



**REPUBLIC OF KENYA**

**THE PRESIDENCY**

**MINISTRY DEVOLUTION AND PLANNING**

**NAROK COUNTY PARTICIPATORY POVERTY  
ASSESSMENT REPORT**

**RIVERSIDE CLUSTER**

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

**OCTOBER2014**

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## 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 levels 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 mary-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 Nyeri Participatory Poverty Assessment is the first of its kind for the County and form a key reference point on poverty profiling since the promulgation of the Constitution of Kenya 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the fifth 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 Mr. Stephen Wainaina, the Economic Planning Secretary (EPS) and Mr. Moses Ogolla, the Director Social & Governance Department (SGD). The Social & Governance Department (SGD) provided the secretariat that was charged with the responsibility of undertaking the exercise and finally the production of both the National Report and the County specific Reports covering the 47 Counties,

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), Cosmus Muia (Senior economist), Joseph K. Njagi (Senior Economist), Michael Mwangi (Senior Economist), Kimote (Senior Economist), Eric Kiilu (Senior Economist), Chrisantos Okioma (Economist I) and Geoffrey Manyara (Economist I).

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

The ministry is also indebted to the team of dedicated consultants comprising Mr. Munguti K. Katua, Mr. John T. Mukui and Mr. George Mbate. Their experience and policy guidance was instrumental in the production of key documents and tools that were utilized during the field exercise as well as in the finalization of both the National Report and individual 47 County Reports.

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

**Engineer 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 other 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 Riverside Cluster of Narok County which was conducted in November 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 sub-county technical experts in the subject areas of the survey.

Riverside cluster is an urban community in Narok North sub-county. Narok County lies between latitudes 0° 50' and 1° 50' South and longitude 35° 28' and 36° 25' East. It borders the Republic of Tanzania to the south, Kisii, Migori, Nyamira and Bomet counties to the west, Nakuru county to the north and Kajiado county to the east. The county covers an area of 17,933.1 km<sup>2</sup> representing 3.1 percent of Kenya's total land area and is the eleventh largest in the country.

The county headquarters is Narok Town. The county had a population of 1,623,282 (802,609 males and 820,673 females) in 2009, and was projected to be 1,766,058 in 2012. It is predominantly rural, with an increasing urban population partly because of rapid growth of Nairobi.

An estimated 53 percent of the population in Narok county live below poverty line. The distribution of poverty is mainly influenced by market accessibility for agricultural produce, land productivity, health status, education and technical skills. The main economic activities are agriculture and tourism with land under agriculture being about 5,821 km<sup>2</sup>, and large scale agricultural land occupies 26.3 ha on average. The main crops grown are wheat, barley, maize, beans, Irish potatoes and horticultural crops, and the main livestock breed is zebu cattle. Though agriculture is the backbone of many communities in the county Riverside community did not practice due to lack of land.

Riverside community in Narok County felt that political conflicts and lack of proper distribution of Government resources had made most of them live in poverty as squatters. The high and

persistent poverty levels were also attributed to insecurity, shortage of land and unemployment.

There is a general problem of sanitation and water in the community. The available tap water is unaffordable to them making them seek alternative untreated water sources.

The access to education and healthcare was increasing with time for the community and this was attributed to various Government and NGOs programs in the county. However, the community suggested that more personnel need to be added at both health and education facilities. Some of the prevalent diseases in the community are HIV&AIDS, malaria, diarrhoea and cholera, among others. Some notable programmes that have improved access to these services include Free Primary Education (FPE), Subsidized Secondary Education (SSE), free treatment of under-fives, and free ART and TB treatment.

The levels of awareness of cash transfer programmes and devolved funds were high. The community was aware of almost all the devolved funds though they took exception with Constituency Development Fund (CDF) programmes where they felt they have been left out.

They recommended that devolved funds should be enhanced to promote accessibility of loans to group projects and target women to enable them start businesses. Cash transfer programmes should be administered efficiently.

The Government should endeavor to improve road infrastructure, build and equip more hospitals in the region, construct sewerage system and install a sewerage treatment plant, and more attention is needed from the Government and other bodies to increase water coverage which is very low in the sub-county.

Finally, it is necessary to consider increasing funds made for education sector due to the rising number of student and given the poor living standard of the people.

## **ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CDF	Constituency Development Fund
CT	Cash Transfers
DC	District Commissioner
DDO	District Development Officer
DEO	District Education Officer
DPHO	District Public Health Officer
DSDO	Divisional Gender and Social Development Officer
DSO	District Statistics Officer
DWO	District Water Officer
FGD	Focused Group Discussion

FPE	Free Primary Education
GDI	Gross Domestic Income
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immunodeficiency Virus
KARI	Kenya Agricultural Research institute
KKV	Kazi Kwa Vijana
KNBS	Kenya National Bureau of Statistics
LATIF	Local Authority Transfer Fund
M&E	Monitoring and Evaluation
NASSEP	National Sample Survey and Evaluation Programme
NGO	NonGovernmental Organisation
PLWD	People Living With Disabilities
PPA	Participatory Poverty Assessment
PTA	Parents Teachers Association
RA	Research assistant
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

## **CHAPTER ONE: INTRODUCTION**

### **1.1 BACKGROUND OF PARTICIPATORY POVERTY ASSESSMENTS**

Participatory Poverty Assessment (PPA) is a mechanism through which identified 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 was necessitated by the fact that inequality and poverty remain key development challenge that the Government of Kenya continue to confront and address. While substantial attention has been placed on poverty alleviation, there exists a huge gap between the poor and rich in the entitlement to delivery of services. There also exists large disparities in incomes and access to education, health, and to basic needs including clean water, adequate housing and sanitation.

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

### **1.2 COUNTY/CLUSTER PROFILE**

According to the Narok County Development Profile 2013, the County had a projected population of 979, 770 in 2012 (493,991 males and 485,779 females) with a male-female ratio of 100:98. Likewise youth population was 265,052 composed of 135,076 females and 129,976 males. The County has a labour force of 461,746 composed of 230,640 males and 231,106 females.

