REPUBLIC OF KENYA

Nyeri Dry Area Smallholder and Community Services Development Project

(Grant No. BG-006-KE)

Qualitative Impact Assessment Report Volume 2

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muticon
box 14333
nairobi
phone 254-2-860772
fax 254-2-860771
email muticon@wananchi.com

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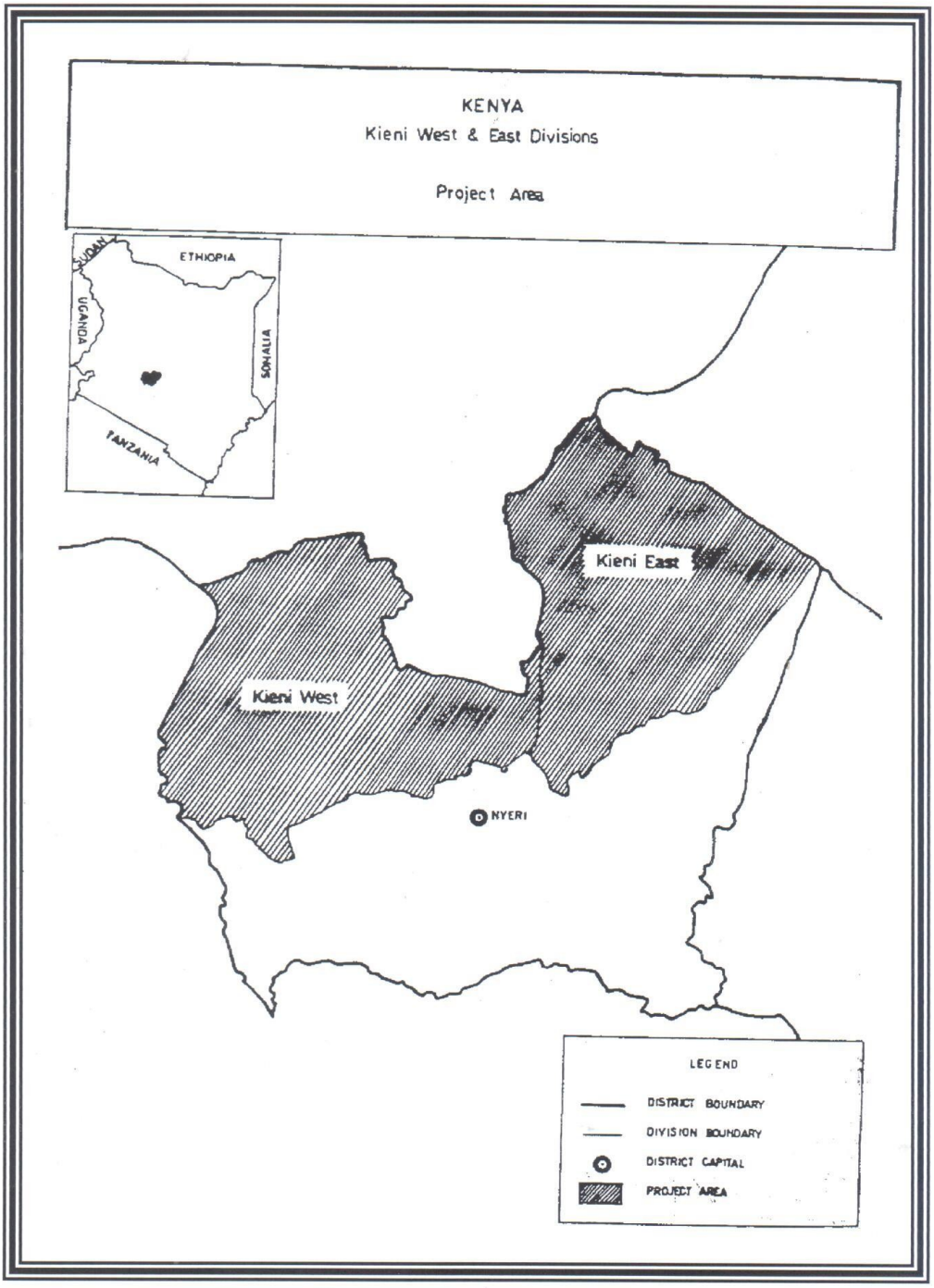

