

REPUBLIC OF KENYA



THE PRESIDENCY

MINISTRY OF DEVOLUTION AND PLANNING

**NAKURU COUNTY FIFTH PARTICIPATORY POVERTY ASSESSMENT
(PPAV)**

KIMOMORA CLUSTER

KENYA 
VISION 2030
Towards a Globally Competitive and Prosperous Kenya

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FOREWARD

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 one community to the other. From their point of view, poverty was generally defined as inability to meet basic human needs such as food, shelter, clothing, education and health.

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

The findings from the study will be used as lessons learnt in designing County based programmes. Communities for example, have come up with diverse coping mechanisms on poverty. Some of these include women merry-go-round and small scale business. This will be upgraded to other notable initiatives like table banking concept and training Counties to benefit from UWEZO and other related funds. They will be a reference point in designing current and future interventions on reducing poverty and regional disparities. I call upon our internal and external stakeholders to utilize the respective PPA V county reports to inform policy and decision-making.

Ann Waiguru, OGW
Cabinet Secretary
Ministry of Devolution and Planning

ACKNOWLEDGEMENT

The Nakuru 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 Fifth National Participatory Poverty Assessment (PPAV) Report whose findings have been published simultaneously with the 47 County Reports.

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

The following team of officers without whose dedication and enthusiasm, the production of this Report would have been much more challenging deserve mention; Samuel Kiptorus (Chief Economist), James M. Kirigwi (Chief Economist), Leonard Obidha (Secretary, Poverty Eradication Commission), Cosmus Muia (Senior economist), Joseph K. Njagi (Senior Economist), Michael Mwangi (Senior Economist), Kimote (Senior Economist), Eric Kiilu (Senior Economist), Chrisantos Okioma (Economist I) and Geoffrey Manyara (Economist I).

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

Engineer Peter Mangiti
Principal Secretary

EXECUTIVE SUMMARY

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty based on their own perspectives. The government conducted PPA in 1994. PPA II in 1996, PPA III in 2001 and PPA IV in 2005/06. Between November 2013 and December 2014, the national Government conducted PPA V whose overall objective is to contribute to Kenya's poverty reduction strategy, by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population. In particular, the survey sought the community's perspectives on poverty dynamic diagnostics and the provision and impact of selected wellbeing services including agriculture, education, health social protection and other devolved funds. Perspectives of the community were sought on the awareness of the availability of these services, accessibility and affordability.

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

In Kimomora community, poverty affects children and women more. Sometimes men migrate to urban centres to search for casual jobs and leave women and children in their homes to cater for themselves. The women cannot leave the children since they need to attend school. The women struggle the much they can to put food on the table even if it is one meal in a day.

There is a slight improvement in health service provision but it still remains the greatest challenge since health facilities lack basic services. The staff also work from 8.00am to 5.00pm every day and are absent on Saturdays and Sundays given that nurses are not residing in the local area.

The community said that in the last ten (10) years, they have experienced improvement in enrollment/retention and transition from primary to secondary school. There has however been no notable change in school infrastructure development. The enrollment has improved for children joining school, though there are other children who have attained the age of schooling but are not yet enrolled in any school. Some reasons given for this situation were lack of money to buy desks, entry fee, distance to the school and poverty. The transition of children from primary school to secondary school has improved although some are hindered by poor performance and lack of fees.

Agriculture is the main activity in Kimomora community. The farmers are involved in planting maize, sweet potatoes and keeping livestock. There are no agricultural extension services such as veterinary officers and technical agricultural officers. Extension services are in Solai which is about 15 Kms away from the community. The community members practice maize farming both for subsistence and commercial purpose. They are also aware of government provision of free farming inputs such as seeds and subsidized fertilizers but have not been benefiting from them because the criteria used for distribution is not efficient and they are not even called for barazas when such inputs are being distributed. There is a lot of nepotism and corruption in distribution of these inputs. Most of the community members store harvests in their houses.

There are no water programmes in the Kimomora community. Lack of water is considered as one of the worst problem/challenge to the residents of Kimomora. The community has only one source of water namely River Ruiru which is located 2km away. The source is also seasonal such that during long dry spells, the water source dries up. The residents of Kimomora are aware of the dangers of unsafe water for drinking but they do not take the necessary measures although the area is prone to water borne diseases. They cited high cost incurred for treatment of water for drinking. Sometimes children drink contaminated water from the river on their way to school. Most of the residents use pit latrines for waste disposal. The latrines are poorly constructed. They do not have a way of disposing solid waste within the community.

This community lives in a settlement scheme where houses earlier constructed by the white settler are concentrated in one area. All the houses are permanent and are stone walled, iron sheet roofed with cemented floors. The houses consist of two bed rooms and a sitting room though the rooms are not spacious. However, a few community members have constructed makeshift structures alongside their houses which they use as a kitchen or bathroom.

The Kimomora community members are aware of the cash transfers programs but they have never benefited from them. Although there are people who qualify to benefit and are already registered, they do not benefit from the funds. The community was also eager and expecting to be educated on the ways of getting/accessing the cash transfers as well as the criteria for selecting the beneficiaries.

The youth in Kimomora only hears about KKV but have not benefited from the programme. They only mentioned a road which was constructed but they were not involved in building it. The youth said that they only sit idly ("*hukausha nyasi*") because they have nothing else to do. They want to be involved in KKV programme in future since they are not employed and have nothing much to do.

HIV&AIDS still remains a major challenge in this community. They have received information on HIV&AIDS from public and private health service providers. The information is also disseminated in chief's barazas, by the mass media and occasionally by the Ministry of Health officers. The information is on Voluntary Counselling and Testing (VCT), importance of maintaining one sexual partner, people encouraged to uphold biblical teachings, Use of condoms and the importance of giving care and support to HIV&AIDS infected persons and orphans.

