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**THE PRESIDENCY  
MINISTRY OF DEVOLUTION AND PLANNING**

**PARTICIPATORY POVERTY ASSESSMENT V**

**NYERI COUNTY SITE REPORT**

**ST THOMAS CLUSTER**

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**Towards a Globally Competitive and Prosperous Kenya**

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## **FOREWORD**

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

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 for capture of voices of the poor in the communities with special focus on 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.

This study found out that level of poverty from community perspective has been rising despite various pro-poor initiatives undertaken by the government over the years. It is worthy to note many at the clusters visited did not understand how the pro-poor initiatives operate. On Cross-cutting issues such as HIV/AIDS, drug and substance abuse, gender disparity on property ownership degradation and poor governance on devolved funds and pro-poor initiatives were reported to be on the rise.

These findings from the study will be used as lessons learnt. 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 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 5<sup>th</sup> National Participatory Poverty Assessment (PPAV) Report whose findings have been published simultaneously with the 47 County Reports.

Foremost, I take this opportunity to sincerely thank and acknowledge all individuals and institutions who collectively contributed their time and resources towards the production of this Report. In particular, valuable leadership and policy guidance was provided by Stephen Wainaina, the Economic Planning Secretary and Moses Ogolla, the Director Social & Governance Directorate. The Directorate of S&G provided the secretariat that was charged with the responsibility of undertaking the exercise and finally the production of both the National Report and the County specific Reports covering the 47 Counties,

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**Engineer Mangiti**  
**Principal Secretary**

## **LIST OF ABBREVIATIONS AND ACRONYMS**

AMREF	Africa Medical Research Foundation
CBOs	Community Based organizations
CDF	Constituencies Development Fund
CHW	Community Health Worker
CT	Cash Transfers
ECDE	Early Childhood Development Education
ESP	Economic Stimulus Programme
FBOs	Faith Based organizations
FGD	Focused Group Discussion
FPE	Free Primary Education
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KESP	Kenya Education Support Programme
KIHBS	Kenya Integrated Household Budget Survey
KKV	Kazi Kwa Vijana
LATF	Local Authorities Trust Fund
MDG	Millennium Development Goals
NACC	National Aids Control Council

NASSEP	National Sample Survey and Evaluation Programme
NCPB	National Cereals and Produce Board
NGO	Non-Governmental Organizations
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PEC	Poverty Eradication Commission
PPA	Participatory Poverty Assessment
PWDs	Persons with Disabilities
RAs	Research Assistants
STI	Sexually Committed Infections
TOWA	Total War against AIDs programme
VCT	Voluntary Counselling and Testing
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

## **Executive Summary**

The population of Nyeri County was recorded at 693,558 persons according to 2009 Population and Household Census, the total county population was projected at 704,013 in 2012. The population is projected to increase to 714, 627 in 2015 and 721791 in 2017. The county has a total fertility rate of 3.8 per cent which is slightly higher than the national rate of 2.6 Per cent.

In 2012, the Ministry of Devolution and Planning conducted the fifth Participatory Poverty Assessment (PPA V). The study aimed at gaining 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. This was meant to broaden the process through which policies are developed by engaging ordinary citizens in real debates to come up with the best ways of reducing poverty. It also aimed at identifying and prioritizing policies, strategies, programmes and projects which would support poor communities improve their wellbeing, focusing on pro-poor initiatives.

This study used PPA tools and instruments including semi-structured oral interview questionnaires, Focused Group Discussions (FGDs), key informant interviews and observations. In Nyeri County, the study was conducted in Nyeri South St. Thomas sub-location, St. Thomas community as the respondents.

The findings indicate that poverty has been of a major challenge in the county. However, attempts have been made by the government and other development partners to address this problem through the introduction of various interventions in the various sub-sectors. Programmes/projects which are pro-poor have had a great impact on poverty levels. It is worth noting that poverty affects the living standards of the locals.

The findings further indicated that, the bulk of the poor is found in rural areas. The most affected categories of persons are mainly the disabled, women headed households, slum dwellers, the landless, the aged, the OVCs and unemployed youth. It has also been observed that prevalence of poverty is closely linked to access to health services, water and sanitation, education and agricultural inputs.

To mitigate this situation, there is need to construct/rehabilitate infrastructure facilities in the county, most to roads to all weather status. There is also the need to sensitize community members on the availability of devolved funds and other services. This further calls for the need to capacity build youths on entrepreneurial skills, on co-ordination and participatory monitoring and evaluation of government programmes/ projects. Together with this, efforts should be made to construct/rehabilitate and equip health centres, provide treated nets/ or and water treatment tabs to communities. On education, there is need to employ more qualified teachers to mitigate on shortage, introduce school feeding programmes to increase retention rates and rein on scrupulous teachers who impose illegal levies in schools thus hindering access to education. Under agriculture, there is

need to provide extension services to the community, in addition to provision of adequate and subsidized farm inputs to spur agricultural growth. The government should further create awareness on water harvesting and conservation. Due to the ever increasing cost of living, there is need to increase the amount of given under the cash transfer programme and the coverage to meet the basic needs. To enhance public participation as enshrined in the constitution, there is need to involve the community in making decisions affecting them when it comes to selection of the beneficiaries of government programmes/projects.

## **CHAPTER ONE: INTRODUCTION**

### **1.1 Background**

Participatory Poverty Assessment (PPA) is a mechanism through which identified communities give their own definition and understanding of poverty based on their own discourse. Hence PPAs are aimed at understanding poverty from the perspectives of poor people including gaining a clearer notion of what their priorities are for improving their livelihoods. There is need to conduct regular PPAs in order to inform policy makers on decision making process regarding various interventions that help to get the poor out of poverty. Participatory approaches add value in policy formulation and planning by enriching understanding of the realities of poverty and formulation of policies which address the plight of the poor. They increase the confidence and 'voice' of the poor while also acting as a learning process for the non poor and often resulting in the creation of new networks. In addition, participatory approaches influence the images of poverty and public debate.

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

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

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

The first Participatory Poverty Study was carried out in 1994, and covered 8 districts (seven of the poorest districts and two low income areas in Nairobi). Its objectives were to understand poverty from the perspective of the poor and those providing service to the poor and start a process of dialogue between policy makers, district level service providers and the poor.

The second PPA was carried out in 1996 and covered 7 districts with the purpose of providing a deeper understanding of poverty from the perspective of the poor and fills the gaps quantitative studies could not readily explain.

The third PPA was carried out in 2001 and covered 10 districts with the objective of enriching the information collected country-wide for the preparation of the Poverty Reduction Strategy Paper (PRSP).

The fourth PPA was conducted in 2005/06 alongside Kenya Integrated Household Budget Survey (KIHBS). The two were meant to complement each other and focused on three main policy areas;

poverty diagnosis and dynamics; pro-poor policies regarding service delivery and wellbeing; and voices of the poor among the communities which included analysis of the impact of the various policies on the poor.

The Fifth Participatory Poverty Assessment will mainly focus on the impact of the various pro-poor policies, strategies, programs and projects aimed at reducing poverty and improving welfare.