KENYA
Kieni West & East Divisions
Project Area
SUDAN
ETHIOPIA
UGANDA
SOMALIA
TANZANIA
Kieni East
Kieni West
NYERI
LEGEND
DISTRICT BOUNDARY
DIVISION BOUNDARY
DISTRICT CAPITAL
PROJECT AREA

NYERI DRY AREA SMALLHOLD AND COMMUNITY SERVICES DEVELOPMENT PROJECT

(IFAD/BSF PROGRAMME)

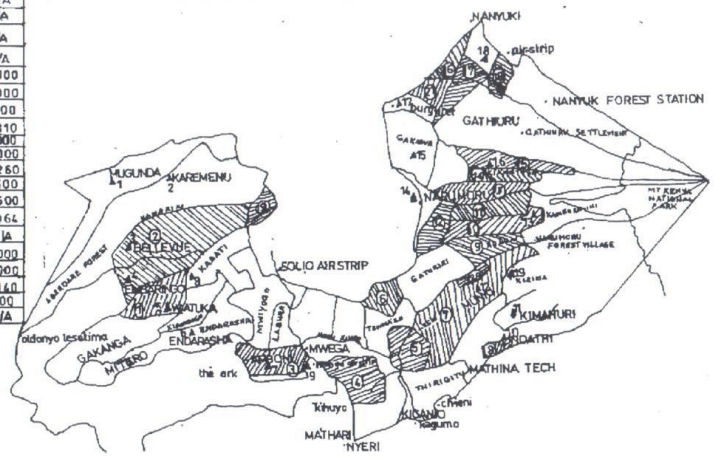
PROJECT COVERAGE MAP

WATER SCHEME

No	NAME	CODE	PS.
1	WATUKA	C	3240
2	GATARAKWA	O	N/A
3	SIMBARA AMBONI/BONDENI	C	N/A
4	SIMBARA KAHATONGU	C	N/A
5	KINAKI	O	N/A
6	THUNG'ARE	C	3000
7	WARAZA LUSOI	PC	6000
8	KARURUMO GIKANGA	PC	1500
9	KIRINYAGA NYANGE	C	2310
10	KAMBURAINI	C	4000
11	GITWE	C	3000
12	NAROMORU AGUTHI	PC	2260
13	KABUNDA	C	2500
14	KABENDERA	C	3600
15	MWICUIRI	C	4064
16	MAKA	C	N/A
17	KAGA	C	3000
18	MWEA B	C	1000
19	LAMURIA	C	1360
20	URUTAGWO MWIRUTI	C	500
21	KAMANGURA	O	N/A

KEY

PS — POPULATION SERVED
C — COMPLETE
O — ONGOING
PC — PARTIALLY COMPLETE



HEALTH FACILITIES

No	NAME
1	MUGUNDA DISP
2	KAREMENU "
3	BELLEVUE "
4	EMBARINGO "
5	WATUKA "
6	ENDARASHA H/CENTRE
7	AMBONI DISP
8	KABATI "
9	MARY IMMACULATE HOSP
10	NDATHI DISP
11	ISLAND FARMS DISP
12	WARAZA H/CENTRE
13	KAMBURAINI DISP
14	NAROMORU H/CENTRE
15	MURERU DISP
16	KIAMATHAGA DISP
17	BURGRET DISP
18	GAKAWA "
19	MERE DISP

1. PREAMBLE

This Impact Assessment Report is in two volumes. Volume one presents summary conclusions and the field data including beneficiary participatory workshop conclusions. Volume two follows the PCR outline as required by the TOR and is written by the consultant using the data presented in volume 1.

This Qualitative Impact Assessment (QIA) was done after the completion of the Project Completion Report (PCR), which provides details on overall implementation of the Nyeri Dry Area Project (NDAP). The project officers who had implemented the project prepared the PCR.

The QIA objectives were more limited then the PCR's although the same officers were to be used and the consultant was to supervise the work so as to train the officers in the use of qualitative methods. The methodology was specified in the terms of reference as to use focus groups, key informants and observation as the main source of impact data. The areas of data gathering were specified as 6-10 sites in the TORs. Naturally the consultant was supposed to review the past documents before onset of work.

