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**THE PRESIDENCY
MINISTRY OF DEVOLUTION AND PLANNING**

**REPORT OF THE FIFTH PARTICIPATORY POVERTY
ASSESSMENT**

NYANDARUA COUNTY

NDOGINO B CLUSTER

OCTOBER 2014

KENYA 
VISION 2030
Towards a Globally Competitive and Prosperous

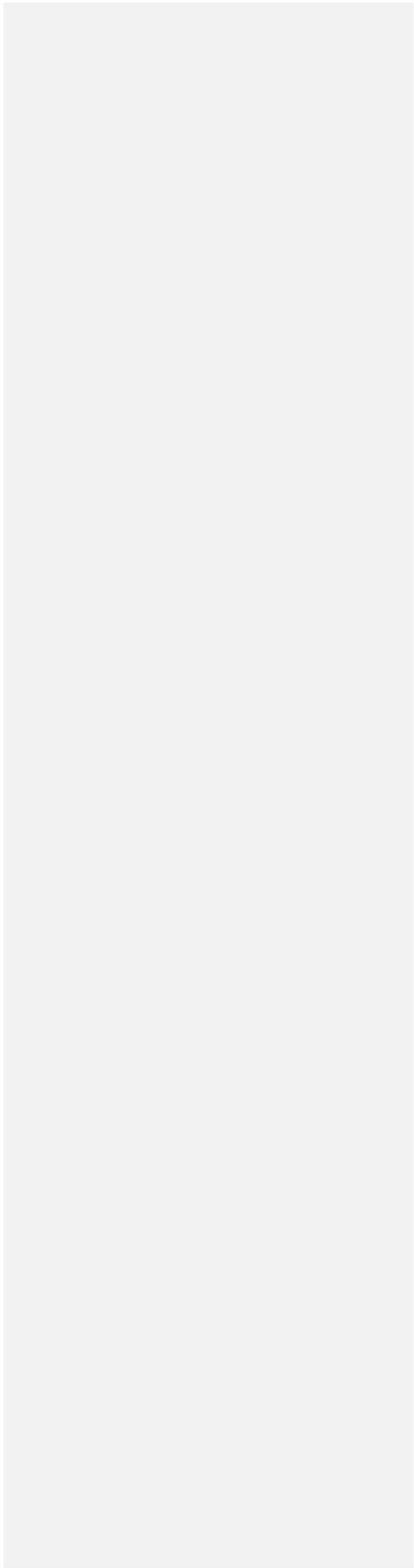
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FOREWORD

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 those 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 merry-go-round and small scale business. This will be upgraded to other notable initiatives like table banking concept and training Counties to benefit from UWEZO and other related funds. They will be a reference point in designing current and future interventions on reducing poverty and regional disparities. I call upon our internal and external stakeholders to utilize the respective PPA V county reports to inform policy and decision-making.

**Ann Waiguru, OGW
Cabinet Secretary**

Ministry of Devolution and Planning

ACKNOWLEDGEMENT

The Nyandarua 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 Ogola, the Director Social & Governance Department. The Department of S&G provided the secretariat that was charged with the responsibility of undertaking the exercise and finally the production of both the National Report and the County specific Reports covering the 47 Counties,

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Engineer Peter O. Mangiti
Principal Secretary

LIST OF ACRONYMS

AIDs	Acquired Immuno-Deficiency Syndrome
ANC	Anti-Natal Care
CDF	Constituency Development Fund
CHWs	Community Health Workers
CIDP	County Integrated Development Plan
COK	Constitution of Kenya
CTs	Cash Transfers
DDO	Sub-County development Officer
DSO	Sub-County Statistical Officer
ECD	Early Childhood Development
ESP	Economic Stimulus Project
FGD	Focused Group Discussion
FPE	Free Primary Education
GOK	Government of Kenya
HIV	Human Immuno-Deficiency Virus
IDP	Internally Displaced People
IPRSP	Poverty Reduction Strategy Paper
KAPP	Kenya Agriculture Productivity Programme
KCB	Kenya Commercial Bank
KCPE	Kenya Certificate of Primary Education
KKV	KaziKwaVijana
KNBS	Kenya National Bureau of Statistics
KPHC	Kenya Population and Housing Census
LATF	Local Authority Transfer Fund
M&E	Monitoring and Evaluation

NALEP	National Agriculture and Livestock Programme
NASSEP V	Fifth National Sample Survey and Evaluation Programme
NGO	Non-Governmental Organizations
NMP	NjaaMarufukuprogramme
OVC	Orphans and Vulnerable Children
PCEA	Pentecostal Church of Kenya
PEV	Post-Election Violence
PMTCT	Prevention of Mother to Child Transmission
PPA V	Poverty Participatory Assessment Five
PRA	Participatory Rural Appraisal
PRSP	Poverty Reduction Strategy Paper
PWDs	People Living With Disabilities
RVWSB	Rift Valley Water Services Board
S&G	Social and Governance
SHOMAP	Small Holder Agriculture Marketing
TBAs	Traditional Birth Attendants
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VIP	Very Important Person
WEDF	Women Enterprise Development Fund
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

EXECUTIVE SUMMARY

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

Nyandarua County report provides a detailed description of the impact of the government initiatives based on the perceptions of the people themselves, especially the poor and vulnerable groups. The study covered five clusters in which a household survey was undertaken and a household questionnaire administered through Focused Group Discussions (FGDs).

The cluster of study was Ndogino B located in Nyandarua North Sub County. The report is divided into six (6) chapters with each chapter looking at different areas of policy and the recommendations. The County's poverty index stands at 37%. Other issues discussed in the chapter are the Socio- economic situation and geographical location of the county. The community said that their poverty situation has been increasing and it is impacting a lot on their livelihoods. This was evident from the increased food prices and other necessities. The major causes of poverty in the area include unreliable rainfall leading to poor agricultural yields, lack of employment opportunities, insecurity poor sanitation hence poor health, lack of clean water and lack of electricity.

Different positions were given by the respondents in regard to health care where it has been seen to be declining over the past five years though some feel that there is some significant improvement. A lot of interventions were reported including construction of new structures and free services such as the under-five treatment and Family planning. The major health concerns mentioned include poor sanitation, lack of medical supplies, shortage of trained personnel and costly health services.

The status of education was reported to have improved over the years attributed to the Free Primary Education, Subsidized Secondary Education and various Bursary funds such as CDF. Despite an increase enrollment, it was observed that the performance had declined has an increased number in schools had put a strain of the physical amenities and teachers.

Though agriculture is the backbone of the county, the residents informed that they have been experiencing low yields attributed to poor weather, lack and high cost of farm inputs and unproductive land due to over tilling and land subdivisions. Most families now grow food for consumption only as opposed to the past.