In this community, when poverty strikes, the most affected are the children and women. The women have to take care of the children since they attend school. The women do anything they can to take care of the family. Some women resort to exchanging sex with the well to do men so as to sustain their families.

ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
CDF	Constituency Development Fund
CHEWs	Community Health Extension Workers
CTs	Cash Transfers
DDO	District development Officer
DMOH	District Medical Officer of Health
DSO	District Statistical Officer
ECD	Early Childhood Development
FGD	Focused Group Discussion
FPE	Free primary Education
GOK	Government of Kenya
HIV	Human Immuno-Deficiency Virus
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KIHBS	Kenya Integrated Household Budget Survey
KKV	Kazi Kwa Vijana
KPHC	Kenya Population and Housing Census
KYEP	Kenya Youth Empowerment Programme
LATF	Local Transfer Funds
NGO	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PWDs	People with Disabilities
PPA	Participatory Poverty Assessment
PRSP	Poverty Reduction Strategy Paper
TBAs	Traditional Birth Attendants
VCTs	Voluntary Counselling Treatments
WEF	Women Enterprise Fund
YEF	Youth Enterprise Fund

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.

1.1.1 Poverty and Inequality in Kenya

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.

1.1.2 History of Participatory Poverty Assessment (PPAs) in Kenya

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 quantitative 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.

Since the fourth PPA, the government has initiated a number of programmes aimed at alleviating poverty, inequality and ameliorating the suffering of the vulnerable sections of the Kenyan citizens.

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

1.2 PPA V 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) focused on two main areas:

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

More specifically, the participatory study sought:

- 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.

1.2 County/Cluster Profile

Nakuru County is one of the 47 counties of the Republic of Kenya. The county lies within the Great Rift Valley and borders seven other counties namely; Kericho to the west, Baringo and Laikipia to the north, Nyandarua to the east, Narok to the south-west and Kajiado and Kiambu to the south.

The county covers an area of 7,495.1 Km² and is located between Longitude 35 ° 28` and 35° 36` East and Latitude 0 ° 13 and 1° 10` South. The county headquarter is Nakuru Municipality which was previously the headquarters of Rift Valley Province provided for in the old constitution until 4th August 2010.

The total population of Nakuru County stood at 1,756,950 in 2012, comprising of 881,674 males and 875,276 Females as per the projections of Kenya National Population and Housing Census of 2009. The population is projected to increase to 1,925,296, comprising of 966,154 males and 959,142 Female in 2015 and to 2,046,395 in 2017 comprising of 1,026,924 males and 1,019,471 females. This remarkable growth in the population implies that the county will have to invest in more social amenities and physical infrastructure to match the needs of the high populations.

Kimomora cluster is a rural cluster located in Kokwomoi sub-location, Banita location, Solai division which is in Rongai Sub County in Nakuru County. It is a cosmopolitan area with mixed communities. Some of the communities located there are; Luos, Kikuyu, Luhya and Kalenjins.

Kimomora has 111 households whose major economic activity is farming which is supported by many casual labourers. Some people are also involved in transport activities like bodaboda (bicycles and motorcycles) which are the main means of transport, while others are small scale traders.

Kimomora settlement is made up of a number of houses built by a former European settler. These houses are built with stone and iron sheets. There are no rental fees charged on the houses.

1.4 Methodology

1.4.1 Selection of the Cluster

For the purpose of collecting information, one cluster was selected to represent the county. This 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 the County. The Fifth National Sample Survey and Evaluation Programme (NASSEP V) maps (Kenya National Bureau of Statistics) were used to demarcate the boundaries of each of the selected cluster.

1.4.2 Process, Study Instruments, Field Work

This study used PPA tools and instruments including semi-structured oral interview questionnaires, Focused Group Discussions (FGDs), 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. Attempt was made to identify households 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 and vital 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 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 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 former District Development Officer's (DDO) and District Statistics Officer's (DSO) office. The recruitment interviews were conducted for two days. Out of the applicants who were interviewed, six (6) research assistants were selected to assist in data collection in the county. RAs were deliberately recruited from the local community to ensure that they clearly understood the local languages, culture, traditions and the lifestyle and patterns of the people.

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/Outline

This report therefore presents the PPA V survey findings. The report is divided into six (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 on 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 and recommendations.

CHAPTER TWO:POVERTY DYNAMICS AND INDICATORS

2.1 Introduction

The Nakuru County Development Profile has identified the poverty indices both in terms of absolute poverty and food poverty indices. In addition poverty has been identified as one of the constraints to achieving the development objectives of the county. The food poverty index for the county is 41 per cent. This means a significant proportion of people continue to suffer from hunger. The strategies proposed in the Agriculture and rural development sector like the Njaa Marufuku programme, Kenya Agricultural Productivity Project as well as the Orphan crop initiative, are expected to improve food production and sufficiency.

2.2 Definition of Poverty

According to Kimomora community members, poverty is perceived as lack of the ability to provide for one's basic needs. Hence, a poor person is one who lacks money to buy water for household use and rent land for economic activities.

2.3 Classification of Poverty

The residents acknowledged that there are those people who are considered poor, very poor and rich. The Kimomori community classified poor people, very poor and the rich. The very poor live in poorly constructed houses and they do not have money to rent land for subsistence farming. The poor in the community are able to start small businesses within the community. The rich on the other hand are those who can afford to own some assets and start large businesses.

2.4 Characteristics of poverty

According to the Kimomora community members, a poor person is considered to have the following characteristics:

- Struggles to educate the children in public schools;
- Is unable to buy new clothes and children go to school with tattered clothes and without shoes; and
- Only afford a single meal a day and skips other meals.

A very poor person is considered to have the following characteristics:

- Sleeps without meals or has one meal in a day;
- Lacks beddings (basic household facilities);
- Lacks decent clothing; and
- Has children who cannot go to school.

A rich person is considered to have the following characteristics:

- Owns a private motor cycle;

- Takes more than three meals a day; and
- His children go to the best schools including private schools.