The County covers an area of 17935.1 km<sup>2</sup> and has four sub-counties, namely, Trans-mara West, Trans-mara East, Narok South and Narok North.

The prevalence of poverty in Narok County is estimated at 53 percent of the population, about 7 percentage points above the national average. The distribution of poverty in the county is mainly influenced by market accessibility for agricultural produce, land productivity, health status, education and technical skills, infrastructural development, governance and

political will, gender disparity, influence of traditional beliefs such as moranism, FGM and early girl marriages, insecurity, natural disasters and other externalities affecting neighbouring counties.

Additionally, rampant encroachment on forest reserves, farming along riverbanks, and deforestation such as charcoal burning, poor farming methods, poor sanitation standards and lack of interest in environmental conservation also has a strong bearing on poverty levels.

The main economic activities are agriculture and tourism with land under agriculture being about 5821km<sup>2</sup>. The average holding size for small scale farms is 6.1 ha and 26.3 ha for large scale farms. The main crops grown are wheat, barley, maize, beans, Irish potatoes and horticultural crops. The main livestock breed reared is zebu. The county has 1,227,879 cattle, 1,134,049 sheep, 752,477 goats, 670,898 poultry and 54,823 beehives.

Narok North sub-county covers a total of 4,662.7km<sup>2</sup>. The county is inhabited mostly by the Maasai community with a population of about 258,544 individuals according to the 2009 Population and Housing Census. The study area was Riverside cluster located in lower Melili location of Central Division.

### **1.3 PPP-V STUDY OBJECTIVES**

The overall objective of the study was to contribute to Kenya's poverty reduction strategy by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population. In this context, the fifth Participatory Poverty Assessment (PPA-V) focused on two main areas:

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

More specifically, the participatory study sought to:

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

- vi. Enrich understanding of the lived realities of poverty and arriving at policies which make sense to those affected to ensure equity and improvement of wellbeing in a clean and secure environment.
- vii. Respond to the Bill of Rights and other articles enshrined in the Constitution of Kenya 2010 e.g. public participation.

#### **1.4 SELECTION OF THE CLUSTER**

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

#### **1.5 FIELD LOGISTICS**

The PPA-V pilot study was conducted in November 2013. 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 are the technical experts in the subject areas of the survey. The main policy areas of focus were Healthcare, Basic Education, Agricultural Services and Inputs, Water and Sanitation, Housing, Cash Transfer (CT), Roads 2000, devolved funds such as 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 (RAs) 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 (6) Research Assistants were selected to assist in data collection in the county.

The training for researchers ran for two (2) days and data collection and report writing was done in three (3) 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.

## **1.6 PPA-V METHODOLOGY: 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, and Wealth Ranking was used to establish how the community categorizes itself economically. There was an attempt to identify households which were benefiting from the cash transfers so that they could participate during the administration of the specific data collection checklists.

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

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

## **1.7 REPORT ORGANIZATION/OUTLINE**

This report presents the PPA-V survey findings in Riverside Cluster of Narok County. The report is divided into five chapters including chapter 1 which covers introduction. Chapter 2 highlights the survey findings on poverty and inequality in Narok 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 the findings 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 any other pro-poor interventions. Chapter 5 outlines the conclusions and recommendations.

## **CHAPTER TWO: POVERTY DYNAMICS AND INDICATORS**

### **2.1 DEFINITION OF POVERTY**

The community in Riverside cluster defined poverty as lack of capital or resources that could be sources of earning a living and uplifting their lives; and also considered lack of land and overcrowding as poverty. They believed that they are poor since most of them do not own land since the majority are squatters on government land. An old man asserted that "*mtu maskini ni mtu ambaye hana nyuma wala mbele*" meaning that a poor person has no hindsight or foresight.

### **2.2 CLASSIFICATION AND CATEGORIZATION OF POVERTY**

The community reported that most of the households are very poor due to lack of employment and they hardly get enough to fulfil their basic needs. A few people who are mostly civil servants are in the category of poor, and only a negligible percentage is considered rich. The community said that about 75 percent of the people in the cluster make up the population of the very poor, 24 percent make up the poor and middle class population and only 1 percent comprised of the rich.

### **2.3 CHARACTERISTICS OF POVERTY**

The community reported that most of the very poor people in the cluster live in grass thatched houses with earth floors and mud walls. They live in crowded areas, lack enough food, and depend on scarce casual jobs such as pushing carts, cleaning and housekeeping for the rich. Lastly, they said children from very poor households wear tattered clothes and go to school with tattered school uniforms.

Most of the poor people are considered to be government employees of lower cadre who live within the community. This group also comprised watchmen and casual workers with earnings of at most Kshs 3,000 per month. They own houses built using iron sheets but meet their basic needs with difficulties.

According to the community the rich are the negligible few who own permanent houses, livestock, own vehicles and have employed workers. They own good businesses or work in big offices and are able to take their children to good schools.

### **2.4 CAUSES OF POVERTY**

The residents identified lack of land as the main cause of poverty which they said limits their economic activities such as farming, building, and land selling or subdivision. Lack of good education has also limited their access to the job market condemning them to unemployment. The community also blamed political and inter-clan differences and conflicts in the county as

the key reason that has made them remain squatters and hence condemned to a vicious cycle of poverty.

Lack of proper distribution of government resources due to absence of representation has made the people poorer as they claim most of the government services do not reach them especially devolved funds. The causes of poverty in the area include insecurity due to large numbers of school dropouts as a result of lack of school fees and ill health due to poor living conditions, among others. As a result of being poor, their children are condemned to the same fate and eventually poverty is inherited. Other causes of poverty mentioned were lack of toilets/latrines in the area hence they are forced to access public facilities at a cost in town, unaffordability of tap water, floods and outbreak of diseases.

The community alleged that some rich people have been allocated government land within their area. For example, land that was allocated to a private developer had a public pit latrine that used to serve a number of households but since then is not accessible.

