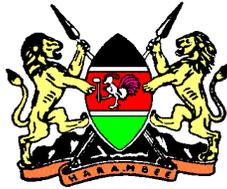


REPUBLIC OF KENYA



**THE PRESIDENCY
MINISTRY OF DEVOLUTION AND PLANNING**

PARTICIPATORY POVERTY ASSESSMENT V (PPAV)

WAJIR COUNTY REPORT

KENYA 
VISION 2030
Towards a Globally Competitive and Prosperous Kenya

OCTOBER 2014

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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**

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The Wajir Participatory Poverty Assessment Report is the first of its kind that has the County as the key reference point on poverty profiling since the promulgated of COK, 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the 5th National Participatory Poverty Assessment (PPAV) Report whose findings have been published simultaneously with the 47 County Reports.

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ENGINEER PETER O. MANGITI
PRINCIPAL SECRETARY

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 Counseling Treatments
WEF	Women Enterprise Fund
YEF	Youth Enterprise Fund

EXECUTIVE SUMMARY

Participatory Poverty Assessment (PPA) V is a mechanism through which identified groups of people give their own definition and understanding of poverty based on their own perspective.

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

This report presents the findings of the PPA V survey in Wagberi 2 Cluster of Wajir County which was conducted in November/December, 2013. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who were mainly technical experts in subject areas of the survey.

There are several causes of poverty in Wagberi area which vary from social, natural and physical factors. According to this community, social factors are cases where community contributes to poverty or through lifestyle, cultural and moral values (social norms). They attributed this to the following: laziness, dependency syndrome, ignorance resulting to not taking children to school, Gender biasness mainly manifested in disallowing women from owning property, frequent tribal clashes, lack of diverse economic activities since they are all pastoralists, high , unemployment rate, drug abuse as most men are high consumers of *mira*(*Khat*).

According to Key Informants (KI) interview the major health care concerns in the community include; throat Cancer, Malaria, T.B, HIV&AIDS, Diarrhea, Malnutrition, Hepatitis, Typhoid, and Common Cold. The Wagbera 2 community echoes these concerns and notes that malaria is the major concern especially for young children.

In regard to education performance, the community reported that there has been improvement but the performance is still low. This was attributed to inadequate staffing of schools. The same sentiment was echoed by key informant who argued that education standards have not been satisfactory. The situation is said to be caused by high pupil-teacher ratio, pastoralism, inadequate staffing, insecurity, absenteeism and negative cultural practices, among others.

Provision of agricultural services and inputs has been ongoing. The available government services include agricultural extension services like treating of livestock, vaccination and farmer education and awareness creation. The government also provides subsidized seeds and fertilizers for those practicing farming in the County.

The main sources of water in Wagberi 2 are shallow wells, water pans and piped water mainly from water kiosks. According to Public Health Officer (PHO), safe drinking water is free from physical, bacterial and chemical components that are harmful to human health. It was reported that there is no common source of safe drinking water in the area. The community defined safe drinking water as those sourced from shallow wells, borehole and rainfall. The practice of water treatment is evident with the community reporting that they treat water through boiling. The KI reported that the practice of treating water is more in the urban area than it is in rural areas. Community Health Workers (CHWs) chlorinate public wells under the watchfulness of the Provincial Health Officer (PHO).

Lack of clean water causes unhygienic conditions. This causes diseases, which is common to poor people who cannot access safe drinking water. The community gave an instance in which people using bucket as the only sanitation facility indicates the level of poverty since they cannot afford to construct proper sanitation system for example latrines . Poor sanitation and poor hygiene expose households and communities to diseases which in turn drain family resources and time spent in seeking treatment. This aggravates the poverty situation at the household levels.

Overall, the community argued that where poverty is high, people are likely to experience poor sanitation. On the other hand, where poverty is low individuals and communities are likely to experience better sanitation and hygiene.

The community reported that since they construct traditional houses, construction materials are readily available. As for the semi-permanent and permanent houses the materials are expensive and only a few people can afford. The cost is made prohibitive by the long distances in the county.

Cash transfers in Wajir County includes the following: CT Elderly, Orphans and Vulnerable Children (CT-OVC), CT Persons with Severe Disabilities (CT-PWSD) and Hunger and Safety Net Programme CT (CT-HSNP). Other pro-poor initiatives included: Hunger safety net programme (HSNP), APHIA-plus imaarisha, kazi kwa vijana and roads 2000. Devolved funds include constituency development fund (CDF), local authority

transfer funds (LATF), Women Enterprise Fund (WEF) and youth enterprise development fund (YEDF).

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, the 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 filled 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; and
- 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

Wajir County is located in the North Eastern region of Kenya. The County covers an area of 56,685.9 Km². It borders Somalia to the East, Ethiopia to the North, Mandera County to the Northeast, Isiolo County to the South West, Marsabit County to the West and Garissa County to the South.

According to the 2009 Kenya Population and Housing Census, the County had a population of 727,965. Males comprised 55 per cent of the population whereas female population accounted for 45 percent. The age cohorts reveal that 84.2 per cent of the population is below 29 years.

The county has a large number of poor people both in urban and rural areas. The population living under absolute poverty is estimated to be 84 per cent. This implies that the majority of the population is unable to afford their minimum basic needs such as food, clothing and shelter. Majority are heavily dependent on relief food from the government and other organizations.

Livestock production is the key economic activity that provides a livelihood for majority of the county residents.

The county receives on average of 240 mm precipitation annually or 20 mm each month. There are 24 days annually in which greater than 0.1 mm of precipitation (rain, sleet, snow or hail) occurs. June is the driest month with an average of 1 mm of rain across zero days while April is the wettest month with an average of 68 mm of rain, sleet, hail or snow across 6 days. The higher areas of Bute and Gurar receive higher rainfall of between 500mm and 700mm.

The average temperature is 27.9 °C. The range of average monthly temperatures is 3.5 °C. The warmest months are February and March with an average of 36°C while the coolest months are June, July, August and September with an average low of 21 °C.

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 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 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 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) and any other pro-poor interventions. Chapter five (5) covers cross-cutting and emerging issues while chapter (6) outlines the recommendations and conclusions

CHAPTER TWO

POVERTY DYNAMICS AND INDICATORS

2.0 Introduction

According to the County Development Plan, CDP 2013, the county has a large number of poor people both in urban and rural areas. The population living under absolute poverty is estimated to be 84 per cent. This implies that the majority of the population is unable to afford their minimum basic needs such as food, clothing and shelter. Majority are heavily dependent on relief food from the government and other organizations.

The high incidence of poverty can be attributed to; unreliable rainfall, high levels of illiteracy, poor crop and animal husbandry practices, poor infrastructure, inaccessibility to credit facilities, poor marketing systems, natural disasters like frequent droughts, floods, livestock and crop diseases, wildlife menace, environmental degradation and insecurity.

2.1 Definition of Poverty

Wagberi 2 Community defines poverty as '*cesnimo ama sabol*'. Poverty is also described as having nothing to sustain daily life (*Qof abodhi nolasha maninta*); the state of childlessness, disability (*Curyan*) and being bed-ridden or having bed-ridden relatives (sick). An elder described poverty as 'state of losing all livestock to famine or drought'.

In the opinion of one Key Informant (KI), 'poverty in religious terms is described as a person who cannot work either due to lack of skill or knowledge or is physically handicapped. According to him, 'a person who is capable of doing any casual work cannot be described as poor even if the person has nothing at the moment because this person is potentially productive'.

2.2 Classification of poverty

The community categorized itself into Very poor, poor, the stable and the rich. They also described "*Faqir*" which means having "no assets" either livestock such as goats, sheep, cows, camels and chicken. This category cannot afford to buy food and over time they have developed dependency syndrome. Very poor persons depend on relief and assistance from local Community Based Organizations (CBOs) and relatives. According to this community, the very poor are unable to take their children to school.

The poor are known as "**Maskin**": That is, people who do not have enough resources for family upkeep, may have only two goats and can afford one meal per day. This category can enroll their children to public school where education is free and should have two children complete primary education (standard eight) at the same time, they allow one child to proceed to secondary school and drop the other since they cannot afford secondary school education. The poor are described as having no toilets and shallow wells. In addition, they can only afford to buy second hand clothes and the housing style is semi- permanent.