Interventions toward improvement of agricultural production identified include National Agriculture Livestock Extension Programme (NALEP), Small Holder Agriculture Marketing Programme (SHOMAP), NjaaMarufukuprogramme (NMP), Kenya Agriculture Productivity Programme (KAPP), and National Accelerated Agriculture Input Programme (NAAIP).

In Nyandarua County, there is no sewerage system but some households have access to piped water while others have access to potable water. Generally, most of the households depend on water from shallow wells, roof catchments and rivers. 92 per cent of the households have latrines out of which 81 per cent have pit latrines and three per cent have flush toilets though this challenge could be addressed by completing the many water projects already initiated in the community to ensure that they provide the intended benefits.

The housing sector has witnessed very little progress over the years. Majority of the housing units are simple dwellings constructed using locally available materials and only a small fraction use cemented or roofed with such modern construction material such as asbestos and tiles which stand at 0.6% of the households. The cost of the construction material especially, timber, cement and iron sheets has been rising over time. The recommended interventions included reduction of taxes on construction materials and development of new construction technologies that are cheap and environmental friendly.

The pro-poor initiatives include the Cash Transfer which was started by the government in 2010 targeting the PWDs, OVCs and the elderly. The other two are the Roads 2000 and KaziKwaVijana although the communities have not felt their effect. There are also devolved funds which include the Constituency Development Fund, Local Authority Transfer Fund, Youth Enterprises Development Fund and the Women Enterprises Fund. However, the community is only aware of the CDF.

CHAPTER ONE: INTRODUCTION

Background of PPA V

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.

Poverty has for a long time been identified as one of the major challenges facing the country. The fight against the vice started immediately after independence when it was identified as one of the major obstacles to development. The others were disease and illiteracy. The Government of Kenya has put a lot of attention in poverty alleviation through various projects, programmes, policies and strategies but despite all these, there still exists a huge gap between the poor and non-poor in the entitlement to delivery of services. There also exists large disparities in incomes and access to education, health and to basic needs, including; clean water, adequate housing and sanitation. Wide disparities have also been identified by region, gender and among the vulnerable groups such as the physically challenged, youth, orphans, elderly and people living with HIV/AIDS.

The Participatory Poverty Assessment V (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.

1.1 County/Cluster Profile

The study was undertaken in Ndogino B cluster which is in Nyandarua County, in Mathingira Location, Mutanga Division and Nyandarua North district. Nyandarua County is one of the five Counties in central Kenya. The County measures 3245.3 km² lying between latitude 0° 8'to the north and 0° 50' to south and between 35° 13' East and

36° 42' west. The county borders Laikipia to the North, Nyeri to the East, Kiambu to the South, and Nakuru to the West.

The projected population for the county in 2012 was 636,814 persons. The population which grows at 2.2 per cent annually comprises of 312,022 male and 324,792 females.

The county experiences moderate to low temperatures. The highest temperatures are recorded in the month of December, with a mean average of 21^oC while the lowest is recorded in the month of July, with an average of 7.1^oC. The main crops grown are potatoes, wheat, maize and vegetables. The county has a large proportion of its farming area dedicated to food crops which include potatoes, cabbages, peas, carrots among others. These crops are not exclusively meant for subsistence as they also account for significant income for most of the households. Livestock farming is also a major activity in the county and the main animals reared are indigenous and exotic species of cattle and goats, sheep, rabbits and poultry. Dairy farming is the dominant enterprise in the livestock subsector. Bee keeping is also being practiced by several farmers in the region.

1.3 PPA 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 data base on the living standards, aspirations and needs of the poorer sections of the population. In this context, the fifth Participatory Poverty Study (PPAV) focussed on:

- The impact of the various policies, strategies, programmes and projects aimed at reducing poverty and improving welfare;
- Qualitative measure the levels of poverty over the last 10 years; 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 will seek:

- i. To gain a deeper understanding of the impact of the pro-poor initiatives based on the perceptions of the people themselves, especially the poor and vulnerable groups.
- ii. To broaden the process through which policies will be developed by engaging ordinary citizens in real debates to come up with the best ways of reducing poverty.
- iii. To identify and prioritize policies, strategies, programmes and projects which would support poor communities improve their wellbeing, focusing on pro-poor initiatives.
- iv. To integrate the respective contributions of participatory and qualitative approaches in the M&E strategy for Kenya.

- v. Monitoring impact to identify what outcomes are important to those affected by policy interventions themselves to help untangle complex processes of individual and community change.
- vi. Enriching understanding of the lived realities of poverty and arriving at policies which make sense to those affected to ensure equity and improvement of wellbeing in a clean and secure environment.

1.4 Selection of the cluster

Selection of the clusters 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 Fourth National Sample Survey and Evaluation Programme (NASSEP IV) maps (Kenya National Bureau of Statistics) were used to demarcate the boundaries of each of the selected cluster.

A sample of thirty clusters, one per county, was selected for the detailed study in which all specially designed participatory assessment tools were implemented. In all the five clusters, a household survey was undertaken and a household questionnaire administered to about 15 households, especially those benefiting from cash transfers.

1.5 Field Logistics

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

In preparation for the pilot, the supervisors were introduced to the use of survey tools by the consultant. Advertisement for Research Assistants (RAs) was done one week prior to recruitment through the District Development Officer's (DDO) and District Statistics Officer's (DSO) office. The recruitment interviews were conducted for one day. Out of the eleven applicants who were interviewed, six (6) research assistants were selected to assist in data collection in that specific county.

The training for researcher assistants ran for two days and data collection and report writing was done in six days. During the training, Research Assistants 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

The study used various 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/chapati 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 check lists so that accurate information was received to inform the discussions.

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 Research Assistants 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, chiefs and their assistants, DDOs and the District Commissioner.

CHAPTER TWO: POVERTY DYNAMICS AND INDICATORS

2.1 Definition of poverty

According to Nyandarua County integrated Development Profile, an average of 37.6 per cent of the population in the county lives in absolute poverty. The largest proportion of the poor resides in the rural areas. The key causes of poverty as it emerged from the Poverty Reduction Strategy Paper (PRSP) consultation process are: landlessness, unemployment, poor access to markets for farm produce, exploitation by middlemen, inadequate credit facilities, HIV/AIDS pandemic, high cost of farm inputs and collapse of cooperative societies.

Poverty levels seem even higher among the female headed households. There is also a risk of upsurge in the number of child-headed families due to the HIV AIDS pandemic

2.2 Definition of poverty

People defined poverty as *'umaskin'*, *'thind'*, *wagiwambeca* (no money), *kuhinyiririkakimuhuko/muturire* (inadequacy of funds and living below expected standards) and *'ukia'*. They established that poverty manifests itself in the form of inadequate income to meet the daily basic needs; since the needs are more than the available income.

2.3 Characteristics of poverty

The community economically categorized itself into four groups : the very poor, the poor, the rich and the very rich depending on the number of livestock e.g. cattle, sheep and goats one owns. Other aspectsdeliberated includes, the number of meals taken per day, size of land holding and the type of dwelling house.