## **2.5 IMPACT OF POVERTY**

The community informed that the residents of the area are not respected and they have no say because they are poor and as a result their voices cannot be heard especially when disputes between them and the rich landowners arise, which they cited as representing rampant discrimination and violation of personal rights. Some women also opt out of marriage due to hard conditions prevailing among families due to poverty. Specifically, the girl child suffers from early marriage and lack of education, while the male child drops out of school and ends up joining criminal gangs.

The community said that cultural values are lost due to poverty; adults live with their parents in the same small houses since they do not have land and hence no right to construct houses. In such circumstances, the community members are exposed to all sorts of diseases such as URTI, HIV/AIDS, malaria, diarrhea and cholera.

## **2.6 COPING MECHANISMS**

In spite of all these problems, the community members have different ways of ensuring their survival e.g. they look for the scarce casual jobs like pushing carts and working as cleaners in hotels and offices. Some operate boda boda business, hawking of small items such as sweets, cigarettes and others practice small-scale quarrying for a living. Women also prepare food at home and hawk around the town. Many girls are married off at a young age as their parents cannot provide for their needs while boys opt to look for casual work or some steal to sustain themselves. Men have also taken to drinking alcohol as a way of forgetting their problems.

## **2.7 ASSET OWNERSHIP IN THE HOUSEHOLD**

The community said that all the assets in the house belong to both the husband and the wife. They identified household items as the only assets purchased and owned jointly by men and

women. Though they feel that most of the very poor people own assets of negligible value they consult each other when it comes to disposal of any belongings.

## **2.8 POVERTY AND GENDER**

Poverty had a different perspective for both genders. Children lack good education and are deprived of employment in their later years. Girl children are forced to early marriages while boys are forced into an early life of independence feeding for themselves. Majority of the boys lead a risky life of crime and are exposed to drugs and alcohol. Poverty has made it difficult for parents to accommodate the older children especially since most of the poor in the area live in single houses. Youth are exposed to early sex, drugs and other vices especially those near towns where there are nightclubs.

## **2.9 POVERTY TRENDS OVER TIME**

The community believes that the poverty situation has worsened in the last ten years, mostly due to inability to utilize their land since they are squatters.

## **2.10 INTERVENTIONS TARGETING THE POOR IN THE COMMUNITY**

The community identified Free Primary Education (FPE) as one of the most important government programmes that has helped them to take their children through primary education. Through the Cash Transfer Programme, two elderly members of the community had benefitted although only once. The World Vision also used to run a food ration program that had supported the poor but ceased operation about three years ago. Compassion NGO also runs a programme in the community that supports at least ten children with school uniform and other basic school needs like books and pens.

## **2.11 RECOMMENDATIONS FOR IMPROVEMENT**

- The community recommended that the government should give them land, at least two acres per family, so that they can practice sustainable farming to improve their wellbeing;
- Women from the community suggested that they should be given soft loans to startup group projects;
- Skills training for youth would go a long way in alleviating poverty; and
- The community felt that cash transfer programmes should be efficiently managed.

**3.1 HEALTHCARE****3.1.1 Introduction**

According to the Narok County Development Profile 2013, the County has four referral facilities comprising of three sub-county hospitals located at the sub-county headquarters, namely, Narok town, Kilgoris and Ololulunga. The fourth facility is a missionary hospital located in Kilgoris. In addition, there are 30 health centres, 84 dispensaries and 40 private clinics in the county.

Despite the presence of substantial number of health facilities, access to health services is still low. A large proportion of the population (70 percent) travel for more than 5 km to access the nearest health facility. Furthermore, some patients face insurmountable challenges in accessing health facilities due to poverty and poor impassable roads. Many of the health facilities lack necessary infrastructure, drugs and trained personnel making it difficult to attend to some of the medical needs of the patients. This situation is further compounded by a large number of incomplete health infrastructure projects across the county.

According to the DPHO, Narok North sub-county, there are 38 health facilities in the region, among them one district hospital, six health centers, nineteen dispensaries, six faith-based dispensaries and three private clinics.

*In contrast the Riverside community in the same sub-county said that there are no health facilities in the village/cluster though there is Narok sub-county hospital which is next to the village. Other health facilities nearby include Manyatta health Centre and private facilities i.e. Loita clinic, Clinix, K. Annex etc.*

**3.1.2 Major Health Concerns in the Community**

The community reported major diseases affecting them as typhoid and malaria. These diseases are however under control by use of Insecticide Treated Nets (ITNs) and clean drinking water. However, the community decried the unsteady supply of clean water from the main treatment plant thus forcing the community to use untreated water from Narok River.

The DPHO reported that the under-fives mostly suffer from diarrhea, typhoid and worms as a result of dirty water as most communities in the sub county access water from unprotected sources such as water pans, springs and rivers. She added that this problem is aggravated by water from the town septic tank which flows into the river. Further, the DPHO identified malaria and URTI as some of the other health concerns. In particular, URTI were as a result of dust spread all over by strong winds that are prevalent in the area.

**3.1.3 Provision of Health Services**

The Riverside community said that though there are no health facilities within the village, the community could easily access the services from the neighboring villages. They said it takes ten minutes to walk to the facilities at a distance of about 300 m from the cluster. They added that though the road network within Narok North sub-county was not good, this did not hamper the villagers from accessing the health facilities.

The DPHO informed that the health facilities are evenly distributed throughout the district, but due to the extensive nature of the district, these facilities are still unreachable by many individuals. The situation is made worse by the poor road network.

The community felt that the services in the Narok hospital are expensive especially to the poor people from the community. The very poor cannot afford most of the services offered and it gets worse when they are referred by the physician to go and purchase drugs from the chemists. However, the services for the under-five years, ART and the maternity (as from year 2013) are free of charge. Other than malaria and typhoid drugs which are available in the hospitals, the other drugs are bought from private chemists.

The DPHO reported that the health facilities offer both curative and preventive services, and most of these services are provided at no charge.

#### **3.1.4 Interventions towards Improvement of Health Services**

The community identified ITNs, maternity, treatment of under-five years and ART as some of the health interventions that have been introduced by the government. Other interventions included immunization against polio, tetanus, etc. The interventions are offered for free and have been benefiting the community.