Stable or Qaf Iskufilan: this is a unique observation from the Focus Group Discussion (FGD) at Wagberi 2 Village. The community argued that between the poor and the rich is a category that cannot be perceived as poor because of certain characteristics that delineate them from the poor and which make them less susceptible to conditions of the very poor or poor. The characteristics of this category however very much borders those of the poor and there is, according to the community, less distinction

This category is mostly the casual workers such as the *fundis*, town garbage collectors and herdsmen. A person in this category can sustain their daily bread effectively, can pay fees for their children, live in stone built houses, have sanitation facilities and wells. They can also give proper medication to their family members.

Rich (Tajir)

Wagberi 2 community perceives **Tajir** as persons who are capable of living 'proper lives free from inadequacy of basic things.' The category is characterized by modern lifestyles such as having vehicles and other durables. Most of the rich members of the community live in urban areas like Wajir, Garissa, even Nairobi, have well-furnished gated housing structures and their children are known to be studying in private schools.

In addition, the rich people in the community are the decision makers of the community and have large scale livestock and some practice crops farming. They are business drivers in the community and they do employ the poor people to work at their homes. Rich people do have high involvement in politics and as such largely influence who to vote for. They do have plenty of sense of fashion and live on various diets.

2.3 Characteristics of poverty

According to the community the very poor have no assets and live in poorly constructed traditional houses. Their children do not go to school and they entirely rely on relief food. According to the Wagbera 2 community the poor are able to own two goats,

enroll their children in public schools, wear second hand clothes and live in semi permanent houses.

The middle class (stable) are mostly the casual laborers, herdsman and garbage collectors in urban areas. They can afford rental houses and take children to school.

The rich in the community live in urban area like Wajir, Garissa and Nairobi. They are able to educate their children in private schools and own vehicles and live in modern houses.

Percentage by category

According to the community and the key informants, the cluster has 110 households. The community reported that 22 households or 20% of the households are very poor, 77 households or 70% are rated as poor, 9 households or 8% are perceived as stable and 2 households or 2% of the households are categorized as rich.

2.4 Causes of Poverty

There are several causes of poverty in Wagberi area which varies from social, natural and physical factors. According to this community, social factors are cases where community contributes to poverty or through lifestyle, cultural and moral values (social norms). They attributed to the following; laziness, dependency syndrome, ignorance resulting to not taking children to school, gender biasness mainly manifested in not allowing women to own property, frequent tribal clashes, lack of diverse economic activities since they are all pastoralists, drug abuse as mostly men are high consumers of *miraa*, (*Khat*) and unemployment.

The community attributed the natural factors to frequent droughts, famines, floods, diseases which affect both human beings and domestic animals. The other factors attributing to poverty included infertile land, poor road infrastructure and rugged landscapes, poor rainfall, climate change. Poor rainfall and climate change have led to desertification of the area resulting to massive loss livestock.

2.6 Impacts of poverty

Men

According to the community, poverty in men leads to crimes referred to in local language as *tuknimo*. The reason for this is that given that man is known to be the

breadwinner in the community, they are forced to use any means to provide the daily sustenance hence leading to various crimes such as theft cases and robbery (**shafta**).

Poverty leads to cattle rustling by men and is seen as the leading crime in the community. Men who lose their livestock to drought engaged in cattle rustling in order to regain their pride of having herds of cattle.

Poverty leads to death of people: may, as a result of starvation lose their lives during famine and drought period as was the case of 2005-2006 prolonged drought where it was reported that over 30 heads of families lost lives.

Poverty leads to family breakdown: the community reported that family disharmony has resulted from the fact that some husbands cannot afford the family bill due to poverty; there is the concern of high number of cases of divorce (**talaka**) during hard times.

Diseases: There are poverty related diseases since the poor person cannot afford proper medication or dietary requirements.

Self-exile: Men are forced to migrate away from their homes. That is they force themselves into 'exile' due to high pressure from wife and children's daily upkeep.

Women

Female headed households: The community attributed this to men abandoning their families mainly due to lack of incomes to support their families. Divorce cases have also been reported in the community and the trend is rising. Women are left caring for the children. This has exerted pressure on women to seek alternative means of livelihood.

Prostitution: Poverty leads women to involve in casual sex as a coping mechanism to feed children. Rising cases of commercial sex work in urban areas have been reported.

Diseases: The aftermath of prostitution is sexual related diseases such as HIV&AIDS, STI's STD's. Since those who engage in prostitution cannot afford proper and continuous medication, they die. Similarly diseases rob the family of meager resources and the valuable time which would have been used in productive activities.

As noted above poverty can cause diseases and hence death. However, death can be as a result of starvation as families lack adequate food for healthy living.

Cheap casual labour: The community reported that women are commonly the basic sources of cheap casual work in and outside the community. Such labour includes

working as maids (*posh*), water fetchers and, garbage collectors. Since there is no physical security most women do suffer while attending to such jobs through working too long and the labour is physically demanding.

Youth/Children

Drugs abuse: most youth from the areas are reported to be abusing drugs (*khatley*). Many are drug dealers and some heavy drug traffickers to Moyale Town and other urban areas in the region.

Crimes: Idle youth are known for involvement in crimes such as robbery, stealing, rape , tribal clashes, weapon trafficking and illegal logging of natural trees.

Death: This occurs particularly among children due to starvation as a result of severe famine and drought. Many children die during famine and drought.

School dropout has been reported as many parents cannot afford to pay fee beyond primary and some beyond secondary. Most youth and children have dropped their studies at primary school.

Early marriages: when youth drop out of school, they are naturally and also culturally compelled to marry early. There is concern of rise in early marriages for school drop outs since there are no other options available to better their lives.

Persons with Disabilities (PWDs) and Orphans & Vulnerable Children (OVCs)

As components of the community PWDs and OVCs are known to be highly impacted by poverty since they face lots of challenges and do not own any assets. Most of them drop out of school; others are physically abused /misused by relatives such as defilement and rape. The orphans are subjected to child labour to herd livestock owned by rich persons in the community.

2.7 Copying Mechanism

Men

Small Businesses: men raise little capital through borrowing from family and friends to create small enterprises such as kiosks, cloths and footwear hawking and *boda boda* businesses.

Kibarua or casual labour: men engage in daily casual labour such as *fundis* (building of structures), porters and hawking *mali* (goodies) on behalf of shop owners; footwear and cloths. *Some men are involved in charcoal burning* and firewood collection which they sell to middle men who in turn sell to hotels and buyers who transport to other towns.

Some also engage in white wash making (chokaa), used to build houses in Wajir Town whereas others are involved in quarrying and stone cutting (digging). Others deal in brick making and selling. These materials are sold at local markets for building houses.

Most men also practice water hawking. They fetch water and sell it to hotels and individuals using donkey carts.

*Some men act as **Talaley** (middle men)* in livestock trading/marketing and others are butchery attendants (**Kawanley**)

Women

Most women are engaged in small scale business such as groceries (vegetable kiosks), **Miraa (Khat) Selling:** It was found that in this community, *Miraa* selling is dominated by women, **Nyinyiri** making (*Nyinyiri* is a type of meat prepared by cutting the meat into tiny pieces and preserved later use), *Bacatley-* selling clothes for business owned by rich people, building (*lons*) grass built houses and milk trading.

Some women work as maids for rich families and others are mid wives. Others practice small-scale farming such as planting vegetables.

Youth

Most youth look for jobs such as construction of buildings and houses as well as building of school structures, stone scooping (*kotkota*), working in hotels, as herdsmen for the rich people, as shepherds/ goat herders and fencing plots.

The Youth also start small scale enterprises such as kiosks, legal drug selling such as tobacco and *miraa* and collection of gums (*haborhaker and malma*). The gums are collected from certain tree species and are used to make drugs or glue. These are sold locally or transported by middlemen to Nairobi for sale.

PWDs and OVCs

Begging: Some PWDs go to urban areas to engage in begging as they have no one to adequately depend on. Some would borrow from relatives and well-wishers. Some OVCs depend on well-wishers and others are forced to child labour in rich homes.

Most PWDs are engaged in small scale enterprises such as tailoring, ropes and mat making and knitting.

2.8 Assets ownership, access and decision making in households

According to the Wagberi community, men are the decision makers and are the owners of livestock. Women own nothing and they rely on men to make decision.

2.8.1 Main household assets

The main household assets in Wagberi 2 community are cows, goats, sheep, camels, houses, land, furniture, jewelry, vehicles, utensils, chicken and donkeys.

2.8.2 Ownership of Assets

Assets owned by the men in the community include, land, vehicles, houses and livestock. On the other hand women own jewelry, chicken, furniture, utensils and donkeys. Donkeys are said to be owned by either spouse.

With regard to accessibility, use and decision making of each asset, the community reported that its use, accessibility and decision as to disposal is dependent on who owns the asset. However, for mutually owned assets accessibility and decision making was reported to be based on mutual cooperation and understanding between the spouses.