2.5 Categorization of Poverty

According to the community, poor persons can be characterized by lack of basic needs such as shelter, food and water; absolute deprivation of basic needs; living below poverty line which is \$1.25 per day by international standards; having no voice in the community and those that cannot access opportunities and information.

2.6 Causes of Poverty

The community members noted that the causes of poverty varied from one group of people (men, women, youth, PWDs, OVCs) to the other. However, the community was able to give the causes of poverty among men, women and youth. The causes are as outlined below:

Causes of poverty among men are:

- Lack of land for farming and keeping livestock;
- Sale of the little acquired land;
- Lack of water for irrigation; and
- Poor leadership/governance which diverts the resources for development programmes to personal benefit.

Causes of poverty among women are:

- Lack of education; and
- Lack of water at the household levels due to long distances covered for fetching water. The average distance to the nearest water point is about 2 kms.

Causes of poverty among the youth are:

- Lack of employment;
- Lack of education (low literacy levels); and
- Seasonal casual work i.e. planting, weeding and harvesting.

2.7 Impact of Poverty

The poverty situation in the area has resulted to the youth engaging in prostitution, drug and substance abuse and robbery. The adults especially women have taken to making illicit brews. Children are sometimes forced to skip or even drop out of school

due to lack of appropriate school uniform or the additional school fees imposed by the school management.

Due to poverty, community members sometimes resort to self-medication by buying drugs over the counter, use herbs or visit traditional herbalists.

2.8 Coping Mechanisms

Women:

- Forming women groups (round table funding or merry go rounds);
- Doing small/subsistence farming;
- Doing jobs on casual basis; and
- Brewing illegal brews.

Men:

- Selling the little land which they own;
- Brewing illegal brews; and
- Doing jobs on casual basis.

Youths:

- Seasonal employment (planting, weeding and harvesting);
- Robbery/mugging; and
- Young girls engage in prostitution.

2.9 Assets Ownership, Access and Decision Making in the Household

The community members noted that most of the assets are jointly owned and there is always consultation before any decision is made on either acquisition or disposal. However, they noted that sometimes the man being the head of the household, has the final say.

2.10 Poverty and Gender

In Kimomora community, poverty affects children and women more. Sometimes men migrate to urban centres to search for casual jobs and leave women and children in their homes to cater for themselves. The women cannot leave the children since they need to attend school. Women struggle to put food on the table even if it is only one meal in a day.

2.11 Poverty Trends Over Time

Poverty has gone up over the last 10 years, since most households benefited from the existing basic facilities such as water, latrines and most people were in employment compared to now. This is because the white settler used to provide them with almost all the basic needs. Moreover, they used to be employed by the settler in the farm and thus had enough income to sustain their families. This was after the settler left and most households were left without regular income.

However, some community members felt that the poverty situation is somehow related to the cost of living and the kind of lifestyle people have adopted which may be unsustainable with the kind of income they get. A community member argued that the situation may not be as bad as described because currently the government has introduced some free and subsidized services which somehow relieved the communities from some burdens.

2.12 Interventions Targeting the Poor in the Community

According to the Kimomora community, some of the interventions received from government include cash transfers to the elderly and orphans and vulnerable children. They have also benefitted from free primary education and subsidized day secondary school. They also cited Women Enterprise Funds and Youth Enterprise Development Fund in the community. However, they cited inaccessibility of the two funds due to low awareness about the criteria used to access the funds.

2.13 Recommendations

The following are the recommendations to improve well-being:

- Promote cohesion in the community to minimize tribal clashes;
- The government should fast track the issuance of title deeds;
- Capacity building and awareness creation on devolved funds; and
- Provide water for small scale irrigation.

CHAPTER THREE: PROVISION OF PUBLIC SERVICES

3.1 Health Care

3.1.1 Introduction

According to Nakuru CIDP 2013, there is low access to health services in the County due to long distance covered to access the nearest health facilities. A large proportion of the population (66.3 per cent), travel for more than 5 kilometres to access the nearest health facility. Furthermore, some patients face insurmountable challenges in accessing health facilities due to poverty and impassable roads. Majority of the health facilities lack adequate infrastructures, drugs and trained personnel to attend to some of the chronic illnesses. There is therefore need to address poverty, inadequate medical facilities, high cost of medical services and inadequate medical personnel in order to promote healthy living in the county.

3.1.2 Major Health Concerns in the Community

The Kimomora community is situated in a malaria prone zone. Thus the main health concern in the area is malaria. The DMOH confirmed that the most prevalent diseases are respiratory infections at 71%, malaria at 70%, pneumonia (9%). Other prevalent diseases are; diarrhoea, cholera, typhoid and HIV&AIDS whose prevalence rate is estimated at 4.7% and has greatly contributed to the increase of tuberculosis.

3.1.3 Provision of Health Services (Access, Affordability and availability)

The Kimomora community has one dispensary called Banita funded by CDF in 2005 and has been functioning since then. However, the dispensary lacks basic facilities such as beds, laboratories, doctors, drugs and has insufficient nurses though it has electricity connection from the national grid.

The facility offers free treatment of malaria to children under-five years, maternity services. Condoms are also available and free in the facility. Since the dispensary is not offering effective and sufficient maternity services, women are forced to travel to Mogotio, Maili Kumi or Solai by use of motor cycles 15 Km away to get the services. Some worst cases go to provincial hospital in Nakuru town which is about 80km away.

Women who cannot afford to get transport and hospital services turn to traditional birth assistants (mid wives) at a fee. The TBAs insist on being paid even if on credit.

The services offered by Banita health facility are not free. Pregnant mothers pay Kshs. 300 to obtain a net from the facility and for most of prescribed drugs patients are referred to chemists where they pay. Patients usually use cash as a means of payment since they have no enough information on NHIF as they perceived it was meant for government employees only.