The DPHO informed the study team that her office does a lot of preventive initiatives on improvement of healthcare including sensitization and inspection on the use and construction of pit latrines, coordination of CHWs, prevention of HIV&AIDS through partnership with Constituency Aids Committees (CAC), and sensitization on family planning.

She further added that the recent intervention by the government to make maternity services free to all expectant mothers has encouraged health seeking behavior of the mothers.

#### **3.1.5 Decision Making on Health Issues in the Family**

The Riverside community reported that decisions on health issues are made by both spouses. This is because in the community both spouses contribute to the wellbeing of the family and therefore they are equally concerned. The decision is also based on the status of finances and in this case depending on who is having money at the time of seeking the services especially if the illness requires money.

#### **3.1.6 Ideal Family Size among the Households in the Community**

Most of the community preferred to have a family size of 4 to 6 children. However, the family size depends on the capability of individual spouse to raise or provide for their family. This means rich families are able to cater for larger families and the small families for few. This was not the case though as it was observed that poor families had more children (averaging 6-7) than the richer ones.

The DPHO asserted that they encourage families to limit the number of children to manageable numbers at most 3 to 4. She said this is a big challenge as the community mostly comprises of the Maasai community who hold on to their cultural beliefs that the more children you have the more wealthy you become.

### **3.1.7 Relationship between Household Size and Poverty**

The community unanimously agreed that poverty is directly related to the size of the family or household in that the larger the household size the higher the living costs including health and upkeep. This then meant that the household will use a lot of their income on health expenses, instead of directing them to other income generation activities or even educating their children thus making them to remain in the vicious cycle of poverty. Assets that the family already own like chicken, furniture or kitchen utensils may end up being sold to pay high cost of health which sometimes is due to the large size of the family, and this in turn makes those families poorer than they were before.

### **3.1.8 Access to Family Planning Services**

According to the community members, family planning services are accessible to the community since they are offered in the sub-county hospital which is near to the community and they are affordable (charges are Kshs 100).

The services are mostly accessed by women as men often shy away. This means that women are at the centre of making family decisions regarding family planning services. Children's services are also provided and they are standardized.

### **3.1.9 Opinion on Status of Health Services overtime**

The community felt that the status of health services have improved over time due to increase in health facilities and improved health services which are more accessible to the community. The Government and other stakeholders have also come up with several health interventions targeting the community for free or at subsidized rates.

The DPHO echoed the comments of the community adding that due to the improved health services the health seeking behavior of the community members had improved since earlier on they shied away from seeking medical services due to the costs that were attached.

### **3.1.10 Conclusion and Recommendations for Improvement**

In general the community said they can access the health facilities and are comfortable with the health services offered. The community also has benefited from health interventions from the Government and other health stakeholders. The community therefore felt that the general health status had improved. *However, the community suggested that the Government should make all health services free for both adults and children.*

The DPHO on the other hand felt that the Government should endeavor to improve the road infrastructure, build and equip more hospitals in the region, construct sewerage systems and install a sewerage treatment plant. Further she added that the Government should increase healthcare funding and employ enough personnel.

## **3.2 BASIC EDUCATION**

### **3.2.1 Introduction**

According to Narok CDP 2013, the literacy level in the county is about 63 percent, with women at 31 percent compared to men at 69 percent. There are 624 primary schools in the county. The teacher to pupil ratio is 1:51 on average. The gross enrolment rate is about 89 percent while the net enrolment rate is about 79.5 percent for primary school. The county has 689 ECD centres with 52,384 children, with a gross enrolment at 46 percent, teacher to pupil ratio of 1:46, and average attendance of 3 years.

The total number of secondary schools in the county is 77. The ratio of teachers to students is 1:62. The county had only two provincial secondary schools which have now been upgraded to national schools, Ole Tipis Girls and Kilgoris High School. The county has only one institution of higher learning, Maasai Mara University, which attained its Charter in February 2013. There are eight youth polytechnics, one institute of science and technology and one private accredited private college.

The District Education Officer reported that there are over 500 education facilities both public and private within Narok North sub-county. Among these there is one university college, 1 teachers training college, 4 adult education centers, 2 polytechnics, 23 secondary schools, 220 primary schools, 7 special needs education schools and 250 ECDs.

*The Riverside community reported that there are no educational facilities within the cluster. However, there are 4 primary schools and 3 secondary schools in the proximity of the area where their children can comfortably walk to.*

### **3.2.2 Status of the Education Facilities**

The community said that most education structures are accessible and built of stones and iron sheets. They added that they are well equipped with learning materials. The DEO concurred with the community adding that 81 percent of the education facilities in Narok North sub-

county were in good condition especially those public schools that were funded under the CDF. About 25 schools benefited from the programme.

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

The community stated that the basic educational facilities are accessible by foot since it takes at most 30 minutes for learners to walk. The nearest primary school is situated about two kilometers away, while the nearest secondary school is about 3 kilometers away. Most colleges and the university are also accessible with the university college a 30 minutes' walk.

The community feels that primary school education is now accessible and affordable since the introduction of FPE. However, the community felt that though the SSDE initiative is in place, secondary education is still unaffordable as they are still unable to pay for some of the services.

The DEO reported that accessibility of these facilities varies from rural to urban areas with facilities in urban centers being more accessible than those in rural areas. The road infrastructure in urban areas is more developed as compared to the latter, and this makes it easier for learners in urban areas to access schools as compared to their counterparts in rural areas.

The DEO further informed that basic educational facilities are evenly distributed throughout the sub-county and despite the poor road network they are accessible to the residents. According to him most parents can afford primary education as they only have to buy school uniforms and stationery. Further, secondary day education was also affordable to most parents as compared to boarding secondary education.

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

The community stated that the educational services offered by the institutions i.e. primary and ECD are not up to standard due to the high teacher-pupil ratio with schools having ratios of about 1:60.

According to the DEO, the status of education services in the sub-county has improved in the last ten years. This is evident as the sub-county has reported increased enrollment in basic education. Consequently, the number of schools has also increased to cater for the rising numbers of learners. The DEO also stated that the perception of parents towards educating their children is now positive as they are now enrolling their children in schools.