2.4 Characteristics of Poverty

2.4.1 Characteristics of the Very Poor

The community characterized a very poor person as one without any livestock, land and a house of their own, "Many poor people are actually squatters". This person does casual jobs to earn a living and his children attend public schools. There are few incidences of landlessness in the county. However, the internally displaced persons who flocked the area after the post-election violence in year 2008 increased the number of people without land.

2.4.2 Characteristics of the Poor

A poor person was characterized as one with roughly 1-2 goats, 2-3 chicken and no cows. They are usually subsistence farmers and do casual jobs to earn a living. In addition, their children go to public schools. They live in mud houses with iron roofs and own a plot of land. Originally, the land size used to be 3 acres, but now they own small

portions of 50 by 100 meters. Land fragmentation has occurred over the years due to land inheritance by the male child.

2.4.3 Characteristics of the Rich

In the Ndogino cluster, a rich person was characterized as one with a timber house with an iron roof, 1 acre of land, can employ casuals, owns a bicycle or a motor bike, has 2-5 goats and 1-2 cows, sells his produce to the community and can comfortably meet their basic needs.

2.4.4 Characteristics of the Very Rich

In the Ndogino cluster, a very rich person was characterized as one operating a shop normally in his own building, cemented iron roofed timber house or brick house, with 1-3 acres of land has employees to take care of their homes, owns a vehicle, has 5-10 goats and 3-5 cows, and sells his produce to the community. Most of those considered to be very rich in the cluster do not live there but have employed someone to look after their farms while they live and work in towns like Nyahururu, Nairobi etc.

2.5 Causes of poverty

The community identified the following as causes of poverty in Ndogino cluster:

Unreliable rainfall. The community pointed out that unreliable rainfall was the major cause of poverty because they depend heavily on farming. On the hand, when it rains the clay soil takes long to absorb water which makes it challenging to farm.

Unemployment is another cause of poverty. Majority of the residence are casual laborers who work on farms and availability of job opportunities is seasonal/ irregular.

Lack of water was cited as a factor that has encouraged growth of poverty. The residents spend a lot of time fetching water. They can also not be engaged in irrigation farming due to lack of water for irrigation. In addition, the roads are impassible making it difficult to transport their farm produce.

Insecurity is another cause of poverty. The neighboring community is Samburu and West Pokot who are pastoralists armed with guns and some come to steal their livestock at times even during the day. A participant said that his 4 goats had been stolen the week before the focus group discussion.

Another major cause of poverty is lack of energy sources. The homes, surrounding markets and public institutions are not connected to the national grid because of high connection costs.

Poor sanitation was sighted as a major problem to the community especially for the squatters and internally displaced persons (IDPs) within the cluster area.

Lack of adequate water was ranked number one using the pair wise priority ranking. It was followed by Insecurity, poor road network; Health services, low levels of education,

electricity, and unemployment while cattle diseases and disability were ranked last respectively in the FGD. Other causes of poverty in the community include alcoholism, declining farm yields and farm holdings, lack of special schools for the PWD and low educational standards.

2.6 Impact of poverty on men/women/youth (boys and girls)/PWDs/OVCs

2.6.1 Men

- Employed as casual workers to construct the poor road network
- Delayed marriage age for men;
- Many resort to alcoholism; and
- Broken marriages.

2.6.2 Women

- High maternal mortality;
- To many children;
- Poor health; and
- Many single mothers as men shy away from their responsibilities.

2.6.3 Youth

- High School drop outs rates;
- Engage in petty theft;
- Boys migrate to nearby towns in search of employment while girls get married off or become housemaids;
- High adolescent pregnancies; and
- Engagement in sex by young girls for material favors.

2.6.3 People Living with Disability

The community has a number of mental, physical and hearing disability cases. However;

- There is no special school for people with disability within the cluster or even in the division;
- None of the known cases is benefiting from the government sponsored disability programmes; and
- They are the most affected by poverty.

Although poverty affects every member of the community in one way or another, the most affected are:-

- The Elderly;

- Young children;
- Women especially the widowed; and
- Internal displaced persons and squatters.

2.7 Coping Mechanisms

The community identified the following coping mechanism:

- i. During the dry seasons, the community is provided with relief food distributed through the chief's office;
- ii. In terms of health, the community prefers to get health care from chemists because it is cheaper than the health center which they consider to be very expensive;
- iii. Women have formed self-help groups to raise money to buy storage water tanks for harvesting water during the wet season. However, due to financial constraints, most of the groups have collapsed;
- iv. Undertaking of casual labor in the neighboring areas/villages;
- v. Implementation of Community Policing to guard themselves against the Pokot's and Samburu's who steal their livestock;
- vi. Employment in the Construction of ECD centers;
- vii. Selling of potato seedling; and
- viii. Installation of water harvesting tanks by a few who can afford them.

2.8 Assets ownership, access and decision making in the household

In the cluster, the most valued property includes land, livestock, poultry, money, housing, business, and various household goods.

While most of the assets are owned by both the husband and the wife, money belongs to either individual. The youth own only personal belongings since they live with their parents. Decision involving properties like sale of livestock, farming activity among others are made by both the partners.

2.9 Poverty and Gender

While poverty affects both men and women, the women especially the single mothers, are the most affected. In addition, it is only the male child who inherits from the father once he reaches maturity. Thus poverty has been perpetuated by the tradition that is against women. And due to poverty many women get married earlier while others become victims of teenage pregnancy. In extreme cases some men abandon their families while others get separated hence women are left to singularly take care of the family.

Consequently the traditional wife and husband roles perpetuate poverty among the females as well. Even though females start working at 5.00am to past 5.00 pm, they have no earning to show for it because they are doing the normal household chores for the family. While the little time spent by men ensures that they earn by end of their working day, since they look for casual jobs outside their family for pay.

2.10 Poverty trends over time

The residents said that poverty has increased for the last ten years. Ten years ago, they said, the prices of goods were lower; there was adequate rainfall that facilitated to produce adequate farm produce like pyrethrum. Dairy society that used to produce milk has since collapsed. Farm sizes were big but now they have been sub divided to small portions making them uneconomical. There was also a functional shopping center but has since been closed due to insecurity.

2.11 Interventions Targeting the Poor in the Community (Government/CBOs/NGOs/FBOs etc.)

Some of the interventions targeting the poor in the community include:

- CDF water projects;
- Free Primary education programme;
- Mwhangia and Michinda boarding primary schools under the Economic Stimulus programme;
- NjaaMarufuku Kenya programme in Agriculture;
- NALEP;
- Small Hold Agriculture Marketing Programme; and
- Higher Value Crops.