3.1.4 Interventions towards Health Services in the Community

According to the DMOH the government introduced a nutritional programme aimed at reducing malnutrition rates in the community. There are also Community Health Workers who assist in the community outreach programmes. Immunization campaigns are also conducted.

3.1.5 Decision Making on health Issues in the Family

The community reported that the man, being the head of the household, makes decisions on health related issues. In most cases, men provide the finances to cater for other family member's medical bills.

Women usually take care of the sick while men pay for the cost of transportation and treatment of the sick. Women are also required to take care of the sick including feeding and washing them. They are also required to care for their spouses and children among other household daily chores. But when women are sick the husbands sometimes opt to abandon them and the children take responsibility.

3.1.6 Ideal Family size among the Household in the Community

The community considers real family size to be five children per family. The dispensary offers family planning services to which the community members are aware. These services are offered in form of injections and pills at a fee at Banita dispensary.

Box 1.

The community members said that it was a motivation for them to have more children for purposes of votes during elections ("tyranny of numbers").

3.1.7 The Relationship between Poverty and Health

The community members noted that most incidences of illnesses and death is strongly linked to poverty. Human diseases were cited as a cause of poverty in the community. Diseases such HIV&AIDS have claimed breadwinners leaving behind many widows and orphans who eventually fall into poverty. Even households that have accumulated some property end up selling the property when a disease strikes, to cater for medication and hence leave that household with nothing. Thus, affordable and accessible quality healthcare would go a long way in reducing the incidence of poverty among the community members.

Generally, the community said that some people have become landless due to the high cost of treating diseases. Some families have been forced to sell livestock, farm produce and even land to cater for hospital bills and buy medicines for the sick. Others have been forced to stop working due to sickness. The high incidence of diseases has claimed breadwinners and has led to the increased number of orphans.

3.1.8 Access and decision making on family planning

Women are mostly responsible for making decisions on family planning. At times, they seek the services without consultation or their husbands' knowledge.

3.1.9 Opinion on the status of health services over time

There is a slight improvement in health service provision but it still remains the greatest challenge since dispensaries lack basic facilities. The medical staff work from 8.00 am to 5.00 pm every day and do not open on Saturdays and Sundays given that nurses are not residing in the local area.

3.10 Recommendations

The community gave the following recommendations which can be used to improve health care services in the community:

- Health providers to open and man health facilities on 24 hour basis in order to address emergencies;
- Provide the basic medical supplies such as drugs, beds and laboratory equipment;
- Deploy more medical staff to the facilities;
- Establish a VCT near the community;
- Creation awareness on water borne diseases and provision of water treatment tablets to the community; and
- Provide more information on access and registration for NHIF membership.

3.2 Basic Education

3.2.1 Introduction

Education is an important component of development. Empowering people with basic skills is important for their self-reliance. Education is a means of overcoming poverty.

The population projections for 2012 estimates that approximately 678,457 (Male 348,899, Female 329,558) of the county population aged 3 years and above were attending school. Approximately 754,803 (Male 378,670, Female 376,133) had left school based on projection for 2012 and 136,514 (Male 56,575, Female 79,939) have never attended any form of formal education. Females comprise a significant proportion of those who do not attend school. This provides a practical historical trend but the focus on the girl child education has significant reverse in the statistics. The data shows that there is near gender parity with regard to the percentage of schooled population at 51 per cent male and 49 per cent female.

The education sector especially in the rural areas has several challenges which include; inadequate teaching staff, poor infrastructure, inadequate special education facilities,

lack of enough vocational training facilities and equipment and insufficient support to adult literacy.

3.2.2 Status of education facilities in the cluster/ county

The nearest schools both primary and secondary are located 1.5km away from Kimomora village and outside their community. The facilities are average (not so good and not so bad) with desks and chairs but with no adequate teachers and books.

3.2.3 Provision of Education Services

Due to deficit of teachers, parents are required to contribute some amount based on consultation and agreement with the school management to hire extra teachers (PTA) to reduce the teacher to student ratio. In day secondary schools, parents are required to pay Kshs. 3,000 for food due to the introduction of FSDE. The community reported that free primary education had made most teachers disinterested in their duties.

The parents are aware of the bursaries but have never benefitted from them because the criteria used in allocating the funds is corruption prone and is based mainly on nepotism and "who knows who". Furthermore, there are no NGOs that have contributed to the education sector.

According to the key informant, the Government has been involved in infrastructure development in all the education institutions. It is the responsibility of parents to provide basic education needs for their children because education cannot be absolutely free as accountability is shared between the Government and parents.

The facilities in some primary schools are not very conducive for learning as they lack even the most basic learning materials such as chairs and desks and enough classrooms.

Some primary schools experience teacher shortage/deficit although the available teachers are well distributed among the schools. Other schools involve PTA to curb the problem of teachers' shortage and levy extra fee to parents after consultations. Hiring of extra PTA teachers is based on parents' agreement and cost sharing. The same applies when charging money to pay school watchmen, casual workers and cooks. The parents feel that the money should be used for other basic needs as it is the responsibility of the Government to provide teachers in public schools.

The key informant reported that the Government provision for Free Primary Education (FPE) is only Kshs. 1,020 per child per year. This money is not enough to cater for everything that the child needs for learning and parents have to intervene. The money received by schools from Government is distributed to co-curricular activities and any deficits arising must be contributed by parents.

The quality of education is not compromised since there are guidelines (rules and regulations) that the teachers are required to follow to offer quality services. In case of PTAs, they usually consider qualified trained teachers from recognized learning institutions in the country.

3.2.4 Status of education services

According to the Kimomora community the education services are not up to the standards. The facilities are of average quality with desks and chairs but with no adequate teachers and books.

3.2.5 Interventions towards Improvement of Education Standards

The girl child is provided with sanitary towels by either the Government programmes or private providers i.e. Teachers approach `Maji Tamu' businessmen, politicians and parents of goodwill to raise money for the girl-child.