### **3.2.5 Interventions towards Improvement of Education Standards in the Community**

The community is much grateful to the FPE and SSE programmes as they have made basic education affordable to them. They also felt that the school feeding initiative has helped improve performance as children can now concentrate on their studies.

According to the DEO, the sub-county office has been focal point in encouraging individuals and public institutions through quality assurance in order to improve education standards. The CDF fund has also assisted by providing bursaries especially to poor families. The fund has also been instrumental in the improvement of educational facilities through construction and rehabilitation of schools.

The DEO reported that apart from FPE, SSE and school feeding programme, the Kenya Education Sector Support Programme (KESSP) which started in 2005 funded education infrastructure and tuition thereby improving education standards. Other programmes that have helped in improving the standards are those sponsored under the African Development Bank, European Union and LATF.

The DEO reported that scholarships from organizations such as Equity Bank and HILDBACK had also assisted in improving education facilities and services.

### **3.2.6 Relationship between Education and Poverty**

The community admitted that lack of education leads to unemployment of the youth, since most of the jobs require education. The community also admitted that lack of education leads to poor management of resources hence the end result is poverty.

The sub-county education officer observed that education is related to poverty since the rich continue with their education and training while most of those that are poor drop out of school.

### **3.2.7 Opinion on Status of Education Over time**

The community noted that the status of education is improving over time. However, they are only able to take their children through primary level, courtesy of FPE.

The DEO said that the status of education has been improving overtime as the mean score for the district in KCPE was 240.59 in 2008 and had increased to 252.45 in 2012, while the KCSE mean score in 2008 was 4.298 and had increased to 4.83 by 2012. This shows an improvement in performance and can be attributed to the major reforms in the education sector. The enrollment and retention rates in both primary and secondary schools have also been improving overtime.

### **3.2.8 Conclusion and Recommendations for Improvement**

- The community recommended that the number of ECD and primary school teachers should be increased and more classes constructed to accommodate the rising number of learners;
- The schools should be facilitated to provide the pupils with enough books and stationery to enable them perform better;

- The community recommended that the Constituency Development Fund should be equally distributed to all needy parents to enable them also educate their children past secondary school;
- The community recommended that proper roads and footpaths should be constructed to overcome the risk of accidents on the Narok-Kisii Road Bridge, which is narrow and busy. This is because most of the community pupils attend the school located on that side;
- The DEO recommended that funds for education should be increased to cater for the rising student and teacher population;
- To address the challenge of the high teacher-student ratio the DEO recommended that more teachers should be recruited;
- According to the DEO, the school feeding programme should be up scaled to enable retention and concentration of learners in schools; and
- Though the government has done a lot in constructing education facilities, more facilities should be constructed to accommodate the increasing student population.

### **3.3 AGRICULTURAL SERVICES AND INPUTS**

#### **3.3.1 Introduction**

The Narok CDP 2013 indicates that agriculture and livestock production sub-sectors are very crucial to the economy of the county. Majority of the people in the county depend directly or indirectly on agriculture for their livelihoods with about 5,821 km<sup>2</sup> under agriculture. The average farm size under small scale is 6.1 hectares and that of large scale is 26.3 hectares. The sub-sector strives to contribute to food security in the county, and accounts for about 78 percent of the household incomes.

The main crops grown in the county are wheat, barley, maize, beans, Irish potatoes and horticultural crops. These crops are grown under rain fed, micro irrigation and sprinkle and drip irrigation. Maize, wheat, barley and sugarcane are grown as cash crops. Maize and wheat are the highest income earning cash crops in the county. On average the county produces 3.5 to 4 million 90 kg bags of maize and wheat each year. However, the produce has been fluctuating as a result of erratic rains. On average, about 400,000 bags are produced annually.

The Community said that they are not involved in agriculture or livestock production, although during the transect walk in the village it was observed that there were fish ponds and beehives within the cluster. Further interrogations revealed that these programmes are owned and run by women groups with members drawn from outside the cluster. It was noted that the fish ponds were not operational.

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

The Riverside community does not practice agriculture since they are living in town as squatters on government land. They added that if given land they can be involved in agriculture. Though most of the sub-county offices for agriculture and livestock were near the cluster the community never utilizes or needs their services.

### **3.3.3 Interventions towards Improvement of Agricultural Standards in the Community**

The community was not aware of any government interventions relating to agriculture within the cluster simply because they did not carry any agricultural activity within the cluster.

The sub-county livestock officer indicated that their office was active with farmers although they were experiencing a variety of challenges. They were most active in offering advice to farmers through livestock field demonstrations, field days and visits, market advice, and sources of new and better livestock breeds.

### **3.3.4 Provision of Agricultural Services and Inputs**

The livestock officer admitted that due to poor roads and lack of reliable means of transport they are unable to access some of their areas of operation. The livestock officer admitted that agricultural input and services are very expensive but free services are offered to the farmers where necessary. He added that advisory services are available although communicating the information to the farmers has been a major problem.

### **3.3.5 Interventions towards Improvement of Agricultural Standards in the Community**

The livestock officers said that all programmes that have been initiated by the government are meant to fund and improve agricultural and livestock standards in the community.

### **3.3.6 Target Group for Agricultural Services**

The livestock officer stated that they mainly target middle aged men who have shown interest in breeding improved livestock.

### **3.3.7 Relationship between Agriculture and Poverty**

The livestock officer admitted that without agricultural empowerment, poverty would get roots. He further suggested that agricultural inputs be made available to reduce the state of impoverishment in the sub-county.

### **3.3.8 Opinion on Status of agricultural overtime**

The government has collaborated with nongovernmental organizations to enable farmers to take care and improve their livestock. Livestock keeping have previously experienced a

challenge of inbreeding and the farmers are now benefiting from a partnership with local NGOs and the University of Nairobi to improve livestock breeds in the sub-county.