2.12 Recommendations for Improvement

The recommendations from the FGD in the fight against poverty include:

- Increasing the number of beneficiaries and the amount of cash transfer programmes such as OVCs, PWDs and the Elderly;
- Improving on the selection and scope of cash transfer programmes;
- Initiating water supply and harvesting programmes to support small scale irrigation;
- Enhancing security operations to protect lives and their livestock from constant attacks from cattle rustlers through community policing and disarmament of neighboring hostile communities.
- Improvement on general infrastructure in the cluster and county at large;
- Youth empowerment to combat high unemployment among the youth and drug and subsistence abuse as a result of high levels of stress and unemployment;
- Instituting measures that improve on the agricultural productivity and marketing of agro-produce;
- Serious enforcement of the laws and regulations against the proliferation of illicit brew dens and its consumption; and
- Improving food security and distribution modalities of relief food.

CHAPTER THREE: FINDINGS ON THE PROVISION OF GOVERNMENT SERVICES

3.1 HEALTH CARE

3.1.1 Introduction

According to Nyadarua CIDP There are two level four public health facilities in the county, one mission hospital, three nursing homes, seven level three health facilities, 32 level two facilities and 50 private clinics. The most prevalent disease in the county is upper respiratory infections which account for 23.1 per cent of all reported cases. Other diseases are: lower respiratory infections which account for 5.9 per cent of reported cases, malaria at 14.5 per cent diarrhea is at 1.4 per cent and stomach aches at 3.8 per cent. The average morbidity rate for the county is 21.2 per cent. The male morbidity rate is 19.2 per cent and female morbidity rate is 23.4 per cent

The county enjoys low to average health services as compared to other rural counties in Kenya. Within the cluster, health services are available at the LeshauPondo Health center. The services provided include: maternal and child health care, laboratory and outpatient and family planning. Major diseases include malaria, respiratory infections, typhoid, and amoeba. Public health facilities charge a user fee ranging from Kshs 250-1,000 for the above services. These charges coupled with limited services result in others seeking treatment at Nyahururu district hospital. To supplement the work of the medical staff, the government has established community health workers programme although it has not been operational for the past one year.

3.1.2 Major Health Concerns in the Community

The major health concerns rising from the study area include:

- Inadequate medical supplies;
- Lack of ambulance services to take the critically ill for advanced treatment in the district hospital in Nyahururu;
- Shortage of trained health personnel in the nearby health facilities and even at the sub county hospital;
- User charges that make health services too expensive for some members of the community especially the very poor and the poor, hence preference for over the counter self-medication;
- Lack of in-patient services and other specialized medical care in the nearby health facilities making the residents travel to Nyahururu for further medical care;
- Poorly maintained medical facilities and equipment; and
- Poor sanitation

3.1.3 Provision of Health Services (Access, Affordability, Availability)

There are two level 4 public health facilities in the county, one mission hospital, 3 nursing homes, 7 level 3 health centers, 32 level 2 facilities and 50 private clinics according to health statistics from the County planning office. The doctor population ratio is 1:155,188 while the nurse population ratio is 1:2,150. The average distance to the nearest health center is 3.2 km. On average, 21 percent of the households travel up to 1 km to access health service, 78 percent travel between 1.1km and 4.9km while those who travel above 5km account for 1 percent of the county population.

The public health facilities as a policy (government cost sharing policy) do charge a fee for services rendered. The charges range between Kshs. 250-1,000 depending on the nature of treatment received.

Within the cluster, health services are available at the LeshauPondo Health center. The services provided include: maternal and child health care, laboratory and outpatient and family planning.

3.1.4 Interventions towards Improvement of Health Services in the Community

The interventions geared towards improving health services includes:

- Construction of LeshauPondo Health center;
- Free under five and family planning services.
- Appointment of Community Health Workers although they were not operational; and
- The establishment of a maternity ward within LeshauPondo Health center

3.1.5 Decision Making on Health Issues in the Family/Community

Decision making regarding health issues within the community is a communal responsibility. However, at the household level except for single mothers and children headed households, major decisions especially where hospitalization is expected are mainly made by the man of the house. However, in areas where drunkenness is a major problem, men have absconded their responsibilities and their wives make the decisions.

3.1.6 Ideal Family Size among the Households in the Community

The ideal family size for the majority of the households in the cluster area is between 7-12 children. This is a very high number compared to the resource base of the community. This high population size was attributed to:

- High levels of illiteracy among women who are the key decision makers on the family size;
- High levels of poverty; and

- High cost of family planning services both at the local health facilities and at the sub county hospital.

3.1.7 Relationship between Household Size and Poverty

There is a direct relationship between poverty and the household size in the community. The cluster lies within a designated settlement scheme with the original farm size of 3 acres. Overtime the size has diminished drastically to uneconomically viable farm sizes of less than a quarter of an acre due to subdivision and inheritance by the offspring's. The consequence to agriculture is diminished production which cannot support the family thus increased poverty.

3.1.8 Access and Decision Making on Family Planning Services

There are limited family planning services within the local health facilities in the community. However more advanced family planning services are available at the sub county hospitals and are more expensive. The family size decisions are presumably made by wives, who need moral and financial support and concurrence from their husbands thus leading to large family sizes of 7-12 children. Studies have however shown that successful family planning can only be a decision reached by both partners.

3.1.9 Opinion on Status of Health Services Overtime

According to the Sub County public health officer, the health care services have improved significantly over the last 10 years. However, the community has a different view. Some studies have shown that health care service outcomes have improved in the last ten years. Studies have shown that the proportion of households with access to treated water has improved and stood at 65.4% and 67.2% in Nyandarua South and Nyandarua North respectively. In addition, the uptake of vitamin A for children under 5 increased significantly to 78.6% and 80.2% in Nyandarua South and Nyandarua North respectively. The contraceptive acceptance rate stood at 67 per cent.

At the same time, the proportion of mothers attending ANC 4 times and more is higher in intervention sites, 59.1% compared to 57.4% in nonintervention sites. The service delivery outputs showed an upward trend with regard to the district targets. The service delivery outputs such as ANC 4+ times, Measles, Family planning, Health facility delivery, VCT, PMTCT and post natal care in Nyandarua County have improved remarkably. In addition, the immunization coverage stood at 86% for in the entire county.

3.1.10 Recommendations for Improvement

While the sector has witnessed better service delivery than in most rural communities in Kenya, there exist a number of challenges such as shortage of trained personnel, supply of medical supplies and equipment, and increased demand for health care services that has overstretched the existing health facilities among others. The community has proposed the following recommendations:

- Improved access to family planning services in all the local health facilities;
- Improve the supply of medical supplies and services to the county health facilities at all levels;
- Establishment of a transparent and responsive mechanism that caters for the less fortunate in the community who cannot raise required user fees;
- Procurement of an ambulance to transport the critically ill for advanced treatment within the county and even outside the county;
- Deploy more trained health workers to all the existing health facilities within the county;
- Improvement of health care services at the community health facilities including a general ward for inpatient; and
- Operationalize and make the appointed community health workers functional.