Fees for secondary education of Kshs.10,625 per child per year to cater for tuition, boarding fee and even meals based on the Boards' approval. Most secondary schools engage parents and children in collecting maize and beans during harvesting periods for schools and the wages is deducted to cater for school fees.

Venesa School is the only school which benefits from food donation provided by the Gender and Social services Department. This is because of high poverty in the settlement which mainly host IDPs.

Children with special needs get bursary support. Those in primary schools receive Kshs. 1,020 for learning materials and Kshs. 2,000 for other special needs. Bursaries are also allocated to the needy children in secondary schools. A day scholar receives Kshs. 15,000 while those in boarding schools receive Kshs. 30,000. These bursaries are meant for special needs only.

World Vision has been of great help in drilling water boreholes, building latrines and providing flour for porridge to school going children.

There are challenges facing free primary education thus compromising the quality of education. The funds allocated to the schools remain the greatest challenge since the amount allocated is not sufficient enough to buy books for both teachers and students thus the parents are forced to buy textbooks for their children.

The status of most roads is not good thus accessing the schools is a challenge during rainy seasons when the exams (KCPE and KCSE) are done.

3.2.6 Relationship between education and poverty

The Kimomora community members attach high value to education. They pointed out that good education ensures employment for their children and empower the children to start businesses in future. However, a few parents felt that there was no need of educating the children due to lack of employment opportunities. Majority of the community members mentioned lack of technical education and skills as a major cause of poverty in the area since there is no technical institution near the community.

3.2.7 Opinion on Status of Education Overtime

The community said that in the last ten years, they have experienced improvement in enrollment/retention and transition from primary to secondary school. There has however been no notable change in school infrastructure development.

The enrollment has improved for children joining school, though there are other children who have attained the age of schooling but are not yet enrolled at any school. Some reasons being given for this were lack of money to buy desks, entry fee, distance to the school and poverty.

The transition of children from primary school to secondary school has improved although some are hindered by poor performance and lack of fees.

3.2.8 Recommendations

- Deploy additional teachers to address the shortfalls and reduce the teacher; student ratio;
- Convert the secondary school in the area into a boarding a school to reduce early pregnancies amongst school girls;
- Consider constructing a polytechnic to absorb the youth who do not pass well in their primary education exams to have a chance to prosper in life;
- The price of textbooks was not spared in tax increment. Therefore, the Government needs to increase funds under FPE; and
- It is difficult to identify children in the sisal estates who actually have reached the school going age and are not going to school. The respective chiefs should ensure this is implemented in their respective locations.

3.3 Agricultural Services and Inputs

3.3.1 Introduction

According to the Nakuru County Development Profile (CIDP) 2013, the Agriculture sector comprises the following sub-sectors: livestock keeping, fish farming and food and cash crops farming including horticulture and floriculture. The agriculture sector plays a critical role in the provision of food and creation of employment.

The land area under food crops and cash crops in Nakuru County is 243,711.06 (Ha) and 71,416.35 (Ha) respectively covering approximately 315,127.41 Km² of the total area of the county. A number of factors have contributed to the increase in land under cultivation namely; the rich volcanic soils of Nakuru County that give great potential for crops, reliable rainfall in most parts of the county, readily available labour force and the availability of ready market for crop produce both in the urban centres and the proximity to other major urban centres such as Nairobi, Naivasha, Gilgil and Narok which offers incentives for the sector to flourish. There is however a substantial size of land in the county that is either arid or semi-arid and therefore unsuitable for crop farming.

3.3.2 Status of Provision of Agricultural Services and Inputs

Agriculture is the main activity in Kimomora community. The farmers plant maize, sweet potatoes and keep livestock, but there are no agricultural extension services such as veterinary officers and technical agricultural officers. Extension services are in Solai which is about 15 Kms away from the community.

The community practice maize farming both for subsistence and commercial purposes. They are also aware of government provision of free farming inputs such as seeds and subsidized fertilizers but have not been benefiting from them because the criteria used for distribution is not efficient. They are not even called for barazas when such inputs are being distributed. There is a lot of nepotism and corruption in distribution of these inputs. Most of the community store harvests in their houses because they fear it might be stolen from the silos.

3.3.3 Intervention Towards Improvement of Agricultural Standards

According to the key informant, some programmes have been rolled out in the community like Njaa Marufuku Kenya, subsidized fertilizer and seeds programme. However, the community reported that the services are out of reach to them because of the reasons given above.

3.3.4 Relation between Agricultural Services and Poverty

There are many missing gaps in the provision of agricultural extension services. The services are mainly received by the well to do in the community who can afford to pay

the costs involved, thus denying majority of the disadvantaged access to the services. The people who are far away from the extension office are also disadvantaged due to the transport costs of reaching the officers and getting them to their farms. Those who can afford these services get high yield leading to more income which in turn contributes to better welfare for the wealthy. This exacerbates income inequality.

In Kimomora, lack of agricultural services has contributed to poverty because of poor yields from their farms. The people felt that if they got advice on agricultural production and livestock keeping, they could get higher yields thus ensuring food security and income by selling the surplus. They said that poor yield will definitely contribute to poverty.

3.3.5 Status of Agricultural Services over time

According to the community the situation has deteriorated since most of the services are no longer available to the community. The frequent political conflicts have also disrupted livelihoods in the area.

3.3.6 Challenges

The Kimomora community cited the following as major challenges in the agriculture sector.

- The area is a host to several communities and peace has been elusive. When there is conflict there is loss of lives and displacement of persons; and
- The lands have no title deeds. The community felt that it does not have full ownership of the land.

3.3.7 Recommendations

The community had the following recommendations to at least help them improve their livelihoods through agriculture:

- Provision of agricultural extension services to reach of all the community members;
- Facilitation and training of community members on how to make and use organic manure;
- The area has not been experiencing consistent rainfall; therefore, water for irrigation is required to curb the problem of seasonal droughts and poor harvesting;
- Issuance of title deeds for their land is long overdue; and
- Create awareness on peaceful co-existence since the area is a conflict prone zone.