### **3.3.9 Conclusion and Recommendations for Improvement**

The livestock officer recommended that:

- Personnel should be increased to take care of the 4 divisions which have 26 locations and 51 sub-locations with only 2 officers;
- Farmers should be provided with water sources and road networks improved for easy communication and transport. There is only one tarmacked road in the district hindering communication; and
- There should be clear ways of preserving animal feeds to be used during the dry season to discourage migration which is tiresome and sometimes causes inter-clan/community conflicts.

## **3.4 WATER AND SANITATION**

### **3.4.1 Introduction**

The Narok CDP 2013 estimates that the county has about 1,436 ground water sources. These include dams, rivers, water pans and springs. There are also about 1,224 households with roof catchments systems for trapping rainwater. The average distance people travel in search of water is about 3 km in wet seasons, but increases to 10 km during the dry seasons. The county has unique rural and urban challenges with regards to sanitation.

The main urban centres of Kilgoris and Narok have neither sewerage nor good drainage systems. Management of waste is also haphazardly done making the urban centres dirty and exposed with health challenges. Waste products of about 10 percent of the households are collected by the local authority, 2 percent by private firms while 30 percent of the households use garbage pits.

About 80,842 households in the county use latrines (covered and uncovered) for waste disposal. However, 81,700 households use bush resulting in outbreaks of waterborne diseases such as cholera and diarrhoea especially during the rainy seasons.

According to the KI, most of the residents of Narok North sub county access water from springs, rivers, boreholes and pans. The population in Narok town has access to piped water which is supplied from the water treatment plant.

Residents of Riverside mostly access piped and river water. They can also get water directly from the water treatment plant as it is located in the cluster. However, the community said that tap water is only available for the few households that are of well-off, while the rest of the community members share piped water at a common tap.

The DWO informed that his office in collaboration with the community and development partners undertakes development of projects, rehabilitation, maintenances of water facilities and drought mitigation. The DWO noted that he receives and acts on information concerning water problems and other water needs from the residents of Narok North sub-county. The office also writes reports and proposals and forwards them to other organizations including NGOs for possible funding.

### **3.4.2 Types of Water Programmes in the Community**

According to the community a water company which is owned by the Rift Valley Water Services Board is the only water body that provides water services to the community. There is also a water treatment plant located within the cluster. The community members said that the service is not affordable to most of them as it ranges from Kshs 450 to Kshs 1,000 per month which is too high.

According to the DWO, some of the water programmes that have been initiated in the area include construction of boreholes and water pans, construction and protection of springs and wells, constructions of water storage tanks and pipeline, drought mitigation programmes, and construction and rehabilitation of the water treatment plant.

These projects are funded by the government, NGOs and the CDF has funded several projects. The NGOs include World Vision, Operation on Eye Sight and well-wishers who identify important water projects that they would wish to fund. The sub-county water officers also use the World Water Day Programs to sensitize the communities in the region on the importance of drinking safe water, the danger of drinking unsafe water and how to make unsafe water safe for domestic use.

Other NGO initiatives mentioned by the DWO include JICA, in partnership with the Government through the RVWSB, who are constructing a new water supply system to reduce water shortage in the area. There exists a private water business that treats and supplies water to the residents of the sub county. KENGEN has some initiatives that supply water to the residents of Suswa.

### **3.4.3 Sanitation Facilities**

According to the DPHO, the Narok Town Council has attempted to install bins at designated places in an effort to keep the town clean. Most of the residents in town access toilets which are drained to septic tanks while residents in the peripheral of the town mostly use pit latrines for waste disposal.

The Riverside community said that most of them access toilet facilities from town. They cited that they are squatters and cannot build latrines on government land.

Overall the state of sanitation in the sub-county is poor as there is no sewerage system. The community including the urban population use pitlatrines which when full are exhausted and disposed.

The DWO observed that at times waste finds its way into the rivers and springs. The DPHO observed that the town is usually littered with waste of every kind especially used baby pampers, food remains and sanitary towels.

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

According to the DWO, environmental degradation has led to destruction of water catchments, such as the Mau Forest; thereby affecting availability of water as water sources such as boreholes, springs, water pans and rivers are drying up.

The DWO reported that the use of chemicals in farming has led to pollution of water sources and as a result treating water becomes difficult. This is because water treatment chemicals fail to react with the polluted water due to the counteraction of these chemicals.

#### **3.4.5 Relationship between Water and Sanitation and Poverty**

According to the water officer, water and sanitation are directly related to poverty. This is because the more ineffective sanitation services are, the unhealthier the community is and thus affecting their productivity in a profound manner.

The community noted that water may be a source of poverty in their cluster, since when there is no water, they are forced to buy water, and most of them have no source of reliable income. They further felt that lack of good sanitation also contributes to poverty since this makes them vulnerable to diseases, which further leads to costs incurred in healthcare.

#### **3.4.6 Opinion on Status of Water and Sanitation overtime**

According to the DWO the water services have improved overtime. This is because the number of water sources such as boreholes, water pans, protected springs and water storage tanks has been enhanced in the last ten years though the demand is increasing due to rapid increase in population. Moreover, it was reported that the sanitation services have deteriorated over the years due to a rapidly increasing population.

However, the community noted that though water is tapped and reachable, the cost still remains high unlike in the past, hence worsening the situation in accessing this commodity. The condition of sanitation facilities had also worsened since there are no human waste disposal facilities/latrines in the cluster. The only place that had a facility had been grabbed by a private developer forcing residents to seek alternatives elsewhere.

#### **3.4.7 Conclusion and Recommendations for Improvement**

The DWO recommended that more attention is needed from the government and other bodies to increase water coverage which is very low in the sub-county. This will increase accessibility and reduce the walking distance to water sources.

The community in Riverside recommended that:

- The government should build latrines for them or alternatively relocate and allocate land to them where they can be free to build houses and sanitation facilities; and
- The cost of tap water should be reduced to make it accessible and affordable.

## **3.5 HOUSING**

### **3.5.1 Introduction**

Most of the Riverside community members have no permanent houses because they are squatters. This has limited them from constructing as they are not sure of whether they will be moved or evicted.