3.2 EDUCATION

3.2.1 Introduction

According to the Nyandarua CIDP, the county has 1,034 ECD centers with a total enrolment of 31,729 pupils. The number of ECD teachers is 1,828 giving a teacher pupil ratio of 1:17. The average of attendance is 2 years. Under the primary education level, there are 369 primary schools with a total enrolment of 141,657 pupils and 3,573 teachers with the teacher pupil ratio of 1:40. In secondary education level, there are 131 schools with a total enrolment of 29,785 and 1,063 teachers giving a teacher/student ratio of 1:28. The county has 14 youth polytechnics and one Institute of Science and Technology (Nyandarua institute) located in Nyandarua West district. There are two universities namely Greta University which is private and located in Kinangop district and a campus of Narok University which is in MiharatiKipipiri district.

The sector scores above average in terms of the key indicators like enrollment rate, number of established institutions and literacy levels in comparison with the rest of the Country. ECD enrolment is 54.3 % of the eligible population while it is 95.3 % in primary level and 50.3 % in secondary education level. On the other hand, the county literacy rate is 86.3%; the proportion of the population that can read is 85.2% while the proportion that can read and write is 83.8%. However, it should be noted that the county has a shortage of special educational facilities as they are only three in number.

3.2.2 Status of the Education Facilities

While some of the private institutions of learning have state of the art facilities, most public institutions especially for ECD and primary level are in a very deplorable state. A number of them are timber/off cut walled with no doors and windows. And the floors have not been cemented in addition to their small size leading to congestion. There are also getting restricted reading material and other school supplies.

3.2.3 Provision of Education Services (Access, Affordability, Availability)

In the county, children who travel less than 1 km to school is 3 percent while those who travel between 1.1 to 4.9 km stand at 93 percent. Those who travel more than 5 km is 4 percent in primary level while, in secondary level, students travelling less than 1 km to a secondary school account for 12 percent of the total student population, those travelling 1.1 to 4.9 km account for 54 percent while those travelling for 5km and above are 34 percent.

Since the introduction of free primary education, the overall service delivery has declined. This is because; the enrollment rate has gone up, hence overstretching the available resources with over 50 pupils per a class. In addition, public schools do not have enough teachers; as a result, parents are forced to employ teachers.

There are other charges the parents incur in the educational institutions, these include: tuition fee for class 7 and 8 students (Ksh.300), examination fee of about 50 shillings per term, tuition fee (Ksh.450) and activity fee (Ksh.350) per term. These charges are exorbitant hence not affordable to the parents.

According to the participants, most of them have not received bursaries from the CDF and the Ministry of Education despite applying for the funds more than once. In addition, there were others who had never heard of these funds.

3.2.4 Status of Education Services

While enrollment at all levels has raised remarkably, subsidized secondary education and education bursaries for those in tertiary institutions, the performance has declined. The high enrollment has not been matched with the physical expansion of facilities as well as supply of learning materials and equipment. Staff deployment has also not matched the enrollment rates, hence overworking teachers in most of the public institutions. In addition, there are only three special schools for the PWDs.

3.2.5 Interventions towards Improvement of Education Standards in the Community

Some of the interventions in the sector in the last ten years include:

- Free primary education programme;
- Subsidized secondary education programme;
- Education bursary under the ministry of education and the CDF office;

- Boarding schools under the economic stimulus program;
- Schools improvement programmes by the ministry of education;
- Provision of free sanitary pads for girls; and
- Construction of school for the disabled among others.

3.2.6 Relationship between Education and Poverty

There is a direct relationship between poverty and education. While enrollment is high in all levels of education, the transition and completion rate are quite low but more so from primary to secondary and secondary to tertiary level. Because of high prevalence of poverty in the county, most parents are unable to meet the cost of educating their sons and daughters even at primary level where the schools are charging various fees especially for standard seven and eight pupils despite the notion that primary education is free. In addition, the rich are able to take their children who score highly in their national examinations to private schools, while the poor are condemned to the poor performing institutions that reduce their chances for better career progression.

3.1.7 Opinion on Status of Education Overtime

While the sector has seen several challenges over the years, overall, the status of education has been improving over time. Performance in the national examination at regional and national levels have improved steadily, enrollment, transition and completion rates have been rising while the teacher pupil ratio has also gone up.

The table below provides a summary of Nyandarua North KCPE performance for the period 2007-2011.

Year	Enrollment (candidates)	Mean Score
2007	2,684	235.5
2008	2,882	244.3
2009	2,837	239.67
2010	2,882	242.79
2011	2,742	249.48
2012	3,020	

Source:

The enrollment and performance has improved considerably over the years in the period under review. In 2012, the district was rated third in Central Kenya region.

Comment [M1]: Source is missing and also data for 2013 and 2014 therefore I am proposing to delete the table

3.2.8 Conclusion and Recommendations for Improvement

Despite the good performances in the education sector, a number of challenges including shortage of special education facilities, overcrowding, dilapidated facilities, shortage of qualified staff and learning materials among others were experienced. In order to address these challenges, the community proposed the following interventions.

- Increase the staff levels especially in primary schools to improve the teacher pupil ratio which currently stands at (1:60);
- Established government sponsored ECD centers;
- Improve the management of bursary services to ensure the needy and deserving cases are considered;
- Establish more teacher advisory centers to give support to the teaching fraternity;
- Establish additional learning centers especially at primary level and expand and rehabilitate existing facilities to cater for the increased enrollment.
- Promote education through role modeling and formation of old students alumni associations to enhance transition and completion rates; and
- Enhance financial allocations for the rehabilitation and maintenance of the school infrastructure.

3.3 AGRICULTURAL SERVICES AND INPUTS

3.4.1 Introduction

Nyandarua County is mainly an agricultural based economy. It therefore provides the entry point in any economic life of an individual. The community mainly practices subsistence agriculture. The main crops grown are wheat, maize and vegetables as food crops while Pyrethrum and horticulture produce are the main cash crop grown in the county. The main animals reared are indigenous and exotic species of cattle and goats, sheep, rabbits and poultry. Small stock rearing like poultry and beekeeping are also practiced by several farmers in the region. Forestry is a key economic activity in the county with a total forest area of 49,916.2 Ha. This includes the Aberdare Mountain ranges.

The main value addition activities on livestock products include milk processing, cooling of milk, processing and packaging of honey, leather tanning, timber and timber products. Most of these activities are at small scale.

3.4.2 Provision of Agricultural Services and Inputs (Access, Affordability, Availability)

This is the sector that has witnessed a large number of projects being implemented in the county. The targeted areas include capacity building, promotion/provision of high value crop seedlings and extension services, among others.

From the FGD, it emerged that households have small portions of land due subdivisions that do not allow for large scale farming. The farm produce is of low quality because of the type of soil and long dry spells. In addition, farmers cannot afford fertilizers to boost their food production. There is scarcity of farm inputs especially during the planting season, and subsidized fertilizer is provided after planting has commenced and at times, fertilizer that has been mixed with sand is supplied. The productivity has gone down as a result of lack of water, land fragmentation, high cost of farm inputs, lack of market and uncertified seeds.