2.9 Poverty and Gender

It was found that social and cultural biasness determined the direction and magnitude of impact of poverty on gender. It was found that burden of poverty impacts more on the female than male gender. The FGD discussion and KI interviews both reveal a situation where there is gender based inequality in the community in terms of what assets are owned by which gender. The type of assets ownership affects its access and use and therefore its productive use determines what wealth each gender can create.

For example it was found that land, vehicles and livestock are pre-dominated by men in ownership, accessibility, use and decision making. These are apparently high value assets compared to female related assets such as chicken, furniture and utensils. Furniture and utensils are not wealth creators since they are domestically used assets

and hence its disposal is remotely possible. Chicken, in its ordinary sense, is low value and is not commonly kept for commercial sense.

Another example in which poverty is heavier on the female than on the male gender in this community was found in respect of roles and responsibilities around the family in a typical day. The FGD yielded findings on specific roles and responsibilities given to men and others assigned to women based on the moral laws of the community.

2.10 Poverty trends Overtime

Wagberi 2 community observed that poverty has decreased overtime. They noted that some individuals who were very poor sometimes back are now rich and in a way are living luxurious lives or have moved out of poverty. The reduction in poverty over the last ten years was attributed to increased education level in the people and therefore employment opportunities.

An FGD discussant observed that nowadays people are getting income from their children who got employed either in the government sector or non-government organizations.

Similarly, business environment has improved over time and most people are making profits in their businesses such as shops, *miraa* sellers, and grocery sellers. The community stated that building technologies have improved and embraced to develop better housing than a decade ago.

In addition, reduced poverty over time was credited to increased assistance from government agencies and non-governmental institutions. For example, the relief food has ensured that the community is cushioned against hunger in time of drought.

2.11 Interventions targeting the poor in the Community

According to the community, the following are some of the interventions that have improved their livelihoods.

2.11.1 Cash Transfers (CTs)

The government has provided CTs to the elderly and OVCs. The community is aware of the availability of the CTs. Most of them reported to be involved through their area chiefs and religious leaders in identifying beneficiaries. They, however, want the government to increase allocations to beneficiaries.

2.11.2 Free Primary Education (FPE)

The community identified positively with the FPE. There was wide acceptance of this intervention. The community reported that since its introduction, the school enrollment has gone up and education burden reduced.

2.11.3 Youth Enterprise Development Fund (YEDF)

The scheme is open to all the youth between 18 and 34 years who are engaged in individual businesses but organized in Groups. The details of this intervention are given in Devolved Funds section of this report. However, some community members expressed dissatisfaction with the fact that the fund attracts some interest which they term as *haram*.

2.11.4 Women Enterprise Development Fund (WEF)

The funds are channeled through department of social development to women in order to increase their business opportunities and enhance their livelihood. Most of the community members are aware of the availability and criteria for access of these funds. Like the YEDF there is some level of resistance to access of WEF especially by the rural community due to its relation to interest, of which as Muslims they view as unlawful (*Haram*).

2.11.5 NGO Interventions

NGOs like Aldef give out relief food to the poor in order to sustain their lives. World Vision also deals in child sponsorship in education as well as interventions in the water sector where they construct pans and wells for the community. Some FBOs like Africa Muslim Agency (AMA) support and manage an orphanage centre and dig wells for the poor.

2.12 Recommendations

- Permanent interventions policies should be developed to curb poverty than short term interventions such as relief food;
- Growing of drought resistant crops should be established through irrigation schemes;
- The government should offer free-interest loan to the community since funds with interest is perceived as a cause of poverty in the community;

- Proper agricultural extension and education should be extended to the community in order to increase the productivity;
- Public education and awareness creation about drug abuse and its effects on HIV&AIDS, drought related issues and other calamities should be enhanced;
- Decentralization of industries – (national industries) to rural areas should be encouraged in order to create job opportunities to improve living standards.

CHAPTER THREE

FINDINGS ON PROVISIONS OF GOVERNMENT SERVICES

3.1 HEALTHCARE

3.1.1 Introduction

According to Wajir County Integrated Development Plan 2013, there are 80 public health facilities, 27 private facilities and 2 facilities run by NGO/missions. The county has 10 level IV hospitals, 26 level III health centres, 46 level II health centres, 46 dispensaries and 24 clinics. According to the 2005/2006 KIHBS, 95.9 per cent of the population have to cover more than 5 Kms to access a health facility and only 4.1 per cent access a health facility within less than 1 Km. The HIV prevalence rate is 0.9 per cent which is lower by far from the national average at 6.7 per cent.

The County is served by 5 doctors, 175 nurses and 625 community health workers. The doctor patient ratio is 1:132,000 compared to internationally recommended standards of 1: 5,000. The nurse to patient ratio is 1:4,163.

3.1.2 Major Health Concerns in the Community

According to KI interview the major health care concerns in the community include; throat Cancer, Malaria, T.B, HIV&AIDS, Diarrhea, Malnutrition, Hepatitis, Typhoid, and Common Cold. The Wagbera 2 community echoes these concerns and notes that malaria is the major concern especially for young children.

Other diseases related to environmental pollution are tonsils, skin diseases, eye diseases and scurvies.

3.1.3 Provision of Health Services

The following services are offered at the Wajir County Hospital which is the main referral hospital to the community. The services offered are both curative and preventive health services and include, Maternity, Antiretroviral Therapy (ART), Voluntary counseling and testing (VCT), M.C.H.F.P, Theatre (operation) and Vaccination.

In Wajir East Sub County, most villagers have access to government run dispensaries which provide basic medical services like out – patient services which are affordable and available to most of the communities. Wagbera 2 community members mostly use and access Wajir Sub- County Hospital which is not far from the cluster.

3.1.4 Interventions towards Health Services in the Community

There are government nutritional programmes which are aimed at reducing malnutrition rates in the community. Community Health Workers (CHWs) are responsible for reaching out to communities and carrying out education on sanitation and hygiene as well as provision of water treatment agents. Nutritional Programmes are also supported by Save the Children, a local NGO. They are also involved in Water and Sanitation and Hygiene (WASH) programme that improves sanitation in the community. Such Sanitation includes hand washing, use of latrines and proper waste disposal

There are also Mobile VCTs to reach rural areas to conduct VCT services and reduce stigmatization of those infected or affected. The Mobile VCTs cover the entire Sub-county. The government is also involved in Feeding Programme for people living with HIV&AIDS, (FPLWA)

The government conducts immunization at all health centers and run mobile immunization services for immunizable diseases. Early access to immunization has improved in the community.

Trained Community Health Workers (CHW) are available to carry out the services of community mobilization on health matters, awareness and advocacy and carry out sanitation and hygiene interventions. There are two CHWs in each of the government health facilities.

According to the KI maternity services are now free following government directive. Almost every village can access government dispensaries that offer maternity services. Wagberi 2 community accesses the maternity services at Wajir level 4 hospitals.

3.1.5 Decision making on health issues in the family/ community

At the household level, it was found that the heads of households are the main decision makers on the issue of health. At community level, it was reported that village elders, religious leaders, the chiefs and CHWs are the decision makers on health related issues as they are held in high regard and trusted by community to give health advice.

3.1.6 Ideal family size

According to a KI respondent, an ideal family size is a minimum of ten and maximum of 18 people as most families are extended and polygamous. In the FGD discussion the community gave a minimum 12 members as an ideal family size. They however added that they appreciate the size that God decides to give them.

3.1.7 Relationship between households size and poverty

According to the community, poverty does not relate to household size. They argue that poverty depends on what resources the household has, how they work and what income generating activities are done by the family members. They cited an instance where a family could be very small in size yet it is poor or a large polygamous family which is rich. According to them, there is therefore no relation between household size and poverty. Many children are a blessing from God and therefore seen as wealth or sources of wealth. A female discussant had this to say:

"Kama mungu anapatia mimi watoto basi atapatia mimi mali ya kulisha hawa". (If God gives me children, then He will certainly give me resources to take care of them).

Another member added, 'as a Muslim community, it is our belief that the larger the family (household) size, the higher will be the provision of Rizik from Allah'.

3.1.8 Access and decision making on family planning services

According to the KI family planning services are available but the response is poor and stands at less than 4% uptake due to religion and cultural factors like seeing many kids as a blessing from God. In respect of decision making on family planning, the community reported that is not relevant to them because their religion does not permit family planning.