The QIA Objectives were:
To assess the perceptions of project participants on effects and impact of project activities on the targeted beneficiaries and project area.
To provide data /information for preparation of a comprehensive Project Completion Report.
To strengthen capacity in Government in carrying out qualitative studies.

The consultant reviewed past reports and identified key missing data even in the PCR. As a result the units responsible for the project components, institutional, agriculture/livestock, health, water and group formation were required to update data on project outputs to enable more systematic conceptualisation of researching impact. This data was supposed to be available before the onset of fieldwork. Unfortunately it dribbled in bits and pieces right through fieldwork.

When the previous implementers at both district and national level were assembled in Nyeri, they were organised into five teams. The focus group methodology was covered in an inception workshop and an interview tool on project impacts developed by the group and the consultant. It consisted of working out key questions and probe questions on impact categories drawn up by the consultant are shown in Annex 1. A formal questionnaire was avoided for it would lead to set responses. Some officers chose to stay in their narrow fields and to defend what they had reported in the PCR.

Interview sites were defined as sublocations, the lowest organised level of government and therefore District Focus for Rural Development. The consultant and the previous head of the project identified ten sublocations, before the assembling of the other GOK officers, to represent project activity coverage or non-coverage, variation in ecology and perception of district staff on divisional and district staff on needs from specific sublocations. The list of participating GoK officers, or more accurately GOK beneficiaries, is found in Annex 2.

When the past implementing and national officers assembled, it was decided in meeting to select existing groups as focus groups rather than create focus groups de novo. The later would not have been possible within the consultancy time limits and, perhaps more significant, would have not captured the history of totally people driven organising for welfare as well as development activities at the base communities.

Two arguments are important. First people have always organised their development. At the onset of the project, past groups sidled on it and became project groups. The project also created new groups. The different government ministries had worked in the field with a variety of groups –not necessarily those specifically formed for purposes of implementing the project. The impact assessment team took a lot of time in selecting specific groups. Ultimately, 100 groups were identified. Since the project had more activities in Kieni East, 60 groups were to be interviewed in Kieni East and 40 in Kieni West. This weighting is also roughly representative of the population as shown in Annex 3. Filed interviews were conducted on 90% of the identified groups.

To ensure that contact was made with groups and that field interviews generated systematic data each team interviewed only two groups a day. They made a report on each group. These are found in the third portion of this volume. They are a very useful database not only for this effort but also for analysing other IFAD concerns. It is highly recommended that IFAD find ways and means of further analysing this database.

On the completion of fieldwork a one-day workshop was held with all the officers to identify major impact conclusions from the fieldwork. These are part and parcel of this report and follow the summary. This workshop again saw some officers still defending their specialisations. This not only limited creativity but also led to a product, which is not satisfactory.

A two-day workshop, with community and GOK beneficiaries was held. A list of these participants if found in Annex 2. The purpose was not only to fulfil the objective of involving community beneficiaries directly but there was a further need to anchor GOK officers capacities for interpreting cross component qualitative data within the beneficiaries' world views and preferences. It was also to test some of the conclusions of the previous days conclusions of the GOK beneficiaries. Further, it also sought to test some of the data from the focus groups interviewed in the field. The expectation was that at the end of the two days there would be harmonisation of the major impacts by processing the four individual groups products. This was not achieved for a variety of reasons. First, some of the GOK employed beneficiaries' tendency to defend components continued. Two, some key informants brought up controversies on credit. They wanted some persons associated with training on the same sanctioned. This was with regard to credit. Finally, there was little rapport between some of the community leaders and some of the officers which bogged down specific groups and thus limiting the generation of group products. More time than was planned was given to generation of group products than was envisaged initially. Consequently, by the time group products were presented in plenary, it was clear that beneficiaries wanted to go. The group conclusions are part and parcel of this report and are presented below in this volume.