## **1.2 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) will focus on two main areas:

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

More specifically, the participatory study 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.

## **1.3 County/Cluster profile**

Nyeri County is located in Central Kenya, bordering Laikipia to the North, Meru to the North East, Kirinyaga to the East, Muranga to the South, and Nyandarua counties to the West with an estimated area of 3,337.1Km<sup>2</sup>. Its annual mean temperatures range from a minimum of 12°C to a maximum of 27°C, with rainfall amounts of between 550mm and 1,500mm per annum.

The road network consists of bitumen surface, gravel surface, and earth surface. The population size is 693,558 (Male – 49 %, Female – 51 %) with a population density of 208 people per Km<sup>2</sup> which

translates into 1.8 % of the national total and increasing at an average annual rate of 0.8%. There are an estimated 201,703 households within the county.

The county capital is Nyeri town There are six electoral constituencies (2010) within the county namely; Tetu, Kieni, Mathira, Othaya, Mukurweini and Nyeri Town with six Districts (2009); Kieni East, Kieni West, Mukurweini, Nyeri East, Central and Nyeri South.

The Nyeri County poverty index is recorded at 32.7% against a national average of 46.0% with dependency ratio of 100:86. Major natural resources in the area include indigenous forests, Wildlife, Minerals (Stone, Sand, and Kaolin), Livestock, Pasture, Water, and Medicinal Plants.

There are ten commercial Banks and three Micro-Finance institutions offering varied financial intermediation in the county. The main economic activities are centered on agriculture and light industries in Tea, Coffee, Dairy Farming, Milk Processing and Maize Milling.

As per 2007 data, the county had 584 primary schools, 194 secondary schools, 2 Universities, 3 Satellite Campuses, 2 Medical Training Colleges, 2 Teacher Training Colleges, Several Youth Polytechnics and more than 18 Commercial Colleges. Primary school enrolment was 145,906, secondary school enrolment 47,524 and Adult Literacy Classes Enrolment (Over 6,500 – Central Province). Teacher to pupil ratio in public schools 1:35 in primary schools and 1:25 in secondary schools.

The County has a total of 340 health facilities. Provincial General Hospital (1), District Hospital (1), Sub-District Hospitals (3), Dispensaries (109), Health Centers (13), Medical Clinics (182), Nursing Homes (3), Maternity Homes (2), Radiology Units (3), Dental Clinics (7), Eye Centre (1), Other (15) with a doctor to population Ratio of 1:29.000. Infant Mortality Rates and Under Five Mortality Rates are 27/1000 and 34/1000 respectively. Notable Prevalent Diseases are Malaria, Urinary Tract Infections, and Skin Diseases.

## **1.4 Methodology**

### **1.4.1 Selection of the cluster**

For the purpose of collecting information, forty seven counties were selected to represent the country. One cluster was selected from each of the counties selected for the detailed study in which all specially designed participatory assessment tools were implemented. In all the clusters, a household survey was undertaken and a household questionnaire administered to about 15 households, especially those benefiting from the cash transfer programme. This selection of the cluster was done using two stage purposive sampling that super-imposed on agro-ecological zones to cover common characteristics across similar zones. The aim was to capture as much variation as possible among the poor communities in a given County. The 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.

### **1.4.2 Process, study instrument and field work**

This study used PPA tools and instruments including semi-structured oral interview questionnaires, focus group discussions, key informant interviews and observations. Specific tools which were used included resource mapping, wealth ranking, Venn/chapatti diagrams and pair wise ranking. The Village Resource Map was introduced before the introduction of other PPA tools, 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 RAs administered the tools/instruments under the guidance of the supervisors to ensure quality of the data collected. The data collection process was similar for all selected sample sites as well as the format for data recording and analysis. This standardization was critical for overall data analysis and report writing.

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

### **1.4.3 Field Logistics**

The PPA-V study was conducted between November and December 2012. 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 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 Kazi Kwa Vijana (KKV).

In preparation for the Survey, 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 two days. Out of the applicants who were interviewed, six (6) research assistants per county were selected to assist in data collection in that specific county.

The training for researchers ran for five (5) days and data collection and report writing was done in four (4) days. During the training, RAs were taken through the introduction to Participatory Poverty Assessment and methodologies, guiding principles for participatory data collection and the data collection instruments.

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

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

### **1.5 Report organization**

This report therefore presents the PPA V survey findings. The report is divided into five (6) chapters including chapter one (1) which covers introduction. Chapter two (2) highlights the survey findings on poverty diagnostics while chapter three (3) presents findings on provision of services in the selected policy areas (health care, basic education, agricultural services and inputs, water and sanitation and housing). Chapter four (4) covers the findings other pro-poor initiatives (policies and programmes) such as Cash Transfers (CT), Kazi Kwa Vijana (KKV), Roads 2000, devolved funds such as CDF, Women Enterprise Fund (WEF), Youth Enterprise Development Fund (YEDF) e.t.c and any other pro-poor interventions. Chapter five (5) covers cross-cutting and emerging issues while chapter (6) outlines the conclusions, lessons learnt and recommendations

### **1.6 Study limitations**

A major limitation in PPAs design is the fact that they are not designed to collect quantitative information and therefore the quantitative data collected during the study is not representative of the country or even the district level, although the qualitative data could be representative of the sampled clusters.

## CHAPTER TWO: POVERTY DYNAMICS AND INDICATORS

### 2.0 Introduction

Kenya recorded an impressive economic growth rates in the past ten years. However, this growth was adversely affected by the post election violence of 2007/08, high commodity prices and increased global oil prices. Despite the impressive growth rate, poverty still remains a challenge, inequality has continued to increase. There have been insufficient job opportunities for the youth. To make development more inclusive and equitable, the government has rolled down interventions programmes to improve service delivery to the poor and vulnerable groups and eradicate poverty. Some of these interventions include; funds that target Persons with Disabilities (PWDs), women, the youth and Cash Transfer (CT) for the elderly and Orphans and Vulnerable Children (OVC), among others.

The main objective of the survey was to assess the impact of various government pro-poor initiatives and getting the voices of the people themselves, get their understanding of the programs and their suggestions for improvement.

### 2.1 Definition of poverty

According to the people of St. Thomas cluster in Nyeri-South District, poverty is referred to as *Thina* which refers to a state of being landless, living in rented housing, cannot own houses and your children go to public schools. But according to the district development officer poverty is the inability to meet basic needs that is food, housing, education, clothing and health care.

### 2.2 Classification of poverty

The community classified poverty into three categories;

- i. *Muthini biu* – very poor
- ii. *Muthini* – poor and
- iii. *Gitonga* - rich.

These were classified according to the type of housing, education, source of finances, types of farming, and living standards. In each proportion it was estimated that the rich represents an average of 1 percent, the poor 60 percent and the very poor at 29 percent.