The community admitted that there are agricultural officers in the area but they do not help them. At the same time, middlemen buy their produce at throw away prices while providing farm inputs at exorbitant prices.

3.4.3 Interventions towards Improvement of Agricultural Standards in the Community

Major programmes in the sector include:

- National Agriculture Livestock Extension Programme (NALEP) –Gok/SIDA;
- NjaaMarufuku Kenya;
- Small Holder Agriculture Marketing Programme (SHOMAP);
- Kenya Agriculture Productivity Programme (KAPP);
- High Value crops;
- National Accelerated Agriculture Input Programme (NAAIP);
- East African Dairy Development Programme (EADDP);
- The Constituency Fish ponds under the Economic Stimulus Programme (ESP);and
- Rehabilitation of all degraded forest sites i.e. Aberdares, Geta and Olbolosat among others.

3.4.4 Target Group for Agricultural Services

According to policy, the government provides agricultural services on a demand driven basis. Most of the agricultural programmes use the registered youth, women and

special groups such as PWDs, as entry points for their programmes. However, this does not exclude individual farmers who seek the services. Other criteria of consideration include vulnerable individuals, horticultural farmers and promotion of new crop varieties or farming technology. These services face constraints in terms of transport for the officers, facilitation of their offices and poor transport and communication networks.

3.4.5 Relationship between Agriculture and Poverty

As already mentioned, over 80% of the Kenyan population is rural based, thus the county has a large number of its inhabitants depending on agriculture as their main source of food and income. Due to poor extension services, exploitation by middlemen, unreliable rains, increased cost of inputs and reduced size of farm holdings, crop and livestock yields, and incomes have subsequently declined overtime. This has resulted in increased poverty levels as over 40 % for the county lives below poverty line while there are pockets higher with higher poverty levels.

3.4.6 Opinion on Status of Agriculture Overtime

The community is of the opinion that the importance of the sector has been declining as the source of food security and generation of income over the years. The yields have declined overtime together with government services. This was attributed to:

- The collapse of the pyrethrum sector;
- Declining farm size and acreage hence low yields;
- Poor seed variety, lack of fertilizers and other farm inputs and high cost of purchasing them;
- Unreliable rainfall resulting in crop failure; and
- Poor market prices offered by middlemen due to collapse of the farmers' cooperative societies.

3.4.7 Conclusion and Recommendations for Improvement

The sector is the backbone of the community's economy. In recognition to this, the government, development partners and other stakeholders have initiated various programmes/ projects geared towards improving the lives of the people of the county. Despite this efforts, the sector is facing several challenges including among others; small portions of land which do not allow for large scale farming, poor quality farm produce due to the type of soil and long dry spells and non-application of fertilizers and other improved seed variety due inhibitive costs, collapse of cooperative societies and the collapse of the pyrethrum sector which was the main cash crop of the county.

To address the above challenges and move the sector to the next level, the community proposed the implementation of the following measures:

- Revival of the cultivation of the pyrethrum crop;

- Increased security and protection of the community from cattle rustlers to encourage livestock farming as an alternative economic activity;
- Revival and strengthening of the cooperative movement to enable farmers to benefit from economies of scale in the purchase of farm inputs and sale of their farm produce;
- Strengthen the farmer extension services linkages to improve service delivery and enhance adaptation of new farming technologies;
- Establish irrigation schemes to supplement rain feed agriculture;
- Promotion of drought tolerant and orphaned crops;
- Provide adequate facilitation of the agricultural extension services;
- Undertake a land policy that encourages consolidation to forestall further land fragmentation;
- Establish agro based industries to promote value chain;
- Improve rural infrastructure i.e. road network, market structures and promote rural electrification programme;
- Establish credit schemes for farmers to enable them secure cheap loans and guarantees; and
- Establish special agricultural based insurance schemes to mitigate against huge losses due to rain failure, death/theft of livestock.

3.4 WATER AND SANITATION

3.5.1 Introduction

The main source of water in the county includes rain water, dams, pans, boreholes, shallow wells rivers and streams. The county has one lake, 48 dams, 27 boreholes, several shallow wells and springs most of which are seasonal. Most of the water used is untreated which poses great health risk. There are two water companies in the county registered by the Rift Valley Water Services Board (RVWSB). These are: the Ol'kalou water and Sanitation Company and Nyandarua west water and Sanitation Company. The two water schemes however, only serve customers within the towns of Ol'kalou and Ol'joroorok and their environs. The main source of water in the cluster is Mathanje stream, which is a tributary of EwasoNarok River. The stream is a 30 minute walk for most of the residents, providing water during the rainy and dry season. It provides water for animals and for domestic purposes.

3.5.2 Types of Water Programmes in the Community

There are four water supply schemes mainly for domestic use, this includes; - Ndaragwa water supply at Ndaragwa; Kirimaini water supply at Shamata; Kangoini water supply at Leshau and Gathuta water supply at Kiriogo. The community pays charges of between Ksh. 200-500 per a month. The county has initiated the construction of 27 communal boreholes of which only five are completed and operational. This includes; - Kihingo, Riverbank, Ndaragwa, Leshau and Gitare boreholes. The majority of the water dams and pan were constructed by the colonial settlers and are mainly for domestic use only. There are only two irrigation projects namely Haki irrigation project in Kahutha and Kiriga water project.

3.5.3 Types of Sanitation Facilities in the Community

There is no sewerage system in the county although Nyandarua county council offers exhauster services at a fee of Kshs 500 per toilet. Most of the county residents use latrines as their common waste disposal facility. 92 percent of the populations have access to latrines with 81 percent utilizing pit latrines, eight percent VIP latrines and three percent, mostly in the major urban centers, use flush toilets. The county council has elected modern public toilets in the major urban centers.

The most common mode of disposal for solid garbage is by garbage pit at 32.8 per cent of the households. 28 per cent of households dispose by burning while 25 per cent dispose in their farm gardens. Garbage collection by the town and County Councils within the county cover a small percentage as only two percent of the waste is collected by the local authorities.

3.5.4 Relationship between Environmental Degradation and Water Availability

The main water sources in the county are dams and pans, rain water, boreholes, Lake Borosat, Rivers and streams and springs. Most of these water sources are not treated since there is no water treatment plant in the community. The main processing mechanism is filtering thus posing great risk to the community. Besides people share these sites with their livestock. Most of the county does not have proper drainage system and hence rain water collects and drains into the dams and pans from where it is fetched for use.

The main form of disposal for human waste is pit latrines. Once filled, they are abandoned and new ones are dug. This is coupled with lack of proper solid waste management system as the local authority collects garbage for only two per cent of the households. The rest is left to individual initiatives. This implies serious contamination the environment and many water sources leading to environmental degradation.