2. PROJECT BACKGROUND AND INFORMATION

2.1. Kenyan Economy and Poverty

Kenya's economy is primarily agricultural for agriculture is the source of income for 70% of the population. 80% of the 30-m. population live in rural areas. The first decade of independence saw significant growth as new lands were opened up and new production technologies introduced especially in the high potential areas. However, in spite of an annual GDP growth rate averaging 6% between 1963 and 1973, growth has not been sustained. Over the next two decades the average GDP growth rate of 1.7% was way below the annual population growth rate of 3.8%. The decline is multifaceted. It was triggered by the oil crisis of the seventies, deteriorating terms of trade for agricultural exports as well as increased governance costs-including corruption. The current policy framework calls for policies to address the increasing poverty. The current key policy in this is the National Poverty Eradication Plan operative since 1999. Its antecedent, when IFAD/BSF funded the project was Poverty Alleviation.

2.2 Project Background

The Nyeri Dry Area Project (NDAP) was located in Kieni East and Kieni West divisions of Nyeri district. The rest of the district is wet, has better soils, established farming systems, stable social systems and therefore more developed. Mainly poor migrants populated the two divisions over the past forty years. The initial migrants were essentially the poor who left their original areas (in Nyeri district and other districts) because of land hunger soon after independence. Some were selected in their districts of origin to be settled by the independence government. These were the lucky ones for the settlement schemes were systematic. Others were squatters in the former Whitehighlands-Kenyan euphemism for the estates controlled by the colonisers. Others were squatters in forests. Others are poor land buyers either through land buying companies or through personal transactions. Only the poor buy land in weru- drylands.

These economically marginal populations were confronted with the need to build a community, physical infrastructure and a farming system in marginal land where their original knowledge was irrelevant for many came from higher rainfall areas. They had to do all this when they were also politically marginal. They were marginal in political terms for the key players in local and district affairs are from the more

endowed areas. The centrality of marginality does not seem to have been sufficiently focussed on in project identification and design particularly in targeting and sequencing different sector activities.

The objectives of the project were defined as: a. increasing the district planning, implementing and monitoring capacity for delivery of services b. raising food production, incomes and welfare c. improving the health of the population through primary health care, providing safe drinking water and improved diet and finally d. promoting beneficiary participation in the planning and implementation of rural development projects.

The project was identified and designed in 1991 as a pilot project designed to test BSF development approaches in a dry ecological situation with different socio-cultural conditions. It was originally scheduled for completion in December 1999. At that point it had only used 41% of its budget. Extension was granted to enable the utilisation of the allocated funds by completing some activities especially in PHC and water construction.

2.3. Executive Summary

The PCR stated, ... "NDAP's overall goal was to introduce measures that would reduce mortality, morbidity and improve the general well being of the rural poor in Kieni East and West Divisions. ...The focus of the project was to improve nutritional standards and food security by activating micro-economic factors that stimulate sustainable food production and productivity. The project was to promote policies, which offered the local communities the opportunities to take charge of their own development initiates by adopting a participatory project cycle management to enhance project sustainability"

Data from the QIA differs substantively from these very positive conclusions. Mortality was low at project initiation and it is not clear whether there are new directions other than the fact that HIV/AIDS is driving both adult and children mortalities. How much of each, there is no systematic quantitative or qualitative data. Field interviews could not elucidate on numbers for the issue is still *sub rosa* culturally.

Morbidity was high at project inception; it reduced and is climbing again, perhaps because of new production systems, which also impact positively on nutritional standards.

Although food security appears to have been somewhat improved in the short term, it is not sustainable in the long term for the supplementary irrigation systems are not viable in that time frame for the mountains' ecologies have deteriorated to the extent of many rivers drying up. Few on farm production related water and soil conservation technologies were introduced and extended.

The introduced gravity fed supplementary irrigation is contributing to non-sustainable and health threatening use of fertilisers, pesticides and herbicides. It has led to very serious resource use conflicts.

There is no evidence that the assorted communities took part in a participatory project cycle management to enhance the sustainability of the projects in any systematically planned way. Communities were used in implementation and the planning of their labour and locally produced materials. The impact of this is a double-edged sword. On their part, community representatives, interviewed during focus groups and those who took part in the joint workshop, still view government as a provider of development. On the other hand significant numbers of GOK officers still do not positively identify with communities initiatives. That communities will have to do their own development is not an idea strongly felt by either group- at least the majority of those interviewed and those interviewing. Significant parts of the focus interview reports talk of communities as "they" showing clear non-identification. This disjoint is equally shared by communities.