### 2.3 characteristics of poverty

#### (a) Very poor (*Muthini biu*)

According to the community, this category of people does not practice cash crop farming due to lack of money or land, they operate in illegal groups, and live in semi-permanent houses i.e. Tin made houses, wooden houses and others in rented houses. They participate in subsistence farming with small pieces of land (1/2 acre), and are infected by jiggers. They live a hand to mouth life to survive as they cannot afford two meals per day and as such are unable to take balanced diets. They heavily depend on interventions from the government for instance bursaries for education and grants for the poor.

Their children attend public schools which offer free education in primary school and subsidized secondary education. They are given bursaries from CDF and Ministry of Education. They get clothes from well wishers and at time they buy "mitumba". In most cases they have a large number of children.

### **(b) Poor/Middle Class (*Muthini*)**

These are people who are employed and pay taxes. They include teachers, and doctors. They live in rental houses that cost an average of Kshs. 4,000. Those who own land practice agriculture. Some of these people live in permanent houses that are stoned build. Their children attend public schools and at times private schools. They however can manager without intervention from the government.

### **(c) Rich class (*Gitonga*)**

This category owns large tracts of land in Nyeri South District. Most tarmac roads lead to their residents. They have houses both in the sub county and in other cities in the country. Their children do not go to school in the county but attend prestigious schools in the other parts of the country. They are mostly involved in decision making in the county. Remarkably, they have fewer children.

## **2.4 Categorization Poverty**

These were categorized according to the type of housing, education, source of finances, types of farming, and living standards. In each proportion, it was estimated that the rich represents an average of 1 percent, the poor 60 percent and the very poor 29 percent.

## **2.5 Causes of Poverty**

According to the community, most people perform manual jobs. For instance, they are involved in tea picking and their daily wage is between Kshs. 150 to 200 per day or Kshs. 10 per kilogram.

Most people live in rented houses. They are not able to save because they earn wages. They use all the money for survival- from hand to mouth. The community complained of discriminative determination of beneficiaries in about all government interventions including bursaries, women's fund, and CT for OVCs and PWOs. They also cited council harassment especially when starting a new business. This has made it very hard for the residents to conduct small scale businesses.

The following were identified as the causes of poverty in the community.

### **Men**

- Failure to diversify the economic activities;  
Many people practice cash crop farming especially coffee and tea. Most of the land is used for production of the two crops and nothing is left for subsistence farming;
- Rigidity to change leading to failure to adopt new farming methods and technologies;
- Misuse of family resources; when payments from the cash crop are disbursed, most men, who are the heads of the families, squander the money on alcohol;
- Lack of resources: Most men lack capital to start small businesses that can sustain their families;

- Lack of jobs: This is especially for persons who cannot continue their education to secondary schools due financial problems; and
- Lack of land: One cannot engage in farming activities for commercial purposes.

### **Women**

- Limited control of family resources; Nyeri county is patriarchal society and assets are accessed by men. It is very hard for women to access resources. For example, women are allowed to pick tea leaves but the payments are disbursed to the men.

### **Youth**

- Volatility: Youth cannot be relied on. This is because they have proven to be unfocused and not serious when it comes to decision making. They also live one day at a time and do not save for their future.
- Disillusionment: The youth mainly look for white collar jobs. They cannot participate in manual jobs.
- Financial resources a challenge: Youth funds that are given by banks have stringent conditions that cannot be met by many young people. They are also easily influenced by politics.
- Not visionary: The Youth have no predefined way of spending the funds they get from the government. They end up using the money on alcohol.

Unless there is dramatic change among this category of the population, the youth will remain miserably poor

### **People living with disability**

- Hostility: PLWD have a negative attitude towards everyone in the society. They shy away from the society;
- Inaccessibility of funds: There was a feeling that disability funds are centralized in Nairobi, acting as hindrance for the beneficiaries to access them on the ground.
- Stigma: The PWDs outraces themselves from the society due to negative attitude
- Lack of skills: The PWDs lack skills which they can use to make meaningful living.

### **Orphans and vulnerable children**

- Lack of education: The OVCs lack education due to lack of funding. They are locked out of skilled jobs.
- Misuse of the funds: When the cash transfers are received, care givers embezzle the funds and hence do not benefit the orphaned and vulnerable children.
- Child labour: They are stigmatized, exploited and forced to perform dangerous chores with little or no pay.

## **2.6 Impact of Poverty**

### **Men**

Poverty has had a couple of impact of poverty on them such as:

- Stress due to poverty;
- Neglect their families;
- Increased cases of suicide;

- Drinking of alcohol;
- Doing manual work to earn a living;
- Family break up;
- Living on only one meal per day; and
- Get credit from friends since they cannot access loans from the commercial banks.

### **Women**

- They end-up in prostitution to make a living;
- Many cases of single-parenthood due to breaking up of families;
- Stress due to poverty; and.
- Family break up.

### **PWDs**

- Neglect from the society for instance they lack clothing;
- Low self esteem; and
- Malnutrition due to lack of balanced diet.

### **OVCS**

- Recruited into child labor;
- Increased school dropout; and
- increased malnutrition.

## **2.7 Copping mechanism**

Some of the coping mechanisms given by the community include:-

### **Men**

- Indulgence in drinking alcohol;
- Engagement in criminal activities; and
- Doing manual work to support their families.

### **Women**

- Performing manual work to support their families; and
- Some engage in prostitution;

### **Orphans**

Employed and paid small amounts.

### **The disabled**

They lack skills, and end up relying on relatives for day to day needs.

## **2.8 Asset ownership, access and decision making in the household**

Major assets identified in the households include;

Car, Bicycles, Farm equipments and tools, Electronics, Utensils, Chicken and Land

Men own land, cars, bicycles, farm equipment and tools, and electronics. These items have the most monetary value. Thus men considered important in society while women are entrusted with utensils and chicken which are of less value. However, in some households there must be consultation before the sale of any asset.

## **2.9 Poverty and gender**

Men tend to control most valuable assets in the households and have more rights to their usage than women. The implication is that women are more affected by poverty than men since they cannot dispose of any asset to meet the needs of the family.

## **2.10 Poverty trends over time**

The community was of the opinion that over the last 10 years poverty has gone down. This is because of the various interventions that have been introduced in county. Such interventions are:

### **Bursaries**

These are issued by the CDF for educating poor people in the society. To ensure that the right candidates receive this money, the provincial administration is involved in the identification of the needy cases.

### **Cash transfer programs**

This helps the orphaned and vulnerable children, elderly, and severely disabled.

### **Road 2000**

This is a programme that is implemented by the Government in collaboration with the French Government to improve the road network. It is also involved in the creation of HIV/AIDS awareness in Nyeri South District.

### **ESP (Fresh Produce Market)**

This is a project initiated by the Government of Kenya to build a fresh produce market.

### **Kazi kwa Vijana**

These are projects under the Ministry of Youth initiated by the Government. The programme started in 2010. It involved the youth between 18-35 years. The youths are paid kshs.250 per day.

### **District Poverty Eradication Committee**

This committee issue money to the poor people to implement projects that can bring services close to the people as well as reduce poverty.

### **Quick wins under MDG**

This is a UN initiated programs where by people in Nyeri South District are encouraged to keep goats which are more profitable. People have migrated out of informal settlement which is a major indicator that poverty levels have been reducing over the 10 years.