3.1.9 Impact of Health services on the community

According to the KI, health services have generally improved status of health of the community. Specifically, interventions have resulted in the following impacts:

The community appreciated interventions for under-five children such as in the provision of mosquito nets and inexpensive anti-malarial drugs which have led to reduced child mortality rate in the County and the community as a whole.

Maternal services have led to improved maternal reproductive health. These include anti natal and post natal care services. According to the KI, the introduction of free maternal services by the government will improve the situation even more.

In addition, there has been increased level of awareness and control of emerging issues like HIV&AIDS, throat cancer and epidemics. The outreach services and mobile VCTs have ensured that the community is well kept aware of existing and emerging health related threats. Associated with the foregoing point is that these interventions have led to reduced cases of STIs and STDs as the community adopts preventive measures to avoid contracting these diseases.

Construction of community health centers has led to improved access to health services which includes; immunization of diseases such as measles and polio.

There is however a considerable level of resistance to certain interventions in the community. There are two major health aspects which are not popular. The first area of resistance is family planning services which is still held in low regard. The reason for low penetration of family planning acceptance is religious; the community believes it is against their religion to practice family planning. The second aspect of health that is not popular is the distribution of condoms which the community sees as a way of encouraging immorality among the youth. Religion, they emphasize, preach sexual purity and as such encouraging the use of condoms would, in their opinion, promote promiscuity. However, KI maintains that there is irresponsible sexual behavior and notes that efforts to promote responsible sexual behavior will continue to be sustained.

3.1.10 Opinion on status of health services over time

According to the Medical Officer of Health (MOH), the trend of health services over the last ten years have improved due to decentralization, provision and employment of trained health workers. The community had the same observation and pointed at examples such as reduced malaria cases, improved maternal health and improved nutrition of children.

3.1.11 Challenges on provision of Health services.

The following were identified as the main challenges facing health care provision in Wajir County:

- Inadequate vehicles for example ambulances which limit health related service provision;
- Ignorance about family planning issues still exists in the community. This problem is compounded by religious belief that maintains that God is responsible for the size of family and therefore *Binadam* (man) should not artificialize family size;
- Traditional and cultural norms that encourage home based delivery of mothers;
- Poverty was also cited as a major challenge in that most residents cannot afford referral cases beyond Wajir county;

- Inadequate staffing: the KI reported that there are only two doctors (5 in 3.1.1) serving the entire Wajir County population and few nurses who, for their numbers, cannot stand against daily high demand of medical services; and.
- Inadequate and sometimes obsolete equipment in hospitals, dispensaries and health centers.

3.1.12 Recommendations

- Employment of adequate health workers to cater for the numerous health services in the County;
- Health institutions should be adequately facilitated with equipment such as computers and X-ray machines. Furthermore, they should be equipped with enough ambulances and vehicles suitable for long distance; and
- Operational research about new emerging diseases such as throat cancer and developing diagnosis, as it is a major concern to the community as was observed by the KI

3.2 BASIC EDUCATION

3.2.1 Introduction

According to Wajir County Integrated Development Plan 2013, the County has a total of 203 ECDs with a total enrolment of 18,800. The teacher/pupil ratio is 1:92 and transition rate of 90 per cent. Primary schools are 203 with a total enrolment of 59,065 pupils of which 35,928 are boys and 23,137 are girls. The primary school retention and transition rates are 51 per cent and 58 per cent respectively.

There are 34 secondary schools with 5,122 boys against 2,073 girls. The completion and retention rates are 90 per cent and 87 per cent. Moreover, there are four youth polytechnics (Wajir, Habaswein, Khorof Harar and Griftu polytechnics) and one tertiary institution. Adult literacy is low at 23.6 per cent.

This section presents information on the status of education in the community with respect to accessibility to education services, interventions in the sector and their impacts as well as the challenges and recommendation for improvements. The opinion of the community on the relationship between education and poverty is also presented as is the status of education over the last ten years.

3.2.2 Status of Education Facilities in the Cluster/County.

The KI in the education sector reported that the status of education facilities can be termed as fair. There are number of pre- primary schools, primary schools and secondary school. However, the County has no higher institution of learning like a college or a university.

The KI added that most of the classrooms in the entire Wajir East sub county are well constructed under Constituency Development Fund (CDF) and Ministry of Education but there is still need to improve on education standards in the region.

With respect to Sanitation facilities in schools, it was noted that there are not enough toilets as most schools use bucket latrines instead of septic tanks.

The community members raised concern over the shortages of desks. Nevertheless, they expressed optimism that this can be solved adequately with the Ministry concerned.

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

Most of the schools are located at strategic places within the community so that the community can access education services offered in schools. In every community there are pre-primary and primary schools.

According to respondents, Wagberi 2, the community has two primary schools and one secondary school in the locality. Although they are not located within Wagberi 2 Cluster, they are nevertheless accessible.

In terms of affordability, the community reported that education is affordable at primary level because of FPE and those who cannot afford to pay for boarding secondary schools opt to enroll in day schools. The day schools charge an agreed lunch fee of KES 3, 000 per term. This figure is agreed upon between the parents and the school's management. The community however perceives the figure as high particularly when a family has more than one child in school.

Given that this is a pastoralist community, the government has provided mobile schools so that pastoralist children can access education wherever they are.

3.2.4 Status of Education Services

In regard to status of education performance, the community reported that there has been improvement but the performance is still low. This was attributed to inadequate staffing of schools. The same sentiment was echoed by key informant who argued that

education standards have not been satisfactory. The situation is said to be caused by high pupil-teacher ratio, pastoralism, inadequate staffing, insecurity, absenteeism and culture among others.

In terms of enrollment, pupil population has been soaring which may be attributed to FPE. Most of the schools are overcrowded due to high enrollment rates in the entire County.

It was reported that FPE has become a push factor for parents to take their children to school since they no longer pay the requisite fees as before for the services to be offered. In effect provision of quality education is hampered since a teacher has to handle more pupils than is recommended hence individual attention is spread thinly.

Transition into secondary school is still low. This was reported to be caused mainly by high poverty levels as most parents cannot afford secondary education.

Government and stakeholders have shown more concern in the recent years to issues such as subsidized secondary education (SSDE), school feeding programme, distribution of sanitary pads for girls, uniforms and stationery. These are aimed at achieving higher enrollment, retention and transition into secondary schools.

3.2.5 Intervention towards Improvement of Education in the Community

Bursaries and scholarships are offered to the bright and needy students in the communities through government programmes such as CDF. CDF is also involved in the construction of classrooms to cater for the rapidly increasing enrolment due to FPE. In addition CDF also provides sporting equipment, build laboratories, dormitories and staff quarters.

There is also the provision of sanitary pads/ towels to girls through government initiatives with the help of others stakeholders like local NGOs.

The provincial administration has sensitized public through campaigns for pupils' enrolment for both boys and girls in order to enhance the level of education within the community. Furthermore the provincial administration has established certain policies and norms to discourage early marriages and female genital mutilation (FGM) to empower girl child education.

Equity bank has established an annual sponsorship programme ('wings to fly') for bright and needy students. The programme sponsors top students in every Sub County from secondary all the way to higher learning.

The World Vision, an international Private Voluntary Organization (PVO) also sponsors children in education. They liaise with the District Education Office.

3.2.6 Relationship between Education and Poverty

According to the community poverty and education are intertwined for the reason that without education people continue to be poor and a poor person has less chance to education. Education increases ones chances of employment, employment would lead to ability of families and the community to meet basic needs and eradicate ignorance; it is connected to aspect of life such as health, housing, food and entrepreneurship.

In sum, the community argues that as the level of literacy increases the rate of poverty decreases since those who went for education got employed from various government departments and private sector and income from employment has improved all aspects of individual and community lives.

3.2.7 Opinion of Education Status Overtime

According to the community and the KI, the trend of education in the last ten years has increased since introduction of FPE and SSDE. This intervention triggered the establishment and continuous staffing of schools which encourage establishment of enough rural schools. Education standards though exhibiting a positive trend is still not satisfactory due to challenges such as inadequate staffing, pastoralism, culture and drought which affects attendance rates.

3.2.8 Recommendations

- Increase CDF and bursary allocation for needy and bright students;
- Improve accessibility of low cost day schools for secondary and boarding primary schools;
- Creation of government tertiary college institution to cater for higher learning in the area;
- Employ more teachers to improve service delivery to the pupils;
- Increase teachers' salaries so that they get motivated and limit the risk of strike which cuts short the normal learning of students;

- Increase budgetary allocation for services such as sanitary facilities, infrastructure; electricity and security that affects the learners;
- Special schools for the special need learners should be established for example the deaf , blind, physically challenged and mentally challenged since there is only one such school in the entire Wajir County and
- Discourage and ban drugs such as *miraa*, tobacco and cigarettes away from schools.