3.4 WATER AND SANITATION

3.4.1 Introduction

The distance to the nearest water point in Nakuru County is from zero to six kilometres. Thirty five percent of the county population takes between 1-4 minutes to fetch drinking water. Estimates from Kenya Population and Housing Census (KPHC, 2009) indicate that about 150,608 households (36.8 per cent) in the county have access to piped water. About 63 per cent have access to potable water. 80 per cent of household are harvesting rainwater.

The 2009 Kenya National Population and Housing Census indicated that 85 per cent of the residents had access to private improved sanitation. In rural areas, open defecation was estimated to be still practiced by 0.03 per cent of the population. Lack of affordable housing in the major towns in the county has led to mushrooming of informal settlements (slums) in these urban areas resulting to poor sanitation and poor management of both solid and liquid waste. There will be need therefore to enhance measures to ensure proper physical planning and management of waste disposal in the county.

3.4.2 Status of Provision of Water and Sanitation Services.

There are no water programmes in the Kimomora community, and water is considered to be one of the worst problem/challenge to the residence of Kimomora. The community has only one source of water called River Ruiru which is located 2km away from the community. The source is also seasonal such that during long dry spells, the water source dries up.

There exist a borehole constructed by Banita settlement scheme but it ceased functioning due to lack of pipes and power. It was reported that the transformer was stolen and thus the borehole cannot function. The community takes 1 to 2 hours to go to fetch water. Most of those who fetch water are men and the youth.

3.4.3 Types of Sanitation Facilities

The residents of Kimomora are aware of the dangers of unsafe water for drinking but do not take the necessary measures although the area is prone to water borne diseases. They cited high cost incurred for treatment of water for drinking. Sometimes, children drink contaminated water from the river on their way to school.

Most of the residents use pit latrines for waste disposal. The latrines are poorly constructed. They do not have a way of disposing litter within the community.

3.4.4 Relationship Between Environmental Degradation and Water Availability

The Kimomora community reported that cutting down trees has affected water availability in the area. Poor farming methods have also contributed greatly to environmental degradation.

3.4.5 Status of Water Availability over the last ten years

The community members have been getting water from the river for the last ten years. They consider nothing has improved on water facilities. They share only pit latrine which the whole community/village uses. They also dig holes to dispose wastes since they perceive that pit latrines are expensive to build individually. The problem of not having permanent land has hindered their quest for pit latrines.

3.4.6 Impact of Poverty on Water and Sanitation Situation

In this community, the responsibility of collecting water is on men and the youth though women and children are sometimes involved. The community felt that they could spend the time spent on water collection to undertake economic activities like farming and doing other casual jobs for income. The main means of water collection is by use of jerry cans which women carry on their backs or sometimes use wheelbarrows, donkey carts, bicycles or motorcycles. Carrying the water on the back has a negative impact on the health of the women and may end up being sick hence costing them money for treatment. The cost of collecting, storing and treating water impacted negatively on the community in terms of welfare.

3.4.8 Recommendations

The community recommended the following to improve water and sanitation facilities in the area:

- There is need for a borehole to provide clean potable water to the community;
- Water treatment awareness should be conducted and water treatment chemicals provided for free or at subsidized cost; and
- More public pit latrines should be constructed in the area.

3.5 Housing

3.5.1 Introduction

According to the Kenya Population and Housing Census 2009, 83 % of the households living in rural areas of the county have iron sheets as their roofing material which may be considered decent roofing in conventional standards. However a significant proportion (at 12 per cent) lives in grass thatched dwellings. Comparing rural

households and urban dwellings, 90 per cent of urban households had corrugated iron sheet as their roofing material with only less than one percent having grass thatched houses. This demonstrates a more improved housing for people in the urban dwellings.

With regards to the type of wall material for households, about 52 per cent of the urban dwellers are able to afford stone walled housing compared to only 12 per cent of the household in the rural areas. On the other hand more than half of those households residing in the rural areas (56 per cent) live in mud walled houses compared to only 13 per cent of the urban households. In urban areas, 77 per cent of the dwellers live on cemented floors. This contrasts heavily with 75 per cent of the rural households who have earthen floor material. The semi-permanent dwelling premises are a common feature in the rural areas and in slums settlement. This shortcoming needs to be addressed in order to ensure the provision of affordable modern housing that promote healthy living.

3.5.2 Status of Provision of Housing Access

This community lives in a settlement scheme where houses earlier constructed by the white settler are concentrated in one area. All the houses are permanent and are stone walled, iron sheet roofed with cemented floors. The houses consist of two bed rooms and a sitting room though the rooms are not spacious. However, a few community members have constructed makeshift structures alongside these houses which they use as kitchen or bathroom.

CHAPTER FOUR: FINDINGS ON PRO POOR INITIATIVES AND DEVOLVED FUNDS

4.1 Introduction

4.1.1 Cash Transfer

The Kimomora community is aware of the cash transfer programs but they have never benefited from them. Although there are people who qualify to benefit and are already registered, they do not benefit from the funds. The community was also eager and expecting to be educated on the ways of getting/accessing the cash transfers as well as the criteria for selecting the beneficiaries.

The key informant reported that Rongai sub-county has cash transfer beneficiaries ranging from elderly persons, Persons with Severe Disability (PWSDs) and Orphans and Vulnerable Children (OVCs). There are 200 elderly, 70 PWDs and 245 OVCs beneficiaries. Demand for these funds is too high in the County. For example, in one location (Solai) the elderly persons who turn up for registration were 291. A total of 140 elderly people though qualified did not benefit due to lack of funds, since the Government had targeted just a small group.

The District Officers distanced themselves from registering elderly persons because they do not want to be blamed if people who have been registered do not benefit due to little funds distributed to them by Government. This information is well known by the public but since they are not conversant with the selection criteria they do not understand the fact that it is for only the most severe and needy cases.