Other services that have improved in the district include; access to health services and increased electrification in the district. Averagely 93% of Nyeri South District is electrified.

### **2.11 Interventions targeting the poor in the community**

According to the community there are a number of interventions that targeting the poor in the community, this include;

#### **CDF Bursary**

A couple of children have benefitted from the CDF bursary. Each gets Kshs. 5,000 per year.

#### **Women Fund**

Women who are in groups have been given kshs. 50,000 to start their own projects.

#### **Wings to fly programme**

Is a scholarship programme from Equity Bank given to brilliant and well performing children in schools.

### **2.12 Recommendations**

The community recommended the following:

- The community requested for trainings on financial and project management courses;
- Requested on reduction of interest rates so as to access affordable credit;
- The government should ensure that there is constant supply of medicine in hospitals;
- The government should look into giving land to the landless;
- There should be a review of the county government laws. The county government should be considerate to the poor with rates;
- People should be educated on irrigation methods which are suitable to be used in the region; and
- Men proposed that there should be an introduction of men fund.

## **CHAPTER THREE: FINDING ON PROVISION OF GOVERNMENT SERVICES**

### **3.1 HEALTH CARE**

#### **3.1.1 Introduction**

The PPA V study aimed at generating information on availability of health facilities, where they are located, how the facilities are managed, awareness of the kind of services offered, affordability and other health interventions which have led to improvement in health standards of the community. It also sought to establish the trend of health services for the past ten (10) years and recommendations for improvement.

The health services that are offered include:

- ART (Anti Retroviral Therapy);
- Maternity services;
- Curative services;
- Immunization (for under five and pregnant mothers);
- Counseling; and
- Family planning, among others.

#### **3.1.2 Major Health concerns in the community**

The major health concerns according to the community include:

- High blood pressure;
- Typhoid;
- Diabetes;
- Malaria;
- Respiratory diseases; and
- HIV/Aids.

However, lifestyle diseases such as diabetes, hypertension, skin disease and eye problems and jiggers in some parts seemed to be on the rise.

#### **3.1.3 Provision of Health services (access, affordability and availability)**

The community indicated that health services are offered by both the government, private sector and faith based organization but no facility was within their area. The nearest health centre according to them was 2km away. They also said that the health facilities were very expensive and that they had no drugs. The nearest health centre, according to them, was the Othaya Sub-county hospital. The services offered are curative.

They also complained that doctors recommend continuation of medication despite worsening of the conditions. Other services offered include:

- (i) Maternity services which has improved since there are few homebirths. However, according to them they pay Kshs. 3,000 which is very expensive to them. The maternity services are offered mostly at Othaya sub county hospital;

- (ii) There is free treatment for the under-fives available but most drugs are not available. They also complained that there was no testing in the hospital;
- (iii) Immunization services are provided for the under-five free of charge;
- (iv) Deworming is provided for pregnant mothers and children free of charge; and
- (v) Family planning services are subsidized.

### **3.1.4 Interventions towards health services in the community**

Some of the health interventions to improve health standards include:

- ❖ Holding or conducting health camps by stakeholders for example;
  - Kamoko Health Centre in March for cancer screening and
  - Othaya stadium in November to sensitize the public on diabetes Mellitus;
- ❖ Increasing the number of health centers and dispensaries;
- ❖ Subsidizing health services and drugs;
- ❖ Educate people through the media on symptoms and care of diseases;
- ❖ Sending health messages through the SMS, for example, on measles camps;
- ❖ Disease surveillance officers. This is ongoing for tetanus; and
- ❖ Increasing the number of clinical officers, health officers, nurses, nutritionists, medical officers to improve health care services.

The government has ensured that there are community health workers who check cleanliness and availability of sanitation facilities. They have also been there to fight jigger infestation on people.

### **3.1.5 Decision making on health issues in the family/community**

According to the community, decisions on health issues are solely left to the mother since according to society, they are the ones who deliver and therefore they should manage the size of the family.

In very few cases couples make decisions together on family planning. This is mostly when there are major cases which needs attention of both parents. However, mothers were of the opinion that men take too much alcohol and so there is no need for family planning since they do not perform in bed. Some also do not do family planning since most of them are divorcees.

### **3.1.6 Ideal family size among the household in the community**

According to the community, ideal family size is four however they noted that one could have as many children as he can support. They further noted that some people have large families because of their preference on certain sexes. Some have large families because of cultural beliefs on large family. However, they indicated that the average family size was two to four children, although others felt that one could have as many children as possible depending on their ability to provide for them.

### **3.1.7 Relation between household size and poverty**

According to the community, the size of the family affects the poverty status. They noted that when the family is large, the size of land is divided into small pieces, thus affecting the family resources negatively. According to the community poverty leads to poor health due to poor eating habits. They further noted that most large families are more vulnerable than those with small families.

### **3.1. 8 access and decision making on family planning**

According to the community, there has been a lot of awareness on family planning services. Turn out to receive family planning services has been good.

A lot of counseling is being done at the health centre's and dispensaries on various family planning methods and their effects. The various methods include: LAM, IUD, Condoms (both male and female); Pills, and Monthly injection.

Family planning services are available and subsidized.

### **3.1.9 Opinion on status of health services over time**

According to the community, there has been improvement on health services in the county. According to them, the morale for health workers has improved; there has been improved drug circulation and reduced cost in accessing the drugs. Other services include free cancer screening services, increased health centers, decrease in stigma for people living with HIV/AIDS, increased provision of ART services, improved counseling services and nutritional support and increased awareness on health issues/matters.

### **3.1.10 Emerging Issues**

The following was identified as the major emerging issues:

- i. Cervical, breast and prostate cancers are on the rise and yet the community is not aware;
- ii. Access to treatment for cancers is limited, that is, screening at medical camps; and
- iii. There has been low awareness of non-communicable diseases for example cancer.

### **3.11 Conclusion and Recommendation for Improvement**

The community gave the following recommendations:

- Need for screening before they are given drugs, and
- The government should ensure that there is regular supply of drugs to the hospitals.

## **3.2 BASIC EDUCATION**

### **3.2.1 Introduction**

The PPA V study aimed at generating information on availability of education facilities, where they are located, management of the facilities, awareness of the education programmes, affordability and other education interventions which have led to improvement in the education standards of the community. It also sought to establish the trend of education services for the past ten (10) years and recommendations for improvement.

According to Nyeri County Integrated Development Profile (CIDP), the county has 622 ECD centres, 361 are public, 250 are private, five are run by local authorities and six are run by religious organizations. The teacher/pupil ratio is 1:25. The enrolment in 2012 was 27,584.

In the year 2012, the county had 542 primary schools (private and public) with a total enrolment of 145,732 comprising 74,210 boys and 71,522 girls. The teacher/pupil ratio is 1:32. The completion, retention, and transition rates are 89.4 per cent, 91 per cent and 87.1 per cent respectively.