3.5.5 Relationship between Water and Sanitation and Poverty

There is a clear relationship between water sanitation and poverty. The source of water for a given household is determined by the level of income. It is only the rich who can afford piped water, while majority fetch water from communal dams, pans, boreholes and streams. This water is not treated and thus unhygienic to use.

At the same time the type of sewerage disposal is determined by ones level of income. The minority rich can afford to meet the cost of VIP toilets or flush toilets. The same applies to other solid waste disposal. The rich mainly within major urban areas (2%) are provided with waste collection services by the local authority while the poor dispose the same on their own.

3.5.6 Opinion on Status of Water and Sanitation Overtime

The average distance to the nearest water point is 1.5km. 35,321 households have access to piped water while 21,154 have access to potable water. Most of the households depend on water from shallow wells, roof catchments and rivers.

The main form of disposal for human waste is pit latrines with 92 per cent of the households having latrines out of which 81 per cent have pit latrines and only three per cent have flush toilets. There is no sewerage system in the county. On the other hand, the most common mode of disposal for solid garbage is by garbage pits at 32.8 per cent of the households. 28 per cent of households dispose by burning while 25 per cent dispose in their farm gardens. The local authority collects garbage for only two per cent of the households. Given these low level water and sanitation services cases of water bone diseases like typhoid, malaria and amoeba especially in the urban and market areas have occasionally been reported.

3.5.7 Conclusion and Recommendations for Improvement

While several various project/programmes have been initiated in the county to ensure adequate supply of safe and clean water to the residents, a lot still needs to be done to surmount the challenges facing the sector. The FGD gave the following recommendations;

- Complete the many water projects already initiated in the community to ensure that they provide the intended benefits;
- Initiate large scale water supply schemes to supplement the unreliable rainfall and support irrigation;
- Improve public sanitation especially in the urban and market centers;
- Increase funds towards the sector in the county to enable them maintain and rehabilitate the water infrastructure most of which was constructed by the white settlers;

- Encourage the residents to improve personal hygiene through use of toilets and hand washing after visiting toilets;
- Establish a modern waste management and treatment plant especially in the major towns of the county; and
- Integrate environmental protection especially in all major sanitation and water works along the water catchment areas.

3.5 HOUSING

3.6.1 Introduction

In the County, the design and type of housing constructed is a demonstration of the standard of living of the owner. Most people use locally available materials, others are able to transport building materials from outside their community and even the county. The major building materials used are timber, mud and iron sheets. These materials are locally available and affordable. Most of the permanent modern housing units belong to the rich who have either moved to the surrounding urban centers or are residing in the major urban areas outside the county. They have employed caretakers or relatives to look after the homestead. The cost of building materials has been rising overtime. There is a new phenomenon of IDPs majority of who fled their homes during the 2008 PEV and are yet to be settled. Others are mainly divorced single mothers.

3.6.2 Types of Building Materials

Most of the houses in the county are walled by use of wood which constitutes 42.9 per cent of the total houses. Other walling materials include: mud/wood 33.4 per cent, stone 13.5 per cent, corrugated iron sheets 3.1 per cent, mud/ cement 3 per cent, brick/block 2.6 per cent and tin 0.1 per cent. Majority of the houses are roofed by use of corrugated iron sheets at 95.1 per cent while asbestos and tiles account for two and 0.6 per cent respectively. Most of floors are of earth surface at 74.3 per cent and cement at 23.5 per cent.

3.6.3 Types of Housing and Household Headship

There is a clear relationship between the quality of a house and the household leadership. Most households headed by men have moderate to high quality of housing while those headed by women who are single, divorced, separated or widowed are poorly constructed. The category normally uses locally available materials.

3.6.4 Opinion on Status of Housing Overtime

The sector has witnessed very little progress over the years. The majority of the housing units are simple dwellings constructed using locally available materials. Only a small fraction of the houses are cemented or roofed with such modern construction material such as asbestos and tiles which stand at 0.6% of the households. The cost of

the construction material especially, timber, cement and iron sheets has been rising over time.

3.6.5 Conclusion and Recommendations for Improvement

Building materials are locally available and affordable. The materials are sourced from trees surrounding the household and clay soil.

The type of housing and the material used for construction are defined by the wealth status of the owner. The poor use iron sheets in roofing and clay and wood in the walling. The rich use timber for the walling and iron sheets for roofing. On the other hand, the very rich use building blocks for walling, cemented floor and tiles for roofing.

Overtime, the cost of construction has been rising hence many households are not able to build decent housing or maintain those already constructed. This has been exacerbated by the dwindling tree cover and cutting down of trees.

The FGD made the following proposal:

- Reduction of taxes on construction materials such as cement, iron sheet and tiles;
- Enhanced campaign on tree planting;
- Controlled cutting down of trees in public and private forests; and
- Develop of new construction technologies that are cheap and environmental friendly.

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

4.1 PRO-POOR INITIATIVES

4.1.1 Cash Transfer

This is a programme started by the government in 2010 targeting the PWDs, OVCs and the elderly. Under the elderly and the PWDs, the beneficiaries receive Kshs. 2,000 per month. During the focus group discussions, the respondents were not aware of any cash transfer programmes. However, the chief revealed that two elderly women had been identified for consideration of in the future.

Information received from the Children's Office indicated that cash transfer; a programme under the Government of Kenya, UNICEF and World Bank since 2006 is available in Nyandarua North District but is operated from Nairobi. 1,106 households are beneficiaries of the programme where the caretakers of the OVCs receive Kshs. 4,000 every two months. The areas that have benefitted are Shamata and KahuthaMathingira. The programme is relying on the 1999 census. The programme has greatly benefitted the elderly to meet their basic needs. Other partners supporting these groups include the Catholic Church, PCEA and the CDF.

The office recommended that:

- Cash transfer should be scaled up to cover all the locations and should be operated at the county/sub-county level;
- CT should be inclusive as the elderly men were left out of the programme; and
- To earmark the OVCs for scholarships at secondary level to give them a chance to enhance their educational level.

4.1.2 KaziKwaVijana

The community stated that it has not benefitted from the KaziKwaVijana or the funds for the disabled.

4.1.3 Roads 2000.

The community has also not benefited from this programme; but they only see roads being graded during the campaign period.

4.2 DEVOLVED FUNDS

4.2.1 Constituency Development Fund

From the FGD, and the questionnaires, the residents said that were not aware of the fund. However, during the FGD, CDF was singled out as one of the poorly managed

government services as the community is not well represented in its management and project identification. In addition, some of the youth and women groups have been beneficiaries of the fund. Other sectors that were mentioned that has benefited from the fund includes education- Ndaragwa primary school hall, and a school for the disabled.

4.2.2 Local Authority Transfer Fund

The community was not aware of any pro-poor initiatives under LATF.

4.2.3 Women Enterprises Fund

The residents were not aware of any other pro-poor initiatives for women.