3.3 AGRICULTURAL SERVICE AND INPUTS

3.3.1 Introduction

Agriculture is practiced in depressions and along drainage lines where there is more moisture due to seasonal flooding. Irrigation using underground water is limited in areas with permanent shallow wells. Due to the aridity of the county, food production is limited and contributes little to food security. Most people rely on livestock products like milk and meat which is their staple food.

Efforts have been put towards increasing crops productivity in the county, but over reliance on relief food has been a major hindrance in achieving food security. Other setbacks include; inadequate funding, inadequate technical support (extension), inaccessibility of markets especially by farmers, costly farm inputs and unreliable rains.

Livestock production activities are practiced county-wide. Poultry keeping is more pronounced in Wajir town. Livestock population density in the county is low due to the low land-carrying capacity of the rangeland. Droughts, livestock diseases and pests adversely affect livestock development in the county.

3.3.2 Status of Provision of Agricultural Service and Inputs

Provision of agricultural services and inputs has been ongoing. Government services available include agricultural extension services like treating of livestock, vaccination and farmer education and awareness creation. The government also provides subsidized seeds and fertilizers for those practicing farming in the County.

3.3.3 Interventions towards Improvement of Agriculture in the Community

The government through Ministry of Agriculture provides grants to farmer groups to assist in eliminating hunger; the 'Njaa Marufuku Kenya' (NMK) programme was rolled out to empower agricultural activities in the area that target food security.

Agricultural extensions services and education are offered to small scale farmers in the area. Extension services include treatment and vaccination of livestock, education and awareness creation on crop and livestock issues.

3.3.4 Impacts of Agricultural Services to the Community

The following were the impacts of agricultural services to the community:

- The county and the community has witnessed an increase in yield of livestock production particularly milk;
- Increased capacity building has led to farmers gaining relevant skills through agricultural extension services;
- Shift of livelihood awareness creation programme; and
- Improvement of living standards due to availability of locally produced crops.

3.3.5 Target Group for Agricultural Services

Agricultural Services provided in the County target all individual farmers and those in groups.

3.3.6 Relation between Poverty and Agriculture

In the opinion of the community when someone practices farming, the chances of that person slipping into poverty is low, however as agriculture trend declines, the rate of poverty increase. During droughts in which livestock die and since there is no irrigation scheme in the area, there is high chance of starvation and food insecurity.

3.3.7 Opinion on Status of Agriculture Overtime

Both the KI and the community agreed that improvement in agricultural in the community have been slow. The reason for this is that the population of livestock has reduced due to prolonged droughts and famines. The problem is compounded by lack of large scale farming in the area.

3.3.8 Challenges in provision of Agricultural Services

- Inadequate agricultural experts in the area;
- Low agricultural extension service penetration since they are demand driven and some people are reluctant to seek service;
- Insufficient erratic and unreliable rainfall;
- Livestock disease and pests;
- Poor soil fertility;
- Poor agricultural technology and necessary facilities;
- Un-friendly climate conditions for crop growing; and
- Lack of agricultural interventions from the required departments.

3.3.9 Recommendations

- Adequate seeds and fertilizer should be provided regularly;
- Improve provision of new technologies in agriculture and facilitate with farm tools;
- Establish and sustain marketing of livestock. The government should also establish livestock products processing industries in the County since this is the major occupation of the community;
- Increase the number of agricultural extension staff and equip them with relevant training on modern skills which they can disseminate to the people; and
- Improve the security in the region as it disrupts trade and leads to loss of animals and people.

3.4. WATER AND SANITATION

3.4.1 INTRODUCTION

The main source of water is the seasonal Ewaso Nyiro River. Other sources of water include boreholes, shallow wells, pans and dams for human and livestock consumption. Lake Yahud; which is an underground and permanent lake, situated on the periphery of Wajir town and provides water for wildlife and quarry activities although the water is

saline and not safe for drinking. There are 14,360 shallow wells, 206 water pans and 98 boreholes. The major users of water are livestock at 53% and domestic use at 30%.

The proportion of households with access to piped water is 1.4 per cent of the county's population. Griftu, Eldas, Habaswein, Masalale are some of the centres with water supply systems serving consumers mainly through water kiosks. A few homesteads and institutions in these centres are connected to the system.

There are no permanent surface water sources as most of the water sources are sub-surface such as boreholes, shallow wells and pans. Only 965 households in the county have roof catchment representing 1 per cent of the households. The average distance to the nearest water point is 30 km.

Only 1.2 per cent of garbage generated is collected by the local authority while 0.6 per cent is disposed in a garbage pit, 8.3 per cent in public garbage heap and 89.9 per cent is burned. 46% of the population use Latrines while at least 13.6 per cent of the households have no access for human waste disposal.

There is need to improve on the sanitation facilities to alleviate the negative effects it can pose on the environment given that most parts have poor drainage and experience floods during rainy seasons. However, Wajir sewerage project is under construction to help improve the sanitation conditions of the town.

3.4.2 Status of provision of Water and Sanitation Services

The main sources of water in Wagberi 2 are shallow wells, water pans and piped water mainly from water kiosks. According to the Public Health Officer (PHO), safe drinking water is free from physical, bacterial and chemical components that are harmful to human health. It was reported that there is no common source of safe drinking water in the area. The community defined safe drinking water as those sourced from shallow wells, borehole and rainfall. The practice of water treatment is evident with the community reporting that they treat water through boiling. The KI reported that the practice of treating water is more in the urban area than it is in rural areas. Community Health Workers chlorinate public wells under the watchfulness of the Provincial Health Officer (PHO).

According to the KI, there is an outreach programme in which the public is educated on issues of water safety including danger of consumption of unsafe water, approaches to treatment of water and proper protection of water sources. CHWs are trained and assigned to each community units. They educate the community at the grassroots level

with the help of local NGOs. They are enlightened on water treatment during rainy seasons and chlorination of public wells under the administration of (PHO).

Other programmes in the community include dam construction and provision of water tanks for water harvesting during rainy season. This is done in collaboration with NGOs and government through the CDF. The NGO partners involved in these programmes with the government include Save the Children, Afya Imaarisha and Caritas??.

3.4.3 Types of sanitation facilities in the community

According to the PHO, the main sanitation facility type in the community is the bucket latrines which cover 67% of the urban and 37% of the rural areas. There are also sanitation facilities such as septic tank, ECHOSAND and bushes. Bushes constitute the most common sanitation facility in the rural area. The KI reported hand washing is mainly practiced in urban areas. However, in rural areas, majority use bushes for defecation and as such may not wash hands after visiting the bush. Some of the community members use bucket toilets which are collected by the local authority at no cost to the community. The waste disposal system in rural areas as reported by the community includes hand collection and disposal in the bush.

3.4.4 Relationship between Environmental Degradation and Water Availability

Environmental degradation such as deforestation and destruction of water catchment areas can lead to water shortages. The community argue that trees attracts rainfall, so if deforestation takes place, there will be less rainfall hence lack of water.

3.4.5. Status of Water Availability over the Last Ten Years.

On one hand sanitation and hygiene has improved overtime due to high campaign awareness on issues of proper sanitation and waste disposal conducted by local NGOs and government departments. On the other hand, the trend of clean water has declined overtime due to increasing population, pollution and climate change.

3.4.6 Relationship between Water and Sanitation and Poverty

Lack of clean water causes unhygienic conditions. This causes diseases, which is common to poor people who cannot access safe drinking water. The community gave an instance in which people using bucket as the only sanitation facility indicates the level of poverty since they cannot afford to construct proper sanitation system for example latrine sewerage. Poor sanitation and poor hygiene expose households and

communities to diseases which in turn drain family resources and time spent in seeking treatment. This aggravates the poverty situation at the household levels.

Overall, the community argued that where poverty is high, people are likely to experience poor sanitation. On the other hand, where poverty is low individuals and communities are likely to experience better sanitation and hygiene.

3.4.7 Challenges in provision of water and sanitation services

It was reported that there is still a considerable size of community members with less knowledge and skills on management of sanitation issues. Inadequate funding on sanitation related issues such as the ongoing sewage construction in Wajir town which has been suspended due to lack of enough funds.

Near water surfaces level has been a challenge to local people overtime since there is fear of sewerage water being mixed with the domestic water since surface water table level at Wajir County is very near the surface.

Lifestyle of the Nomadic People in the rural areas has been a challenge in the provision of services of water and sanitation since they use the bush for waste disposal and for defecation.