Secondary schools in the county were 204 (most of them being public), with a total enrolment of 30,380 boys and 30,984 girls. The teacher/pupil ratio is 1:26. The completion and transition rates are 86.2 per cent and 89 per cent respectively.

There is one university, five university affiliates, two technical training institutes, three teachers' training colleges, five medical training colleges and 32 youth polytechnics. The adult education classes stand at 303 with an enrolment of 677 males and 2,011 females. Nyeri South District has a total of fifty-five (55) public primary schools and one (1) under the Ministry of Gender, Children and Social Development and 34 secondary schools. There are also private colleges and technical schools. All the schools are accessible and have good structures. Within the cluster, there are two public schools, Munaini Primary School and Kihugiru Primary School, which serve the community. The community enjoys free primary education and subsidized secondary education.

### **3.2.2 Status of education facilities in the cluster/county**

The Education facilities are in good condition since there are funds to improve and maintain the facilities. The constituency fund monies are used to maintain the facilities. The monies are further used to buy materials required for maintenance.

### **3.2.3 Provision of educational services**

The Government is the main provider of education in the county. There are 55 primary schools in Nyeri South District. There are also private schools owned by individuals.

### **3.2.4 Status of education services**

According to the District education officer and the community, the level of education in Nyeri South district in the last ten years has improved compared to previous years. During 2012 the district secondary schools mean score was 5.6 and 256 for primary schools. Retention rates have improved averaging at 99%. Transition from primary to secondary has also improved over the years

### **3.2.5 Interventions towards improvement of education status in the community**

The community noted that there are a number of interventions towards improvement of education in the region. Some of these include; bursaries, CDF, LATF, free primary education, Economic Stimulus Programme, NGOs which give water tanks to schools, School feeding programmes like Munaini Primary school, and wings to fly programme sponsored by Equity bank.

### **3.2.6 Relationship between education and poverty**

The community noted that poverty is related to education in that most poor families are not able to provide for their children with books and other learning materials. They also said that most children from poor families do not go to high school due to financial constrains. This reduces their chances of getting good jobs, denying them incomes.

### **3.2.7 Opinion of status education over time**

The community noted that over the last ten years, education standards have improved greatly. This was evidenced on the retention levels as well as transition rates from primary to secondary schools. Overall performance also improved over the years.

### **3.2.8 Conclusions and recommendations for improvement**

The following are some of the recommendation given by the community:

- The government should employ more teachers due to increased enrollment;
- The government to help the vulnerable groups by offsetting their school fees;
- The government should increase money allocated for subsidized secondary school to meet the increased demands of secondary education; and
- The government should make follow up on funds to ensure that they are used on the intended purpose to avoid misappropriation.

### **3.3 AGRICULTURAL SERVICES**

#### **3.3.1 Introduction**

In Nyeri South District agriculture is the main economic activity. Main cash crops are tea and coffee. Food crops are mainly grown for subsistence purposes.

#### **3.3.2 Status of Provision of Agricultural Services and inputs**

According to the community, agricultural activities are provided by both the government and the private sector. The government works through the Sub County Agricultural Officer. However, the community noted that these services are normally available during emergencies.

#### **3.3.3 Intervention towards improvement of Agricultural standards in the community.**

Some of the interventions to improve agricultural services include:

- a) National Agriculture Accelerated Input Programme (NAAIP) in Nyeri South District. NAAIP has been involved in giving farmers fertilizers in order to increase their crops yield.
- b) The National Agricultural and Livestock Extension Programme (NALEP) – this programme is mainly involved in capacity building on various agricultural activities which include fishing and livestock.
- c) Njaa Marufuku Kenya. In this programme, farmers are required to form groups. After formation of the groups, they are given a grant to upscale agricultural activities. The grant for livestock per group is Kshs. 150,000 while the one for crops is Kshs. 120,000.
- d) Natural Resource Management. This program is funded by both the government and donors. Farmer Groups are required to raise 30% of the investment funds while the programme provides a grant of 70 percent.
- e) Banana production project. This project is funded by USAID. It focuses mainly on banana production in the sub county. There is a policy of planting one banana and get another banana plant free.
- f) Kenya Agricultural Productivity. This programme ended in the year 2010. Its main focus is in value addition of the agricultural activities in the sub county. This includes the financing of farmers like in Maluga where there was training on tissue culture banana production.
- g) KAPPA – The project focuses on value addition, marketing and production. It mainly involved in Irish potato production, rabbit production and dairy and coffee production.

#### **3.3.4 Target group for Agricultural services**

The projects and interventions by the government target all members in society, both crop and livestock farmers.

### **3.3.5 Relation between agriculture and Poverty**

The community noted that poverty levels are affected by agriculture. They noted that when the prices of farm inputs are high, they are not able to access them and their yield is reduced significantly. They also noted that when their crop fails, they suffer from reduced incomes hence become food insecure.

### **3.3.6 Status of Agricultural Services Over Time**

The community noted that there has been considerable improvement in the last 10 years due to agricultural services being readily available. Also there has been more awareness in society regarding agricultural services from the government and other stakeholders.

### **3.3.8 Challenges**

The few challenges that the community is encountering include:

- Coffee does not give farmers much return. This is because coffee is not paid regularly, thus not helping farmers;
- Tea though considered profitable, has many deductions that reduce farmer's proceeds significantly.
- Dairy farmers also complained of price fluctuation and lack of a cooperative in their area, thus relying on one in Kiambu.

### **3.3.9 Recommendation**

The community made the following recommendations:

- Need to encourage the youth to take up agricultural activities since most of them have shunned them;
- The community complained of increased interest rates charged by the financial institution and requested the government to reduce them;
- The community requested for up scaling up CDF allocation to agriculture;
- The government should implement the policy on idle land to ensure that most of the idle land in the sub county is put into productive use;
- The government to support irrigation activities in the County;
- Need to harmonize the various interventions carried out by different ministries in the County for efficient co-ordination of the projects.
- Coffee management should be improved by involving the community; and
- There is need for better administration of markets in the area.

## **3.4 WATER AND SANITATION**

### **3.4.1 Introduction**

The county water resource comprises both ground and surface water. Surface water consists of permanent rivers such as Sagana, Nairobi, Chania, Gura, Honi and Ragati, among others. The main catchment areas for the rivers are the Aberdare Ranges and Mount Kenya. There are 13 permanent rivers, 23 water dams, 30 boreholes and other various sources including roof catchment. The quality of the water is good as it is fresh and suitable for domestic, livestock and irrigation purposes.

### **3.4.2 Status of provision of Water and Sanitation**

According to the community the types of water available in their community include; River water, spring water, well water and boreholes. However, in Nyeri South Sub County, the most common types of water are river water, wells and tapped water.

Types of sanitation facilities available are toilets, waste disposal and sewerage services.

The community entirely relies on tapped water for all their domestic uses including feeding their livestock. However, this water is not at any time used for irrigation because it is only meant for domestic use only.

The community has a seasonal river (Rurii) which is sometimes used to supplement the tapped water. People define safe water as the water which is boiled and also treated (chlorinated) water.