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

The types of material that are used by the community are mostly grass and mud. Wood is also used in some of the houses and fences. These materials are locally available and affordable to the community. Although some members can afford to build semi-permanent structures, lack of ownership of land results in cheaper and temporary structures. Some of the materials are readily available and need not to be purchased. Few houses are built using iron sheets and stones.

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

The types of housing in the community are mostly temporary. Most people cannot afford to build permanent structures; those who can afford to build at least semi-permanent structures cannot do so because they are squatters and therefore have no right of ownership of land. There are a few semi-permanent and permanent housing units that were offered to the community by government. Most households are headed by men except in situations where they are deceased.

### **3.5.4 Opinion on Status of Housing overtime**

According to the community members they care less on the status of housing as they are squatters and cannot construct their own houses due to the fear of eviction and hence they see no change in housing status.

### **3.5.5 Recommendations**

The housing condition of the community is generally poor. This is because the residents are squatters and are not entitled to ownerships of the land they reside in. The residents cannot construct permanent and good houses because of the fear of being evicted any time. The community is also very poor and majority of them may not afford good housing even if they had right of ownership of land.

The community suggested that they should be allocated land no matter how small so that they can have the assurance of ownership and hence development of the same.

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

### **4.1 PRO-POOR INITIATIVES**

According to Narok CPD 2013, the government has increased funding to agriculture, health and education. At the county level, concerted efforts are being made to ensure that local planning and budgeting is responsive to the eradication of extreme poverty and hunger, achievement of universal primary education, promotion of gender equality and women empowerment, reduction of child mortality, improved maternal health, reduction of national and district HIV&AIDS prevalence rates, malaria and other major diseases and ensuring environmental sustainability.

#### **4.1.1 Cash Transfer**

The Riverside community is aware of one cash transfer programmes i.e. cash transfer for the elderly which they referred to as "*pesa kwa wazee*". They added that two of the members are benefiting from the programme which was paid once for the last one year i.e. Kshs 24,000. They were aware of the procedures to access the funds and how they are vetted. Most of the members felt that they qualify to benefit from the programme but they were not aware of the procedures to access the funds. On the cash transfer for the OVC and persons with disabilities, the community was not aware of the funds and the criteria used to select the beneficiaries.

According to the DGSO, other functions that are undertaken by the gender office apart from cash transfers include WEF, group registration and gender mainstreaming functions.

The GSDO informed that the above programmes were introduced in 2011-12 and at first a total of 23 elderly persons out of the targeted 150 and 20 PWSD were funded. The following year, the programme was up-scaled to accommodate 168 elderly persons and 50 PWSDs. Both the elderly and PWSDs receive Kshs 2,000 payable bi-monthly through the post office though sometimes the funds are delayed and have to be paid in lump-sum. The money is received and signed for by a caretaker appointed by the beneficiary.

The criteria for selection of beneficiaries of cash transfer for the elderly involve holding public baraza organized by the chiefs and elders for vetting the deserving candidates to receive the funds. As a condition, an elderly person must be over 65 years of age and be extremely poor with no source of income while the PWSD must be disabled and poor.

The DGSO observed that the main expenditure item by the beneficiaries of the cash transfers in the region is purchase of livestock followed by food, and supplies for kitchen gardens. This amount is self-sustaining.

Some of the recommendations given by the DGSO were increase in the number of beneficiaries; and use of alternative and efficient means of availing the funds (such as M-PESA) as the beneficiaries complained of using a lot on transport costs to the post office.

Lastly the government should increase the monthly allocations due to the increased cost of living.

#### **4.1.2 Kazi Kwa Vijana**

The Community was aware of the Kazi Kwa Vijana programme though they had not benefited from the programme. They said they did not know which office to approach to access information about the fund and the benefits.

According to the district youth officer (DYO), the only program that they are offering in this district is the tree planting programme which started in 2008. The program deals with planting and nurturing of tree seedlings, and is mainly undertaken in public institutions, which are mainly public schools. Currently the office has done this in 20 institutions.

The DYO said that they do this by buying seedlings and planting them. They later recruit the youth who are responsible for nurturing the seedlings in the institution, and finally hand them over to the schools.

According to the DYO, they have set some guidelines that they use to select the institution or individual to whom they are going to hand over the seedlings to. He said that the institution should not be more than 5 km radius to the sample that they have chosen, they also apply the 30 percent gender rule when they are distributing the seedlings, and the individual or institution participants who are going to undertake the process of nurturing the seedlings must be youths aged 18 to 35 years.

The DYO also noted that for the programme to be successful, they involve the community since the tree seedlings are not planted in institutions only, but also the neighbouring areas.

According to the DYO, the payment is done to the youth who are nurturing the seedlings and who are not in school and are seeking employment. He said that they pay the youth Kshs 250 per day, but it is done on weekly basis or after every two weeks. This has been the case since the programme was started. The payment mode is by schedules that they prepare, where one signs before they receive the cash, and complaints of the participants are listened to during payment meetings.

The DYO noted that there is a challenge in the procurement cost of the seedlings, where the estimate at the funding office is much lower than the actual on the ground, and hence few seedlings are bought. This also leads to challenges during monitoring and evaluation because of the fewer number of seedlings.

According to the DYO, the level of awareness is high since they conduct baraza with the area chief and the fact that institutions have been sensitized.

#### **Recommendation**

The DYO recommended that:

- There should be classification of areas according to climate, since the time they are given to nurture the tree seedlings may not match in areas that have rain most seasons of the year;
- The rate of payment to be increased so as to build morale; and
- A small package be given to the monitoring team since they use all the money to buy seedlings and remain with nothing for monitoring.

According to the DYO, the stakeholders should be incorporated under the programme's terms of reference e.g. the schools management because they have wildlife and environmental clubs that deal with environmental issues so that they can nurture and monitor the seedlings.

### **4.1.3 Roads 2000**

The community was not aware of the Roads 2000 and the projects which are supposed to be funded by the programmes.