Some of the elderly people who benefit from these funds are so old that such that they are unable to go to collect the funds. Such beneficiaries have care givers who they have selected to be collecting the money on their behalf (mostly they choose their relatives to become their caregivers). Sometime these care givers take advantage of the situation and take the larger proportion of the funds. Some of the beneficiaries spend almost all the money in the process of going to collect it since the distance to the post office is far, the roads are in bad condition and sometimes they are forced to spend a night on the way. Sometime they spend on transport more than what they will benefit due to frequent visits to the post office to enquire delays in disbursement of the funds.

Elderly people rely so much on the cash transfers such that they even take goods on credit or borrow friends' money to repay them using those cash transfer once they receive it.

If a family has a PWSDs, OVCs and elderly, they will only benefit from one cash transfer. This is because of the large number of targeted needy population yet funds allocated to the sub county for the programmes are little or inadequate.

The community members said that the CT-for the Elderly come once in a year and that assurance is low. Sometimes funds might not be released. When the funds are distributed, the targeted elderly may have died hence the people who benefit are family members left behind.

The key informant reported that the 245 beneficiaries of Cash Transfer to OVCs (CT-OVC) programme are in Kampi ya Moto. This programme covers four (4) regions at that moment, namely Olrongai, Menengai, Makutano and Makongeni but Solai (Kimomora) has not benefited. This programme is funded by donors from various organizations including UNICEF, World Bank and the Government of Kenya. Depending on these donors, the targeted group is selected by them and the sub county office facilitates and supervises the funding given to various households.

OVC cash transfer program was started in 2008 and established in the sub county in 2009. It started with a funding of Kshs. 500 per month and has been increased to Kshs. 2,000 per month over the years. At the moment, each beneficiary is required to benefit from Kshs. 2, 000 per month payable bi-monthly. This money is collected through post office, Equity bank or Equity bank agent. As most of the beneficiaries are under 18 years, they have been assigned a caretaker to pick the money on their behalf. One of the requirements is for the caretaker is to have an identity card and be closely related to the child. This money is supposed to help in the child's education and improve the living standard. The caretakers are also encouraged to engage in other incoming generating activities so as to boost their income.

Some of the main causes of orphanhood in this area are death of the parents, due to illnesses such as HIV&AIDS and Cancer. Children also have single parents who are not responsible, hence causing the suffering of the children.

OVC cash transfer has had some positive impact on the beneficiaries. These include bettering life of orphans and poor children by providing them with money for food and clothing. This money has also been used to take the children to school and maintain them.

However, OVC cash transfer has had some negative impact in that it has caused family conflicts among some household. Husbands and wives fight over the money and its usage. These conflicts may also involve distant relatives.

There are no well-established infrastructures to access the households. Reaching the beneficiaries and facilitating them is hard due to long distance and poor roads. Secondly, supervising the usage of money by the beneficiaries is not easy hence some cases of misuse by the caretakers have been reported. Sometimes it is very difficult to distinguish between a genuine orphan and fake cases since some people lie while their situation is very different. The study found out that the beneficiaries are very

dependent on the money hence getting them out of the programme to help other people is not easy.

4.1.2 Kazi Kwa Vijana (KKV)

The youth in Kimomora only hear about KKV but are not conversant with it. They have not benefited from the programme. They only mentioned a road which was constructed but they were not involved in building the road. The youth said that they only sit idly (*‘hukausha nyasi’*) because they have nothing else to do. They want to be involved in KKV in future since they are not employed and have nothing much to do.

4.1.3 Roads 2000

The community said that they have never heard about this programme. According to the key informant, the programme is in some areas of the county but not in Rongai sub-county.

4.2.1 Devolved Funds

The Kimomora residents are only aware of the youth and women enterprise funds through social media and radios. The women have registered groups but have never benefited due to lack of information.

The youth also had their registered group but due to renewal fee and corruption, the group ceased operating. This was also attributed to lack of cooperation among the members.

The men were complaining since they were not included in any devolved funds. They were informed that the women enterprise funded projects were open for willing men members.

According to the key informant, Women Enterprise Funds (WEF) exists in Rongai sub-county and it has 124 registered groups of women and youth who benefit from the fund. Of these, one hundred (100) groups belong to the youth while the remaining 24 groups are women.

The money that is revolving within the group is Kshs. 8.7 million. They say the number that applies for these funds are small due to challenges of applying for the funds e.g. tiresome because procedure is long and involving. The process passes through several departments and the money take too long to be given. It takes up to one year to be disbursed.

There is also an NGO based in Rongai sub- County called ROSEWO (Rongai Social Empowerment Women Organization) which helps women to access funds. In this organization, women save money collectively and seek loans amounting to the same

amount they have collected (revolving). A key informant added that Poverty Eradication Commission (PEC) has also loaned ROSEWO Kshs. 3M for table banking.

4.2.2 Recommendations

The following were the community recommendation for improvement on selected pro-poor initiatives:

- The cash transfers should be introduced in the community because there are so many deserving cases;
- The pro-poor programmes such as KKV and roads 2000 should also be introduced in the community;
- Awareness creation and training on accessing the various cash transfers and devolved funds is needed;
- Training on how to start other income generating activities so that the beneficiaries of cash transfer do not have to solely rely on the funds;
- Need to use more than one criteria to identify the genuine beneficiaries of cash transfers;
- There is need to introduce cash transfers since the orphans and vulnerable children, the elderly and severely disabled are there within the community and need help;
- The youth need to be trained and motivated to continue contributing to and maintaining their registered groups; and
- Women also wanted to be facilitated or provided with the necessary information for them to benefit more from the Women Enterprise Funds (WEF).