According to the community, every household has a toilet/latrine. The latrines are built using cyprus trees and being hard wood, they are not easy to collapse/decay. avoid collapsing.

According to the community, water is available but not affordable.

In urban areas, there are public toilets which people are supposed to pay kshs. 5 to use them. According to majority, the charges are affordable although some feels they are expensive.

The community was aware of the dangers of consuming unsafe water which included risk of contacting typhoid and cholera. However, they indicated that they are not involved in decision making concerning matters relating to water and sanitation. Sanitation facilities in the area according to the community are above average quality and people use safe waste disposal and wash their hands.

### **3.4.3 Roles of the community in payment of water and sanitation**

The community noted that it is responsible for the payment of water and sanitation facilities. For every 0-6 m<sup>3</sup> they pay Kshs. 200 a month and Kshs. 50 a month for metre rent and Kshs. 33 for every extra 1 m<sup>3</sup> of water consumed. Though these rates have been subsidized still many people felt that they cannot afford to pay for them.

#### **3.4.4 Types of sanitation facilities**

The water and sewerage company provides sanitation services in collaboration with local authorities. Human waste is well disposed since the majority of people having pit latrines/toilets.

#### **3.4.5 Relationship between Environmental Degradation and water availability**

Water availability is related to poverty in that if one is poor, he/she will not be able to pay for water services hence no water for them . Again one has to buy water expensively or travel long distances, he or she wastes resources that could be used to generate extra income hence deteriorating poverty levels. The trend of water in the district has improved in the last ten years drastically. People are able to access water right from their taps with subsidized rates. Though the water has not undergone full treatment, it is still safe for drinking since it is chlorinated. The community noted that there has been reduced productivity due to deforestation. The effects of climate change have increased vulnerability of the society due to increased scarcity of resources such as water. They also noted that climate has become unpredictable and rains do not come as they used to.

The sanitation facilities have also improved for the last ten years. People are now more interested in the projects coming up regarding sanitation, for example, sewerage services which were not so common before. People are more aware on how to handle water to avoid contamination by constructing pit latrines, among others precautions.

#### **3.4.6 Relationship/impact between water and sanitation and poverty**

Poverty is related to water shortage in that if you are in a place where water is not easily accessible and available, one spends a lot of time and money which could be used to carry out other economic activities which could generate some income. If one does not have water, it will be hard to keep livestock thereby depriving him or her income.

#### **3.4.7 Challenges**

Though the community is doing well in terms of water supply, there is still some challenges in that the community is still not able to pay for the subsidized rates thereby leading to disconnections. In addition, not all consumers handle the water properly, thereby leading to contamination even though it has been treated from the source. People also misuse water.

#### **3.4.9 Recommendations**

The community gave the following recommendations;

- Continuous sensitization on proper hygiene (WASH) to avoid diseases such as typhoid;
- Not to be paying for usage of toilets in town. and
- Water charges to be reduced.

## **3.5 HOUSING**

### **3.5.1 Introduction**

The main types of houses in the county are individually owned, Government-owned and Local Authority-owned. The houses are categorized by the type of material used; namely; wall, floor and main roofing material.

### **3.5.2 Types of building materials**

According to the community the major building material are; stones, bricks, timber, iron sheets, mud and grass. In respect to the wall material, this includes stones, bricks, mud, wood, iron sheets, grass or tin. Majority of households use wood to build walls and cement, tiles, wood, or earth for the floors while others use earth floors. Main roofing materials include iron sheets, tiles, concrete, asbestos, grass, or tin. However, majority of the households use iron sheets.

The community complained of increased cost leading to emergence of informal settlement.

### **3.5.3 Status of provision of housing (access, affordability)**

The community noted that, though most of the building materials are easily accessible, some at them especially those for permanent structures are very expensive. However for semi-permanent structures the materials are easily accessible and affordable since many people have planted trees. Iron sheets, nails, cement and sand are sold in Othaya town just one kilometer from St. Thomas area. Stones are sourced from Thika and Nyeri.

### **3.5.4 Opinion/ trends of status of housing overtime**

According to the key informant and the community, over the last 10 years the standard of housing has really improved. This is attributed to improved performance of the economy. The community noted that at present there is ready market for their farm produce which has increased their income and thus improving on the housing. They also indicated that before they had so many muddy and grass thatched houses but they have now been replaced with timber and iron sheet houses.

### **3.5.5 Types of housing and Household headship**

The following housing types are found in St. Thomas cluster.

Permanent Housing categorized by the community as those houses built with stones, bricks, cement, sand, concrete and iron sheets

Semi -Permanent Housing comprised of houses built with mud, timber, iron sheets and they can easily be brought down by heavy rains.

In the cluster, there are different types of household headship and this highly determines the economic resources. For instance, male headed families/households mostly live in permanent houses while those of OVC and disabled people are semi-permanent structures.

### **3.5.5.1 Female Headed Households**

Most female headed households have semi-permanent houses although some are permanent. This depends upon the occupation and economic resources e.g. cash crops, land, etc that they own. Most of those who are employed and those who have cash crops live in permanent houses.

### **3.5.5.2 Male Headed**

These household headship consist of an average of 98%, males are the ones who head the families in most households. The males control assets mostly those that generate profit. Most of them live in permanent houses. However, it is not all male headed families/households that live in permanent structures. Some are very poor in that they cannot afford even timber houses though the percentage is low. Others have cash crops but they misuse the proceeds.

### **3.5.5.3 OVCs**

Most households headed by orphans and vulnerable children live in semi-permanent structures. More often than not, these structures were inherited from their parents. Since they lack economic resources to develop these structures, they continue living in them after their parents' death.

### **3.5.5.4 People with Disabilities**

Most households headed by people with disabilities live in semi-permanent structures since most of them are unable to work extra hard due to their condition to improve their lives. Though they may have economic resources like cash crops, they may not get much out of them since they have to rely on other people to do the job for them and in return pay them for the work.

### **3.5.5.5 Elderly Headed**

Most elderly headed families live in semi-permanent structures. A small percentage lives in permanent structures which they built while they were still energetic and can afford to maintain them.

### **3.5.6 Challenges**

The challenges they are facing include;

- Availability of materials particularly for building permanent houses; and
- Increased cost of building materials.

### **3.5.7 Recommendations**

The community requested the government to subsidize the cost of building materials.

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

### **4.1 Introductions**

The following are currently the pro poor programmes that should benefit the people:

- Cash Transfer to the Elderly;
- Cash Transfer to People with Disability;
- Kazi kwa Vijana;
- Road 2000; and
- The devolved Funds

These programmes were expected to reduce poverty levels within the deserving communities.

Cash transfers entail money from Central Government targeted at improving the living standards of the elderly and the most vulnerable. These include money for the disabled/challenged people, the cash transfers to elderly people and the cash transfers to orphans.

### **4.2 CASH TRANSFER**

#### **4.2.1 Cash Transfer to the Elderly**

According to the key informant, the program began in the year 2011 within the sub county and targets people aged 65 years and above who are extremely needy in the society. Up to the year 2012, only 23 households were benefiting from the program. Additional 150 households were targeted before the next Financial Year (2013/2014).