3.4.8 Recommendations

- Research on sanitation related problems need to be enhanced in areas like water related diseases and climatically related diseases such as throat cancer,
- Awareness creation on proper disposal of waste should be sustained, since bucket toilets are carried by men who dispose them in open dumb;
- Construction of public toilets which is managed by the local authority at highly populated areas like markets should be implemented and maintained by the County;
- Increase environmental conservation programmes such as environmental education, and awareness, and creation on environmental advocacy
- Formation of environmental community unit which facilitates sanitation and water related issues at grassroots;
- Implementation of sewage programmes in urban areas should be funded and enforced; and

- Use of experts in construction of sanitation facilities should be mandatory.

3.5 HOUSING

3.5.1 Introduction

According to the 2009 Kenya Housing and Population Census (KHPC), 95.6 per cent of the households live in their own houses. Grass straw walled houses constitutes 75.9 per cent and those with earth floor constitute 91.5 per cent. The grass thatched houses constitute 86.2 per cent. Stone bricked houses are found in Wajir town, Bute, Habaswein, Griftu, and divisional headquarters; and in few rural areas (settlements).

3.5.2 Types of Building Materials

The following are the main construction materials in the county.

Horif – It is a type of roofing made of grass and sisal fibre and *kane*s, *Sarir* – Sisal made beds, *Raraow* – Curtains made of ropes, Ropes – Used in knotting and tightening together the sticks and posts (*dufuls*).

All those materials are used to build a traditional house called *Hori* which is built by women. However for urban areas, building materials are stones, timber, iron sheets and bricks.

3.5.3 Status of Provision of Housing (Access and Affordability)

The community reported that since they construct the traditional houses the construction materials are readily available. As for the semi-permanent and permanent houses the materials are expensive and only a few people can afford. The cost is made prohibitive by the long distances in the county.

3.5.4. Opinion on Status of Housing Overtime

According to the community, the housing quality has improved over the last ten years, this was attributed mainly to improved education standards as people embrace new lifestyles and demand better housing. It was also credited to improved incomes and new building technology.

3.5.5 Types of housing

Mudul and *Hori* are temporary houses whereas stone built houses are permanent. In the community there is no semi- permanent housing.

The household headship of each household in the community is the father of the household. In the extended family, the grandfather is the head the headship.

3.5.6 Recommendations

- Government should intervene in provision of housing services by encouraging industries to decentralize processing of building materials;
- Utilization of locally based materials such as white wash, and planting of pole producing trees should be encouraged and sustained; and
- The government should provide and upscale sanitation such as sewerage and septic tanks and improve sanitation facilities.

CHAPTER FOUR

FINDINGS ON PRO-POOR INITIATIVES AND DEVOLVED FUNDS

4.1 PRO-POOR INITIATIVES

4.1.1 CASH TRANSFERS (CTs)

Over the years the government of Kenya has introduced cash transfer programmes in the country to alleviate poverty. Cash transfers in Wajir County include the following: CT Elderly, Orphans and Vulnerable Children (CT-OVC), CT Persons with Severe Disabilities (CT-PWSD) and Hunger and Safety Net Programme CT (CT-HSNP).

4.1.1.1 HUNGER SAFETY NET PROGRAMME (HSNP)

According to the County Drought Coordinator (Key Informant), HSNP is part of the National Safety Net Programme under the national Social Protection Policy. Its broad objective is to improve the social welfare system. The programme is being sponsored by the Kenya Government in partnership with UK's Department for International Development (DFID) and the Australian Agency for International Development (AUSAID).

The County Drought Coordinator reported that HSNP involves direct cash transfers to poor and vulnerable households. The objective is to establish 'an effective financially secure and well targeted safety net and CT programme to support poor and vulnerable members of the community. HSNP covers four counties; Wajir, Turkana, Marsabit and Mandera.

The first phase targeted 69,000 households in the four counties and 19,201 households in all constituencies in Wajir County. During the Wagberi 2 Cluster FGD discussion, it was found that most of the community members are not aware of the HSNP. However, the KI informant reported that there are beneficiaries from this community although the number of beneficiaries could not be established.

According to the KI, the CT allocates and disburses KES 4,600 per household. This is disbursed every two months through selected agents across the county. Agents are predominantly local traders and Equity Bank Agents.

HSNP is implemented by the National Drought Management Authority (NDMA). The implementing partner is Help Age International (an international NGO). The NGO has partners at the grassroots level who assist in implementing the CT. The local partners

include Pastoralist Associations, Kenya National Commission on Human Rights (KNCHR) and Equity Bank and its agents who form the main payment system for the CT.

Impact of HSNP CT

There is a marked improvement in poverty reduction. A study conducted compared the beneficiary households and the controlled households and concluded that 10% of the population are likely to be poor without the CT intervention.

There has been increased food consumption under dietary diversity (access and consumption of different types and quantities of food).

In addition, there has been improved asset retention by the beneficiary households since the CT provides an alternative means to meet basic needs; beneficiaries do not therefore have to sell livestock and other assets to meet daily basic needs.

The education sector was positively impacted on by the CT in the sense that most households reported increased spending on education needs especially SSDE and some costs under FPE.

There was increased spending on health related needs by benefiting households which lead to positive health seeking behavior by households as beneficiaries are encouraged to seek medical attention whenever they fell sick .

The CT has enhanced gender empowerment. It was reported that the majority of household beneficiaries are represented by women: it was argued that women used the CT in many positive ways such as starting small business. It was perceived that the welfare of the household beneficiaries was better where women were representatives.

Challenges in HSNP CT

It was reported that recruitment of payment agents has been a challenge in many areas since the programme was started. In majority of cases, potential agents are located in remote areas and are often faced with liquidity shortfalls.

The expectation of community regarding CT is very high yet not all households benefit at any given time; only a number of households are selected according to relative poverty and vulnerability levels hence those who miss out on the CT have to wait for up scaling of funds. The demand for the CT is very high relative to available amounts.

Persistent insecurity in the County means that beneficiaries may not travel long distances to collect payments. Similarly, programme officers may not be secure to travel long distances in very poor road conditions without the fear of potential attacks by *Al-shabaab* and other criminal elements.

The CT may, in the long run, create dependency syndrome so that the community may take the programme as a permanent solution to their needs.

The nomadic lifestyle of the community is hampering absorption of CT as well as the efficacy of payments. When the pastoralist beneficiaries migrate, it results in missed payments and therefore accumulation of arrears. This problem is compounded by weak tracking tools that would enable close monitoring of beneficiary activities and whereabouts as well as poor communication networks.

There are cases of potential household beneficiaries whose representatives have no Identity cards even though they have attained the age of 18 years. The result is that such households miss out on being targeted for the CT.

Recommendations

The following are the recommendations highlighted by the KI and the community on improving the CT.

- Strengthen the complaint handling mechanism to educate the community on availability, targeting and payment systems so that community expectations are managed and complaints effectively handled;
- Explore alternative methods of transferring the funds to the benefiting households since most agents in the county are unable to meet the demand; and
- Improve on the tracking tool for performance payment cycles.

4.1.1.2 CASH TRANSFER FOR THE ELDERLY (CT-ELDERLY)

CT – Elderly is a government sponsored programme started in 2009. In Wajir East Sub County, the CT benefited 740 beneficiaries at the start of the programme.

Elderly persons who are above 65 years of age are entitled to CT of KES 2,000 per month. The amounts are paid on a bi-monthly basis (after every two months). In the opinion of both the community and the KI, the payments are not timely since the beneficiaries prefer monthly payments to meet their needs which in most cases 'cannot wait for two months.

The payments are effected through post offices. In respect of convenience, the community and the KI are of the opinion that it is expensive for those who have to travel long distances to the nearest post office.

The money is collected by the beneficiaries or caregivers appointed by the beneficiaries. For payment to be effected, proper identification of beneficiaries or their caregivers is mandatory.

Wagberi 2 community expressed their dissatisfaction with the KES 2,000 per month payments to Elderly persons. They argue that the CT is not adequate to cover daily expenses since some of the elderly are heads of households and spend significant portion on dependants. Similarly, it was noted that the cost of living is rising and therefore the amount is not enough. However, the KI noted that for a start, the money is satisfactory. The community was optimistic about future up scaling of the programme both in respect of amounts and number of beneficiaries.

The level of awareness for the CT is low in the county particularly in rural areas. This was attributed to vastness of the county and poor transport and communication network.

Impact of CT- Elderly

The following were impact of cash transfers for the elderly:

The CT has acted as security/collateral for some beneficiaries who may wish to borrow money from friends and relatives; and

The livelihoods of beneficiaries have improved for example through increased food and health related consumption.