CHAPTER FIVE: CROSS-CUTTING ISSUES AND EMERGING ISSUES

5.1 CROSS-CUTTING ISSUES

5.1.1 HIV AND AIDS

According to a key informant, the impact of the HIV&AIDS pandemic has been felt at all levels of the county's economic and social circles. The county has a significant percentage of HIV&AIDS orphans majority of who are in the urban centres. There are various children homes to take care of such children in urban areas while in rural areas they are taken care of by their grandparents or older siblings of school age. This has increased dependency and has a negative impact on the labour force. HIV&AIDS has also affected children's participation in education due to inadequate parentage for the affected and absenteeism for those infected

HIV&AIDS still remains a major challenge in this community. The community has received information on HIV&AIDS from public and private health service providers. The information is also disseminated in chief's barazas, by the mass media and occasionally by Ministry of Health officers. The information is on Voluntary Counselling and Testing (VCT), importance of maintaining one sexual partner, people encouraged to uphold biblical teachings, Use of condoms and the importance of giving care and support to HIV&AIDS victims and orphans.

The rate of infection has been reduced and deaths rate from HIV&AIDS related ailments has declined. The community reported that there were notable changes in behaviour including increased use of condoms, more people visiting VCTs and reduced stigmatization.

5.1.2 Disability Mainstreaming

There are People with Disability (PWDs) in this community. They are very vulnerable and most of the times have to be assisted in almost everything including feeding some of them. The most common forms of disability are physical and mental.

5.1.3 Gender Mainstreaming

In this community, when poverty strikes, those who are most affected are children and women. The women have to take care of the children to ensure that they attend school. The women do anything they can to take care of the family. Some women resort to exchanging sex with the well to do men so as to sustain their families.

5.2 EMERGING ISSUES

5.2.1 Uwezo Fund

Some community members have heard about Uwezo Funds but were not aware what it was all about. They only know that it was the money which had been set aside for 2013 election run-off and was to be allocated to youth activities.

According to a key informant, there was misconception on the ground because people perceive that the Uwezo Funds will be distributed to the youth and women to start business without any obligations attached, but this is not the case.

5.2.2 Huduma Centres

The community was not aware of the Huduma centres. However, through observation there is a Huduma Centre at the county headquarters which was providing services such as issuance of passports, identification cards, birth certificates, and registration of births and deaths. Even the key informants were not aware there was such a facility in Nakuru County.

5.2.3 Extraction of Mineral and Oils

There are no major mining activities in Nakuru County in general with the exception of Kariandusi located along the Nairobi-Nakuru highway. The information regarding extraction of mineral and oils was very scanty on the ground.

Other activities related to mining include the harvesting of sand for construction, quarrying and the harnessing of underground hot water for geothermal power generation.

According to the key informant, there are no other known mining potential in Nakuru County. However, further exploration might reveal the presence of other large mineral deposits especially fluorite given the history of presence of fluoride in waters found in Nakuru and Naivasha areas.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 Recommendations

The following is a summary of the recommendations from the community on various policy area and pro-poor interventions:

- Issuance of title deeds to the community members is paramount;
- Provide basic medical supplies such as drugs, beds, doctors, more nurses, laboratory; and free nets for pregnant mothers in the Banita Dispensary;
- Establish a VCT near the community;
- More information on access and registration for NHIF membership;
- The secondary school in the area should be converted into a boarding school to reduce early pregnancies amongst school girls;
- Provision of agricultural extension services to serve the community members;
- The area has not been experiencing consistent rainfall; therefore, water for irrigation is required to curb the problem of seasonal droughts and poor harvesting;
- Create awareness on peaceful co-existence since the area is cosmopolitan in nature;
- The transformer for the borehole be replaced and pipes be connected to the borehole to supply water to the community;
- Awareness creation on water borne diseases and water treatment and water treatment chemicals be provided for free or at subsidized prices;
- The cash transfers should be introduced in the community because there are so many deserving cases;
- The pro-poor programmes such as KKV and roads 2000 should also be introduced in the community and the youth be involved;
- Awareness creation and training on accessing the various cash transfer programmes and devolved funds; and
- Training on how to start other income generating activities so that the beneficiaries of cash transfer do not have to solely rely on these funds.

The community major economic activity was agriculture which was the main source of household income. In order to reduce the poverty levels among the people in the county the government should consider improving agricultural services. This coupled with subsidized farm input and equipment will go a long way in boosting the levels of living for majority of the community in Nakuru County.

6.2 Conclusions

The Kimomora cluster is a settlement scheme made up of a number of houses built by a late European settler. These houses are built with stone and iron sheets as the main material. There are no rental fees charged on the household living in this settlement scheme. It is a cosmopolitan area with mixed tribes of people from different communities. Some of the tribes located there are Luos, Kikuyus, Luhyas and Kalenjins.

The community's major economic activity is farming. This Farming activities are supported by casual labourers. Some of the people are also involved in transport business such as boda boda which is the main means of transport, while others are small business people.

There are limited services offered to this community except health services from the Banita Dispensary. The borehole which used to provide water to the community is no longer functional while the schools are far away from the community. The Devolved and social protection programmes have never benefited the community members since they were initiated.

ANNEX ONE: PAIR WISE RANKING MATRIX

The services identified by the community members to be ranked were Health (H), Water (W), Education (E), Land (L) and Unemployment (UE)

Stage One

	E	UN	W	H	L	Score	Rank
E		E	W	E	L	2	2
UN			W	H	L	0	5
W				W	W	4	1
H					H	2	3
L						2	4

Stage Two

	E	H	L	Score	Rank
E		E	E	2	1
H			H	1	2
L				0	3

NOTES

According to Kimomora people, the most pressing issue is water followed by education, health, land and unemployment. They said that if the issue of water is sorted out, the other problems would reduce significantly e.g. they said if clean water was provided, the issue of diseases would reduce.

Education is the second priority. If education was provided then it would easily address the issue of unemployment and also help in maintaining cleanliness and health.

They preferred health to unemployment and land because when they are healthy they will be able to work on their land and conduct other income earning activities.

They preferred land to unemployment since land would be able to give them employment by farming on their lands.