The program offers Kshs 2,000 per month which is paid after every two months. The release of the funds sometimes experience delays. Community leaders, chiefs, sub-chiefs are involved in selecting the target individuals who are approved by the Gender and Social Development Officer after a vetting process. The funds have resulted in improvement in the living conditions of the beneficiaries. Some of the challenges include misuse of funds, limited funds for monitoring and evaluating the program, and the limitation on households benefiting from the funds.

One person had benefited from the cash transfer program for the aged in the cluster. She receives Kshs. 4,000 after every two months which she felt had helped her access healthcare facilities and afford better diet for her and grandchildren.

#### **4.2.2 Cash Transfer to People with Disability**

These funds are also offered through the Ministry of Gender, Children and Social Development. Currently 70 households have benefitted from the program since its inception in 2010. The households receive monthly payments of Kshs. 2,000 per month paid every two months.

The money is paid through the post office. Nominated caregivers are responsible for collecting the funds on behalf of the disabled people. The beneficiaries are spread all over Nyeri South sub county. Like the the CT for the elderly, the payments are usually delayed.

The funds have helped improve livelihoods of the disabled by reducing the burden for the caregivers who are mostly old people who cannot work. This has helped them access education from special units and also access healthcare facilities.

Some of the challenges facing the program include limited funding, untimely payments, misuse of funds by some caregivers and limited funds for field work to monitor the progress of the benefitting households.

A beneficiary from the programme felt that the transfer had helped her improve her welfare and even afford to attend clinics at Othaya sub county hospital on monthly basis.

The community was also aware of the cash transfer to OVCs but no one in the sampled cluster was benefiting. The community felt that awareness on the process of accessing the fund was limited.

### **4.3 KAZI KWA VIJANA**

This was an initiative started by the government in 2009. It is classified as labour intensive programme. The works under these initiatives include planting of seedlings by first digging holes. There is also the nurturing of the seedlings after planting.

The beneficiaries are paid Kshs. 250 daily. This is the official KKV rate of payment. The payments are paid timely at the end of every week and are paid in cash. The wage is collected by the persons involved in the work and is signed by the district youth development office and the district accounts office. The youth felt that the amount was not enough.

The criteria for selection was that the youth must be aged between 18 and 35 with special consideration to the vulnerable youth especially those affected by HIV/AIDS, disabled, orphans and single female youths.

The youth however are involved in other economic activities like farming and small businesses like barber shops. KKV has contributed positively to the livelihood of the youths.

The challenge experienced by KKV was that it did not capture most of the youth. Only 70 youths in a district of 30,000 youths benefitted from the programme. There is also the challenge of lack of harmonization and coordination of departments involved in KKV.

University and college graduates felt that the programme was not for them and therefore shied away from the exercise. Also the elderly felt they should have been involved in the exercise.

The community felt that the Kazi kwa Vijana programme has benefited the youth of the area however there was a feeling that the impact of the money was not really felt by the community as there are very few people getting the job.

## **Recommendations**

- i. The government to increase funding to the program; A coordinating team be established to ensure that all departments conducting the KKV program are better coordinated;
- ii. They should take into consideration people's land as they pave way for the roads; and
- iii. These projects should have a longer period so as to earn more and be able to sustain them.

## **4.4 ROADS 2000**

This programme/project aimed at improving the rural area all over the country. It was funded by the government of Kenya and the African Franchise Development (AFD), a company in France to improve infrastructure.

There are six (6) roads under the road 2000 in Nyeri South Sub County. The program aimed at using the locally available labour to construct the roads. This project offers employment to the locals and normally paid on weekly basis in cash, Kshs.250per day. It benefited both men and women.

There are about 20,000 people who benefit from this project and were able to improve their lives. The program also involved HIV AND AIDS awareness to the people.

## **4.5 DEVOLVED FUNDS**

Within District, there are various devolved funds available for the community. The various funds are under different ministries but all aimed at improving the welfare of the society at large by empowering a specific group of people.

Some of the funds under devolved funds include:

### **4.5.1 Constituency Development Fund (CDF)**

The community noted that it was aware of the existence of the program. They noted that the funds had been used to build a dispensary in the area. The community was happy with the project and felt it would help them access health care from a shorter distance. There were also classrooms under construction in two primary schools. The community felt that the projects were beneficial as the classroom were well constructed and had improved status of education within the schools.

A beneficiary from the group who takes care of an orphan had benefited from CDF bursary which she said had helped her pay school fees for the orphan. However, she felt that the Kshs. 5,000 given annually was not enough to cater for the school fees.

The community said that they were involved in decision making on the projects to be implemented in the community and participates in selecting them.

#### **4.5.2 Local Authority Transfer Fund (LATF)**

The funds were offered through the former Ministry of Local Government, Othaya town Council within Nyeri South Sub County.

Some of the programmes under LATF include roads construction, construction of classes in schools like Gatundu primary, water tanks in school and an administration block. Electricity has also been installed in Kianganda using the same funds. The Othaya stadium public toilet project also benefited from LATF. The community identifies the projects to be undertaken and ensures community participation.

The office also provides mechanism for public complaints and reporting on any dissatisfaction from the community members. The projects under LATF have had great impact on the lives of the community at large.

Some of the challenges included delays in release of the funds, corruption and dishonesty in utilization of the funds including political interference.

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

These funds are offered through the Ministry of Gender, Children and Social Development. The program charges zero interest on loans to organized women groups and at 8% to individuals.

The loans range from Kshs. 50, 000 with no maximum depending on repayment rates for the specific groups. The loans have helped in empowering women especially because most women did not have collateral and thus could not access loans from formal financial institutions. Women have always been encouraged to form groups and apply for the funds. Those who have benefited have used the money to start projects like dairy farming, bee keeping, retail shops, among others. This has improved their livelihoods.

However, a number did not know the process of applying for the loans and felt that more awareness needed to be created. Those who had benefited felt that the funds should be increased and made accessible to individual women at zero interest rates.

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

This program is under the Ministry of Youth and Sports. Loans are offered to youth groups within the region at zero interest rates. The loans range from 50,000 with no maximum depending on repayment. A grace period of 3 months is normally given after which the loan is repaid within 1 year.

The youths have used the money to start small businesses and other projects. The youths noted that the program has helped them to access finance without collateral. Some of the challenges the fund is facing include; limited funds for all the groups who have applied and poor monitoring of the program.

#### **4.5.5 HIV and AIDS Fund**

The HIV/ AIDS fund is normally administered by the National Aids Control Council. The program started in the year 2009 and offers grants to groups within the region. The groups use the funds on counseling and testing, creating awareness on HIV and AIDS among the community, behavior change initiatives and prevention of new infections.

There have been 5 rounds in the funding process with a total of 46 groups benefiting from the funds since its inception. The groups receive Kshs. 175,000 each to carry out their proposed projects. The CACC office has the role of monitoring and evaluating the group's proposals and to ensure that the group fulfills all the requirements.