Challenges in CT- Elderly

The following were challenges in cash transfers for the elderly:

It was noted that there have been instances of delay in releasing payments which negatively affects transaction demands of beneficiaries as they may have incurred costs that need to be settled.

Long distances have prevented officers from reaching remote areas. This is worsened by poor road network and unreliable communication network. The KI observed that the officers cover eight Sub Counties, the furthest being reported to be over 300 KM of

murram and sometimes impassible roads. The funding level in relation to existing demand is inadequate.

For effective and smooth administration of the funds the staffing levels and adequate facilities should be provided.

Recommendations

The following were recommendations on cash transfers for the elderly:

- The programme should be scaled up to cover more beneficiaries and to increase amounts per beneficiary. The community recommended that the amount should be increased from KES 2,000 per month to KES 4,000 per month. This should follow a shift from bi monthly to monthly payments.
- There should be quarterly sensitization/awareness campaigns for communities in order to raise level of awareness and promote community participation. Currently, sensitization is reported to be conducted only during beneficiary targeting.

4.1.1.3 CT -PERSONS WITH SEVERE DISABILITIES (PWSD)

PWSD CT was started by the government in 2012 and has so far benefited 70 persons in the Sub County.

CT –PWSD beneficiaries receive KES 2,000 paid every two months. The community reported that CT PWSD is both inadequate and untimely to effectively meet the beneficiaries’ basic needs. The beneficiaries or their appointed caregivers are responsible for collecting the money at post offices nearest to them.

Impact of CT –PLWSD

The following were the impact of cash transfers for persons living with severe disability:

- Beneficiaries have gained self-esteem and recognition in the community.
- The CT has acted as security/collateral for some beneficiaries who may wish to borrow money from friends and relatives.

The livelihoods of beneficiaries have improved for example through increases in food and health related consumption.

Challenges of CT- PLWSD

The following were the challenges of the cash transfers for persons living with severe disability:

- Lack of disclosure of deceased persons by caregivers; this means that payments are continued to be paid (to ghosts) despite the fact that beneficiaries have passed on. The KI noted that Guidelines on the CT stipulate that payments shall be stopped three months after death of a beneficiary.
- Long distances has led to missed payments or accumulated arrears in some cases as beneficiaries may not be aware of availability payments.
- Rogue caregivers have been reported to collect payments but do not remit it to beneficiaries or in some cases partial payments are given to the beneficiaries.

Recommendations of CT-PWSD

The following were recommendations on cash transfers for persons living with severe disabilities:

- Improve on the payment tracking tool to ensure current information is kept on the status of beneficiaries; and
- Increase funding in respect to amount and number of beneficiaries (coverage).

4.1.1.4 CASH TRANSFER TO ORPHANS AND VULNERABLE CHILDREN (OVC)

According to the Sub County Children's Officer, CT OVCs is a government funded programme which was initiated in 2010. In Wajir East Sub County, it was reported that initial profiling in 2010 targeted 1,200 beneficiaries.

In regard to the amount paid, the KI reported that each beneficiary is entitled KES 2,000 per month but is paid after ever two months (in the last two weeks of the second month).

Both the informant and the community reported that payment of CT-OVCs after every two months is too long since beneficiaries incur debts more frequently and need to be settled often, therefore, they prefer monthly payment.

CT- OVCs are paid through the post office and are collected by the caregivers or alternative caregivers (in case designate caregivers are not able to collect). The persons

(caregivers) sign for the money after formal introduction (production of identification documents).

The community perceives the KES 2,000 monthly payment as too little to cater for daily needs as cost of living keeps on going up while the amounts are not increased in tandem with rising prices of basic commodities.

Challenges

It was reported that some caregivers are not entirely honest with information in the process of identifying beneficiaries. In this case, undeserving beneficiaries may benefit despite having sources of income. However, vetting committees ensure that such red flags are identified so that undeserving beneficiaries are eliminated.

There are distant locations such as Wagalla and Ganyore in Wajir West. Beneficiaries in this location may not get information regarding payment dates in time. It was reported that reaching these beneficiaries through Local Organization Committees has remained a challenge.

The number of payment days is few (5 days) hence sensitization on pay dates may not reach all beneficiaries in time. This is compounded by the vastness of the county and inadequate M&E facilitation.

Recommendations

- The number of payment days should be increased from five to 15 days. The KI argued that this would allow for adequate sensitization on payment availability thereby reducing the amount of arrears. Currently, it was noted, the headquarters (Nairobi) send mail notification of payment five days before payment which, in his opinion, is not enough to ensure adequate sensitization given the challenges of poor network and long distances in the sub county.
- Scaling up of the programme should be implemented since the poverty level of the county and Sub County is considered very high. According to the Sub County Children's Officer,

The key informant noted that "there are currently over 400 beneficiaries who are in need of the fund; more people are turning up for enrolment yet we cannot enroll them since there are not enough funds. So we inform them to wait for next targeting if and when funding is available".

4.1.1.5 APHIA PLUS- IMAARISHA

APHIA PLUS IMAARISHA provide scholastic materials necessary for effective learning such as shoes and books They also offer guiding and counseling services for HIV&AIDS, facilitate issuance of birth certificates for orphans and capacity building of LOCs and AAC members.

4.1.1.6 KAZI KWA VIJANA (KKV) PROGRAMME

The programme was a government supported initiative started in 2009 under the Kenya Youth Empowerment Programme. It focused on labour intensive projects intended to offer short term employment to youth aged between 18 and 35 years. The programme covered water, forestry, roads and irrigation projects.

In Wajir East Sub County, KKV was reported to have been accessible to all youth. However, the challenge was that the funds were little compared to the number of unemployed and able youth. It was reported that the programme is no longer in existence (it ended in 2011).

The payments were done on weekly and in cash. The beneficiaries collected the wages in person. Each beneficiary was paid KES 250 per day. In terms of adequacy, the youth perceives the daily wage of KES 250 as too little to meet daily expenses. Similarly, the timing was considered unfavorable to the youth due to the need to meet daily transactions. However, the KI argued that although the amount may indeed be inadequate, the timing was appropriate as daily payment would prove administratively too cumbersome in addition to the 'temptation by youth to spend everything and save nothing'.

Recommendations for KKV

The community and KI recommended the reintroduction of such programme but with well planned implementation design to avoid wastage and embezzlement of funds which characterized the previous phase.

4.1.1.7 ROADS 2000

Roads 2000 programme, a labour intensive program, started in the year 2000 with the objective of community participation in ensuring that the road networks in the rural areas were done. It involved clearing of bushes along the roads. It employed both skilled and unskilled people. However the program ended in the year 2005. The programme was not implemented in Wajir East Sub County.

4.2 DEVOLVED FUNDS

4.2.1 CONSTITUENCY DEVELOPMENT FUND (CDF)

The CDF programme started in the financial year 2003/2004 and is funded by the government of Kenya. The programme focused on infrastructure projects as well as secondary school bursaries. The following are the details of Wajir East Sub County CDF projects, their challenges and recommendations.

This project deals with construction of classrooms, sports facilities, staff quarters, dormitories, toilets and laboratories. It also deals with the supply of desks and laboratory equipment to selected secondary schools.

CDF bursary project started in 2003/2004. The aim was to assist needy secondary and college students towards subsidizing their education fees. The target beneficiaries are students from poor and vulnerable families from all locations in the Sub County. Both the KI and Wagberi 2 community reported that awareness of bursaries at community level is high. Equally, the demand for bursaries is high in relation to the availability of funds. The high level of awareness was attributed to active location administrative structures such as religious leaders and the provincial administration.

The CDF is involved in the construction of dispensaries; staff quarters, maternity wards, water tanks and medical learning institutions for example Kenya Medical Training College. In addition, CDF is involved in building toilets, equipping dispensaries and purchasing ambulances for health facilities.

The CDF is involved in the community based water projects in a number of ways which include digging and capping of wells, construction of underground water tanks, supply of plastic tanks for rain water harvesting, and funding of hydrological surveys for water drilling purposes.

The CDF is involved in environmental conservation initiatives such as supply of seedlings to various schools for afforestation. The targeting of schools is done in order to take advantage of student labour for watering which is not easily and readily available in the community. In addition, CDF is involved in construction of energy saving jikos for secondary schools to reduce firewood consumption, hence conserving the environment.

4.2.2 LOCAL AUTHORITY TRANSFER FUND (LATF)

No information was gathered under the LATF section as the KI informant could not be available for interview. The community reported not being aware of existence of LATF programmes in Wagberi 2 and triangulating with information from KI was not possible.

