached.

CHAPTER SIX: CONLUSIONS AND RECOMMENDATIONS

6.1 RECOMMENDATIONS

Some of the recommendations discussed by the community and the key informants include:

i. Enhance and revitalize the KKV programme to accommodate as many youths and if possible expand it to involve other public works like cleaning public buildings and facilities;
ii. Create awareness on how to access the available devolved funds like Women Enterprise Fund the Youth Enterprise Development Fund among others;
iii. A health facility should be constructed within or near the community and equipped with qualified service providers and all essential medical supplies;
iv. Security should be beefed up in the community. The Nyumba Kumi Initiative is long overdue and should be rolled out urgently. The area should be provided with the street lights;
v. The sewerage system should be constructed in the community and public pay toilets should also be constructed;
vi. Encourage the children from poor backgrounds to attend school through introduction of school feeding programme so as to boost attendance and retention rates.
vii. More teachers should be employed so as to ease the burden on parents of paying PTA and board teachers;
viii. Provide adult education to enable the elderly engage in meaningful economic activities;
ix. Health officers should ensure cleanliness and proper waste disposal within the community;
x. The County Government should ensure that all rental houses have proper and functioning toilets and waste management systems;
xi. The Government should roll-out and sensitize the community about the Uwezo Fund to enable the youth and women start income generating activities;
xii. The Government should consider the community to benefit from the cash transfer programmes; and
xiii. Youth recreation facilities should be introduced in the community to avoid idleness which leads to insecurity and drug and substance abuse.

6.2 CONCLUSION

The main causes of poverty in Nairobi can be attributed to economic, social and environmental factors. Economic factors causing poverty are mainly lack of employment opportunities for the labour force. This means that the labour force lacks adequate income to meet their basic needs. The cost of living has also increased with prices of basic commodities going up against constant incomes.

The most affected are people who live in the informal settlements. The gap between the rich and the poor in the county has remained high. The county has some of the most affluent residences in the country such as Muthaiga, Westlands, Karen, Lavington and Loresho. The county also has the largest Informal Settlement (slum) in East and Central Africa, that is Kibera, and others such as

Kawangware, Mathare, Kangemi, Korogocho, Majengo, Kitui Village and Kiambiu, Incidence of negative social behaviour is on the increase in the county. It includes petty crimes, child labour, prostitution, drug abuse and broken families. As a result, the informal settlements in the county are now experiencing an increase in school drop-out rates. Access to health is becoming difficult and people are easily succumbing to HIV/AIDS. The number of slums is increasing due to housing problems and many families are entering the food poverty bracket.