## **4.2 DEVOLVED FUNDS**

### **4.2.1 Constituency Development Fund**

The community was aware of the CDF programmes but they felt that they have been left out under the CDF projects. Members claimed that they have been sidelined because they are poor and felt that the CDF has been benefiting the rich who can influence allocations in their favour. The community felt that the procedures for applying CDF bursaries were too involving and in most of the times the poor do not benefit.

### **4.2.2 Local Authority Transfer Fund**

The River side community was not aware of the LATF and they have not benefited from the programme.

### **4.2.3 Women Enterprise Fund (WEF)**

The community is aware of the WEF but they have no idea on how to access the fund. The women were aware of the fund but they had not organized themselves to benefit from the fund.

The DGSO was unhappy with the failure by the Maasai community women to take up loans, and as a result a few women access the funds. The criteria of selection involve receiving applications which the sub county office sorts out and recommends to the national office to fund.

There is slow recovery of the loans and it is only 2013 that the office reached the 50 per cent recovery mark which is pre-condition for asking for further funding.

The DGSO recommended that the starting loan should be increased to at least Kshs 200,000 as Kshs 50,000 was not enough for a group of say 20 women.

#### **4.2.4 Youth Enterprise Development Fund (YEDF)**

The Riverside community is aware of the YEDF but the youth are not aware on where and how to access the funds. Though the youth are aware that they have to be in groups to benefit they have not formed groups, because according to them the funds have not been disbursed. The youth also believe the Youth Fund will sideline them as it has been the trend in other programmes.

## **CHAPTER FIVE: CROSSCUTTING AREAS AND OTHER EMERGING ISSUES**

### **5.1 HIV&AIDS**

There has been prevention of HIV&AIDS through partnership with Constituency Aids Committee (CAC) and Family Planning (FP) sensitization. Cultural values are lost due to poverty, as adults live with their parents in the same small houses since they do not have land and hence have no right to construct houses. The community members are therefore exposed to all sorts of diseases such as Upper Respiratory Throat Infections (URTI), HIV&AIDS, malaria, diarrhoea and cholera since they are vulnerable.

### **5.2 PERSONS WITH DISABILITIES (PWDs)**

The community was not aware of the cash transfers for the OVC and people with disabilities and the criteria used to select the beneficiaries.

### **5.3 GENDER**

According to the community members, family planning services are accessible to the community since they are offered in the district hospital which is near to the community and are affordable (charges are one hundred shillings).The services are mostly accessed by women since men are shy of such services.

The DPHO observed that the town is usually littered with waste of every kind especially used baby pampers, food remains and sanitary towels. There is inadequate/lack of toilets/latrines in the area.

According to the DGSO other functions that are undertaken by the gender office apart from cash transfer include WEF, group registration and gender mainstreaming function.

The Riverside community reported that the decisions on health issues are made by both spouses. This is because in the community both spouses contribute to the wellbeing of the family and therefore they are equally concerned. Most of the community members prefer to have a family size of 4 to 6 children though the Maasai community hold on to their cultural belief that the more the children you have the more wealthy you become.

Intervention by the government to make maternity services free to all expectant mothers has encouraged mothers to seek health services.

Some women opt out of marriage due to the hard economic conditions of the family as a result of poverty. The girl child suffer early marriage and lack of education, while the male child lacks education as they drop out of school thereby end up being thugs or joining criminal gangs. Men have also taken to drinking alcohol as a way of forgetting their problems.

The community concurred that all the assets in the house belong to both the husband and the wife. Most of the poor in the area live in single houses where there is no privacy. Youth are exposed to sex life, drugs and other vices early in life especially since the town has a lot of nightclubs.

**6.1 RECOMMENDATIONS**

The community felt that:

- The government should consider settling the squatters in their own land so that they would do farming to improve their wellbeing;
- Devolved funds should be enhanced to promote accessibility of loans to group projects and target women to enable them start businesses;
- Skills training for youth would go a long way in alleviating poverty;
- The cash transfers programme should be efficiently managed;
- The government should consider enhancing health facilities and services;
- The government should endeavor to improve the road infrastructure, build and equip more hospitals in the region, and construct sewerage systems;
- The government and other organizations should increase water coverage which is very low in the sub-county. This will increase accessibility and reduce walking distances to the water sources;
- Funding for education should be increased due to the rising number of students.

**6.2 CONCLUSION**

- Poverty in Narok has been defined as lack of capital or resources that could be used to earn a living, such resource being land. It is believed that many are poor since they do not own land. Lack of employment due to low standard of education also contributes to the persistent poverty. Lack of good education has limited their access to the job market condemning them to unemployment. They believe that political conflicts made most of them squatters in the current land and as a result they have been condemned to the vicious cycle of poverty. Lack of proper distribution of government resources due to absence of representation has made the people poorer as people claim that most government services do not reach them especially devolved funds. There is also alarming rate of insecurity due to large numbers of school dropouts.
- There is a general problem of sanitation due to lack of toilets/latrines in the area hence they are forced to access public facilities at a cost in town. There is tapped water but many people cannot use it because it is unaffordable and have to seek alternatives including use of flood water with the attendant exposure to waterborne diseases. The community is condemned to live in a congested environment where adults often share single rooms with children thus exposing them to all sorts of diseases including URTI and HIV&AIDS. Malaria, diarrhoea and cholera are also prevalent due to congestion.
- It is felt that the services in the Narok hospital are expensive especially to the poor people from the community. Apathy towards family planning has made the community worse off since the larger the household the higher the living cost including health and upkeep.
- Though agriculture is the backbone of many communities, agriculture is not carried out since they live in town as squatters on government land. During the transect walk in the village one finds fish ponds and beehives which are owned by women groups.

- The ECDE and primary educational services offered are not up to standard due to a high teacher to pupil ratio.
- There has been remarkable understanding of cash transfer programmes undertaken by the gender office including WEF, group registration and gender mainstreaming function. The community is aware of the CDF programmes though they felt that the community has been left out under the CDF projects. Members claimed that they have been sidelined because they are poor and felt that the CDF has been benefiting the rich who can influence allocations in their favor. The community is also aware of the KKV programme.