4.2.4 Youth Enterprises Development Fund

The residents were not aware of any other pro-poor initiatives. The intended beneficiaries – the youth – said "*hiyohaifikihapakwetu*". However, the area chief said that the funds are there but when the youth are requested to apply for it, they decline since they are afraid of repayment

CHAPTER FIVE: CROSS CUTTING AREAS & OTHER EMERGING ISSUES

5.1 HIV & AIDS

HIV/AIDS continues to pose a major challenge to all sectors of the economy and is affecting the development programmes in the county. According to Nyandarua CIDP, HIV/AIDS prevalence rate in Nyandarua County is 4.6 per cent. Though the government has initiated programmes and interventions aimed at curbing the spread of new HIV infections and improving the quality of life of those infected and affected, the disease remains a challenge. The main causes of the spread of HIV/AIDS in the county include: unsafe sexual behavior, drug abuse especially drinking of illicit brews, peer pressure, family breakdowns and mothers to child transmissions.

The residents of the cluster indicated that they have not benefitted from any programme targeting HIV/AIDS.

5.2 Persons with Disability

The cluster residents indicated that there are two persons with disability and that there were no services for them in the cluster. The nearest school for the physically challenged is 4 km away at MairoInya. These persons were registered in 2009 but so far no benefits/support has been received. The cluster does not also benefit from the programme under the orphans and vulnerable children.

5.3 Gender

Most of the households are headed by the man. However, a few of them are headed by women who are single, divorced, separated or widowed.

The family planning method commonly used is pills. Implants and injections methods are expensive hence aren't commonly used. Women are the key decision makers on family planning matters.

Decisions on how to make and spend money are made by both the man and the woman. On the other hand, men own the assets in the households.

CHAPTER SIX: RECOMMENDATIONS AND CONCLUSIONS

6.1 Recommendations

- The participants requested for the construction of permanent houses for police officers and an increase in their number. One of the participants recommended that they do community policing as a way of combating insecurity. In addition, they requested the government to carry out disarmament action on the pastoralists living around them.
- To increase water supply, one of the key informant suggested that the government should help in digging dams. Moreover, they should assist in the completion of the ongoing Kinadora water project which entails having piped water in the households.
- The participants suggested the government should subsidize the amount of money required to install electricity in the households.
- The health services provided are expensive and unaffordable. They therefore asked the government to subsidize the charges. In addition, they requested for the construction of a general ward.
- The government should employ more teachers including nursery school teachers. The youth suggested the construction of a polytechnic and recreation facilities including a library. They also asked for the construction of additional classrooms.
- The participants requested the government to reduce the prices of farm inputs such as fertilizers. Furthermore, they asked for the farm produce to be regulated to avoid exploitation by middlemen.
- The roads in the area are impassable hence hindering transport. They recommended the rehabilitation of roads.
- The residents indicated that they would like to see the outcome of the study and the benefits accruing from it. It was stated that they normally get so many teams using the cluster as a study area yet they never see the reports of the survey nor do they receive any benefits like new programmes being initiated or existing services being improved. The area Chief urged the Government to initiate some projects in the cluster using the existing devolved funds so that the community can see the impact of the various studies that have been undertaken in the cluster.

6.2 Conclusion

The major causes of poverty were water shortage, unemployment, insecurity, poor roads, and expensive health and education services. The impacts of poverty were felt by the whole family, men, women and children.

There seems to be a lack of knowledge on some of the government driven initiatives in the various sector such as Family Planning and HIV/AIDs prevention in health, access of devolved funds such as YEDF, WEDF and UWEZO fund. Further the community seems not to be aware of the pro-poor initiatives on safety nets programmes.

CLOSING STATEMENTS

Nyandarua County is highly pegged with poverty and this limits its progress economically. The residents noted that poverty has increased for the last ten years. Inflation has hiked the prices of goods and services nationwide lowering living standards of majority of the residents. Most members of the community are highly dependent on farming as a source of livelihood especially on a subsistence level. Therefore over the past ten year the increased inadequacy of reliable rainfall has led to increased water shortage and therefore collapse of agricultural projects like the pyrethrum program. Dairy society that used to produce milk has also since collapsed due to exit of investment societies and negative weather changes. Sub-division of farms into very small lots has made agriculture uneconomical further increasing poverty and death of the agriculture sector.

APPENDICES

Appendice 1: Programmes in order of Priority ranking to address identified Problems

	Water	Security	Road	Polytechnic	Health services	Electricity	ECD	Cattle Dip	Library	School for PWD	Score
Water	W	W	W	W	W	W	W	W	W	w	9
Security	S	S	S	S	S	S	S	S	S	S	8
Road	R	R	R	R	R	R	R	R	R	R	7
Poly	P	P	P	H	E	ECD	Poly	Poly	Poly	Poly	3
Health Services	H	H	H	H	H	H	H	H	H	H	6
Electricity	E	E	E	E	E	E	ECD	E	E	E	4
ECD	E	E	E	E	E	E	E	ECD	ECD	ECD	5
Cattle Dip	C	C	C	C	C	C	C	C	CD	CD	2
Library	L	L	L	L	L	L	L	L	L	LB	1
School for PWD	S	S	S	S	S	S	S	S	S	S	0

Appendice 2: Property Ownership

Property	Men	Women	Youth
Livestock	√	√	
Land	√	√	
House	√	√	
Household Items		√	
Clothing	√	√	√

Beddings	√	√	√
Radio	√	√	√
Mobile Phone	√	√	√

Appendices 3: Role Analysis by Gender

Time	Activity	Men	Women
5.00 am-7.30am	Waking Up	Prayers/Shower;	-House cleaning; -Make Breakfast; -Prepare Children for school;
7.30-5.00p.m	Go out of homestead	-Business; -Fishing; -Farming; Casual labour; -Social gathering.	-House core duties; -Business; -farming (family farm); -Take care of animals; -Prepare for supper.

Appendices 4: Seasonal Calendar for Ndogino B Cluster

Sunny and Hot Season; Threshing of maize; Land ploughing; Childr	Sunny and Hot Season; Land planting; Little rains; Most families sell their	Low rains; Casual jobs available;	More rainfall; Planting; Little grass; Low milk production; Easter season;	Weeding; Rainy; More food; Children open school; Need for scho	Some rains; Enough Food; Casual jobs	Harvest of beans, potatoes & peas; Chicken diseases; Vegetables in	Closing schools; Potato planting;	Rainy and cold; Low income; Reopening of schools; Drought	Low Labour; Weeding Potatoes; Hot & Sunny; Availability of maize	Schools close; Harvesting; Cold & Sunny	December Celebrations; Family visits
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en Start academ ic year; Most fami lies sell their livest ock to met their obliga tion	livest ock to met their obliga tion		School s close;	ol fees;		plenty ; Plenty food;						
Jan	Feb	Mar	Apr	Ma y	Ju n	Jul	Au g	Sep	Oct	Nov	Dec	