4.2.3 WOMEN ENTERPRISE FUND (WEF)

According to the KI WEF programme is a government sponsored programme started in 2007. The programme provides affordable credit to women entrepreneurs who wish to start or expand their businesses. The target beneficiaries are individual business women and women organized in groups.

The loan amount advanced to groups range from KES 100,000 for first time loan to KES 500,000. Loans are given to groups who advance to their individual women members. Those who are not in groups and wish to borrow individually are also considered for loans beginning with KES 100,000. They must however be ready to provide collateral and guarantors for the loan. The KI reported that the loans are charged an administrative fee of 5%.

The main business activities practiced by the groups include milk trade, small *kiosks* grocery and local mat industry.

In regard to community involvement and the level of awareness, it was found that there are routine community sensitization and mobilization through public *barazas* field visits and local media. For this reason, it was reported that the level of awareness of WEF funds is high particularly in urban areas like Wajir Town.

The KI reported that loan uptake is high. As at December 2013, it was noted that all funds had been exhausted (allocated and disbursed to respective individuals and groups).

Challenges of WEF

In the opinion of the KI and the community, WEF funds are inadequate since the demand for them remains unmet. The revolved fund is readily disbursed to waiting groups and this is not even enough, said the KI.

The awareness level of this fund was found to be varying for urban and rural areas. In urban areas on the one hand, it was reported that the majority of women are aware of the availability as well as access criteria for the funds. This status was attributed to close proximity to the government offices and the ease with which awareness

campaigns can be organized and effected. On the other hand, a considerable section of Wagberi 2 community, which falls in a partially rural setting, reported being aware of the availability of the funds but not about how to access them. Group mobilization and formation in rural areas was reported as difficult and highly conservative.

Impact of WEF Programme

The following were the impact of WEF programme to the Wagberi 2 community:

Through funding businesses, living standards of women and their families have improved. The KI argued that 'empowering a woman is empowering the nation'. Women have used the fund and business proceeds to construct wells, fund education, and build sanitation facilities in homes as well as improved family nutrition and housing standards.

Recommendations to Improve WEF

The following were recommendations by the Wagberi 2 community on WEF:

- The community should be sensitized and capacity built on savings culture
- Inter-county tours should be should initiated to educate women through experiential learning; ; and
- The level of funding should be increased to match with demand.

4.2.7 YOUTH ENTERPRISE DEVELOPMENT FUND (YEDF)

YEDF was established in 2008 to provide access to affordable credit for business start ups and expansion for the youth. The programme, sponsored by the government through the then Ministry of Youth Affairs and Sports intended to build the financial capacity of the youth through alternative credit that is flexible, acceptable, and appropriate and youth friendly.

The Fund targets youth aged between 18 and 43 years. The youth must be in groups or individuals with active businesses. For groups, they must be registered with the Department of Social Services, have an active bank account and must have been in active business for the last three months or a viable business proposal for start ups.

The awareness level for YEDF among the youth was reported to be high. This is achieved through sensitization in seminars and public *barazas*.

Impact of YEDF

- Several businesses have been started and/or boosted with business capital;
- Youth employment has increased particularly in urban areas; and
- Living standards have increased among the youth.

Challenges of YEDF

The funding amount was said to be too little for certain business. The YEDF funding amount range from KES 50,000 to KES 400,000 which was perceived as too little for capital expansion particularly for large groups whose members could number over 20.

In most cases loans are given to groups, this has often led to disagreement and disintegration of groups.

Recommendations to Improve YEDF

It was recommended that the focus should shift from group funding to individual funding. In terms of policy consideration, this may prove a challenge since experience has shown that individual funding may be difficult to follow up and ensure repayment. Group funding has the advantage of group guarantees as the funds are not meant to be pegged on any collateral.

The amounts given to individuals should be raised from KES 50,000 to KES 500,000 even within groups.

CHAPTER FIVE

CROSS CUTTING AREAS AND OTHER EMERGING ISSUES

5.1 GENDER INEQUALITY

According to population census 2009, the population of women in the county is 45 per cent and that of men is 55 per cent. Access to economic resources varies by marital status; households headed by single or divorced mothers have fewer economic resources, land, and capital. Most of the women in a normal set-up are taken as housewives while the men provide for the family.

Women do not enjoy equal rights to inheritance of assets like land and thus denied economic power such as the use of land as collateral for bank loans. Joint ownership of property between husband and wives should be encouraged to save women from being exposed to high level of poverty.

At the basic education level, big gender disparities exists with 68 per cent of primary school children being boys while only 32 per cent are girls. At secondary level, 74 per cent are boys while 26 per cent are girls. Dropout rates show girls as most disadvantaged with a dropout rate of four per cent against three per cent for boys at secondary level. Same scenario is reflected in basic adult education with 10.9 per cent of men dropping out as compared to 12.6 per cent for women.

5.2 HIV&AIDS

The HIV&AIDS prevalence rate is 0.9 per cent (KDHS 2008/09) against a national average of 6.7 per cent. However, the HIV&AIDS rate in the county is on the upward trend. High levels of stigma, inadequate support for operations and monitoring of activities for CACCs and DTCs, vastness of the county coupled with poor transport and communication networks, nomadic lifestyle especially where activities are not tailor made, high illiteracy, high poverty levels, inadequate funds for CBOs and transport for technical personnel are some of the challenges faced in the fight against HIV&AIDS.

5.3 ENVIRONMENT AND CLIMATE CHANGE

Environmental degradation is attributed to illegal encroachment, droughts, floods, deforestation, overgrazing and uncontrolled felling of trees for charcoal. Sanitation is also poor with only 23 per cent of the population having access to toilets.

Climate change effects are evident in the county in a number of ways including the amount of rainfall across the county becoming lesser and unpredictable, occurrence of

frequent and prolonged droughts which affects crop and animal production and outbreak of waterborne diseases. To manage and lessen the impacts of climate change, efforts should be geared towards adoption of renewable alternative sources of energy, afforestation, reforestation and proper environmental management.

CHAPTER SIX

RECOMMENDATIONS AND CONCLUSIONS

6.1 RECOMMENDATIONS

The following recommendations were made:

- Permanent interventions policies should be developed to curb poverty than short term interventions such as relief food;
- Growing of drought resistant crops should be established through irrigation schemes;
- The government should offer free-interest loan to the community since funds with interest is perceived as a cause of poverty in the community;
- Proper agricultural extension and education should be extended to the community in order to increase the productivity; and
- Decentralization of industries (national industries) to rural areas should be encouraged in order to create job opportunities to improve living standards.

6.2 CONCLUSIONS

The community describes poverty in terms of ability daily life number of children childlessness, livestock ownership, education, disability and health. There are several causes of poverty in Wagberi area which varies from social, natural and physical factors. Social and cultural biasness determined the direction and magnitude of impact of poverty on gender. It was found that burden of poverty impacts more on the female than male gender.

The major health care concerns in the community include; throat Cancer, Malaria, T.B, HIV&AIDS, Diarrhea, Malnutrition, Hepatitis, Typhoid, and Common Cold. Majority have access to government run dispensaries which provide basic medical services like out – patient services which are affordable and available to most of the communities. The community appreciated interventions for under-five children such as in the provision of mosquito nets and inexpensive anti-malarial drugs which have led to reduced child mortality rate in the County and the community as a whole. Maternal services have also led to improved maternal reproductive health.

Most of the schools are located at strategic places within the community so that the community can access education services offered in schools. The community reported that there has been improvement of provision of education services but the performance is still low. This was attributed to inadequate staffing of schools.

Agricultural services offered by the Government services include agricultural extension services (treating of livestock, vaccination and farmer education and awareness creation) and provision of subsidized seeds and fertilizers for those practicing farming in the County.

The main sources of water are shallow wells, water pans and piped water mainly from water kiosks. The main sanitation facility in the community is the bucket latrines. There are also sanitation facilities such as septic tank, ECHOSAND and bushes. Bushes constitute the most common sanitation facility in the rural area.

The community constructs the traditional houses and thus the construction materials are readily available. As for the semi-permanent and permanent houses the materials are expensive and only a few people can afford. The cost is made prohibitive by the long distances to the markets.

Some of the pro-poor initiatives include cash transfers, hunger safety net programme and Afya Plus –Imarisha among others. The devolved funds available are WEF, YEDF, CDF and LATF. The community reported low awareness on the pro-poor initiatives and devolved funds.

The cross-cutting issues include gender inequality, HIV&AIDS, environment issues and climate change.