The program has helped to reduce stigma, increased awareness on HIV & AIDS especially among women and youths, reduced new infections and more people infected taking ARTs. The rate of prevalence has reduced and new cases have also reduced.

Some of the challenges facing the program included limited ART sites which are only two within the District (Othaya Sub County Hospital and Gichiche) which limits accessibility. Most men are also afraid of stigma and hardly take part in these initiatives especially testing on HIV and AIDS. There is also a limit in access of test kits and condoms which are essential in the program.

The release of funds is not timely and some groups funded in the first round are yet to receive more funding.

The community was aware of the existence of the program. Several people living positively within the community have benefited from the program and are requesting for the government to increase the funds. The community was generally satisfied with the initiatives towards helping the affected and infected people. However, they felt that if the funds were increased more people would benefit and even start up development projects.

#### **4.5.6 Other interventions**

The fair trade intervention by the government whereby a percentage of profits from sale of tea is given back to the community has helped in construction of classrooms in various schools including provision of books. The Equity Bank Foundation has sponsored 200 children to secondary schools in the region. This has helped the children access education despite being from very poor backgrounds. Some joint admissions board students from the area had also benefited from the Higher Education Loans Board which has helped them access university education. The bursaries offered have also helped many children access education and good nutrition.

##### **4.5.6.1 Community Grants to CBO's and Groups**

This is under the Ministry of Gender and Sports. The groups receive grants from the government to carry out a certain pre-defined tasks. The grants are offered on unpredictable basis and are up to a maximum of Kshs. 50,000.

In the year 2010, 12 groups benefited from the social grant. This has helped the groups improve their activities. However, the funds are limited in amount and only benefit very few groups.

#### **4.5.6.2 Poverty Eradication Commission Funds**

These funds are offered through the Ministry of Devolution and Planning under the Sub County Development Office within Nyeri South Sub County. The loans are given to groups at an interest rate of 7% through a financial intermediary called Taifa Sacco. The groups formulate proposals that are approved by a committee. The secretariat for the funds includes 3 community members to ensure participation of the community in the decision-making process.

The funded groups in turn loan the members mainly women, youth and people with disability who start up projects like dairy farming, fish farming, bee keeping, and retail shops.

#### **Mini Case Study**

A group received funding in 2005 and has since opened up several retail shops within Othaya town which has highly improved their livelihoods. A lady who also benefited from the funds started up a bee-keeping project. She currently has a monthly income of over Kshs. 60,000 and can afford to educate her children.

The challenges facing the program include limited funds, politicization, limited skills on the funded groups and lack of funds for training. There is also a weak legal framework to enforce repayments and limited new investments. The office also has limited funds for monitoring and evaluation.

## **CHAPTER FIVE: CROSS CUTTING ISSUES AND EMERGING ISSUES**

### **5.1 HIV&AIDS**

The rate of prevalence in the larger Nyeri is around 4% and 2.02% in Nyeri South Sub County. The issue of discordant couples is emerging. HIV&AIDS activities and research are being carried out in the area.

Being an urban poor cluster, the prevalence of HIV/AIDs among the residents could be high. There were an increased number of orphans as a result of HIV and AIDs and other infections.

The stigma has however reduced over the years with greater awareness being created.

### **5.2 Persons With Disability (PWDs)**

With the cash transfer funds to the disabled, more people are now willing to bring children with disability to public places. Stigma based on culture, religion, witchcraft has also reduced. More disabled people now attend schools and others have started up business especially with provision of equipment from National Funds for Persons With Disability.

There were 3 disabled people within the sampled community. They were however aware of other members of the community especially children within the community who were also disabled and were benefiting.

### **5.3 Gender**

In the sample cluster, women participated more than men in discussing issues affecting their community. However, men in the cluster owned all major assets like land, cars, and bicycles while women claimed to only own utensils and children. Women are the one who take care of children, orphans, the aged and even their alcoholic husbands.

Women claimed most men in the area spend a lot of time sleeping after taking alcohol and do not work leaving the burden of bring up and providing for the family to them.

### **5.4 EMERGING AREAS**

- Reduced rates of HIV prevalence;
- Violence against men was on the increase;
- Increased illiteracy levels and access to information;
- Discordant couples;
- Increased divorce;
- Increased crime rates; and
- More NGOs participating in pro-poor initiatives.

The community felt that if they portrayed themselves as very poor they would get assistance from the government. There was an increase in consumption of illicit brews in the area which had reduced the productivity of men and contributed towards increased divorce rates in the area.

## **CHAPTER SIX: RECOMMENDATIONS AND CONCLUSIONS**

### **6.1 Recommendations**

Based on the community perceptions, the following are the key recommendations:

- Need to encourage the youth to take up agricultural activities since most of them have shunned them;
- The government to reduce interest rates to make loans accessible;
- The government to implement the policy on idle land to ensure that most of the idle land in the district is put into use;
- The government to support irrigation activities in the district;
- Need to harmonize the various interventions done by different ministries in the district so that there can be good and efficient co-ordination of the projects;
- Coffee management should be improved by involving the community. The community requested the government to subsidize the cost of building materials;
- The community requested for trainings on financial and project management courses;
- The government to ensure that there is constant supply of medicine in the district hospitals’;
- The government should look into giving land to the landless; and
- The government to employ more teachers due to increased.

### **6.2 Conclusions**

Poverty has been a major challenge in the county. Attempts have been made by the government and other development partners to address this problem through the introduction of various interventions in the various sub-sectors. Poverty affects the living standards of the locals. Development projects and programs which are pro-poor have greatly reduced poverty levels, nationally.

The bulk of the poor is found in rural areas. The most affected categories of persons are mainly the disabled, women headed households, slum dwellers, the landless, the aged, the OVCs and unemployed youth. It has also been observed that prevalence of poverty is closely linked to access to health services, water and sanitation, education and agricultural inputs.

In Nyeri County, the poor population are scattered all over the county. It is important that strategies in all the sectors be geared towards poverty eradication. To lower the poverty levels, higher economic growth rate must be achieved and sustained. Entrepreneurial skills should be imparted to the unemployed youths while farmers should be encouraged to diversify their agricultural production. At the same time, policies and programmes should be initiated and executed to benefit the minority.

However, it is notable that majority of the people in the community are aware of major government interventions targeting them. There were increased cases of immerging areas which needs further research; such issues include;

- Increased Violence against men;
- High divorce rates;
- Increased consumption of alcohol by men; and

- Emergency of non communicable diseases which were reported to be on the rise.

From the findings of the survey, the bulk of the poor in the county are found in the rural areas. The most affected categories of persons being the disabled, women headed households, slum dwellers, the landless, the aged, the OVCs and unemployed youth. The findings also indicate that prevalence of poverty is closely linked to access to provision of services. The study therefore recommends that efforts should be made by both the county and national government to ensure implementation of the community recommendations so as to graduate them from poverty. Such efforts include; Road network must be improved to spur economic activities this could contribute greatly to improving access to markets particularly for horticultural produce; rural electrification in the constituencies should be accelerated and empowerment of the youth and women.