Water was the key implementation intervention, although not so designed, for it made labour available for production and other activities including social time. It also contributed to improved health.

The focus groups in general were not involved in project identification and, perhaps most controversial, they were not systematically visited by either agriculturists to teach them new production technologies or to improve their productivity. Neither were they systematically taught group processes related to the project activities or to their own longevity. This is the impact of the original design focus on heath as the project

driver, the dropping of agriculture- other than nutrition- from project implementation and the concentration of project resources at the district level other than the divisional level.

Group development was a disaster for a variety of reasons, which will be addressed in subsequent sections. The impact of this is that groups have been opened for exploitation by organisations purporting to give them credit. Groups are also exploited by local elites using their labour to take large share of the development resources, especially water. Groups were not trained on defending their labour and resources. It was safer to train them on dry record keeping, as if they never kept records before. There can then be no doubt that the projects impact in groups is to deepen the exploitation of the poor by local elites and their international linkages, especially with export crops.

2.4. Summary of Project Description

The PCR writes as follows:

" ***Agricultural and Irrigation Development***: *The objectives of this component were to raise food production and incomes through (a) strengthening of district services for improved irrigated agriculture and agricultural production; (b) improvement and rehabilitation of about 5 permanent intake structures and installation of main canal piping for 6 irrigation schemes providing a total expanded area of about 300 ha to reach 3000 target group families; (c) strengthening extension services of MOA under the National Extension Project II (NEPII) and providing additional support for irrigated and rainfed agricultural production through supply of transport facilities using hire-purchase scheme and other equipment and goods at divisional level; and (d) developing adaptive research and demonstrations for rainfed agricultural production.*

The agricultural and irrigation component underwent major design changes during implementation. The Livestock sub component was not part of the original project design, but was later included into project activities during grant negotiations as part of on-farm income generating activities. Later, at project's Mid Term Review (MTR) of 1996, amendments were made to the financing agreement and later adopted during the same year by the Country Portfolio Review Mission (CPRM) where the irrigation development component was cancelled but allowed for the completion of all on-going outstanding works. Within the same amendment, the Home Economics sub-component on Agricultural Extension was retained due to its nature of activities, which were related to the improvement of the nutritional status of the target groups. Other sub- components, which were cancelled, include input supply and adaptive research.

Health, Sanitation and Water: *This component covered: -*

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Strengthening of the existing integrated and comprehensive community-based Primary Health Care (PHC) programme in accordance with WHO and MOH guidelines, based on development of Village Health Committees and related health units;
Incorporation under PHC of a concerted family planning programme in collaboration with the Recipient and the United Nations Fund for Population Activities;
Promotion of improved nutrition through a Joint Programme directed by the District Health Team and involving MOH, MOARD and MHAHS; the programme was to be based on an outcome of a joint nutrition study at household level;
Rehabilitation and construction of about six first contact level health units; and provision of equipment and transport facilities for their operation;
Training of Community Health Workers (CHW) and Traditional Birth Attendants (TBA);
Promotion of good sanitation practices and support for the construction of about 600 simple low-cost ventilated improved pit latrines;
Support for rural water supply through the improvement of six gravity fed schemes with full community participation and based on the District Water Development Plan; and
Strengthening the organisation of the Health Information System flow from community to national level, including growth monitoring.

Institutional Support Development: This comprised strengthening of district level DFRD institution infrastructure including the offices of the DDO and DPO, and the construction and equipping of a DIDC. It also involved support for headquarters operations of all participating Ministries/Agencies and to provide for adequate supervision, monitoring and evaluation of the project components.

Group Development: The role of this component was that of preparing the beneficiaries for project interventions and enhancing community participation and ownership of development interventions to ensure sustainability. It involved promotion of and assistance to water users associations, village health committees and groups for farming and off-farm enterprises. The Department of Social Services (Headquarters and District) was also earmarked for strengthening to facilitate the promotion, registration and training of beneficiary groups.

Special Financing Facility: This component aimed at providing a Special Financing Facility to support self-help economic and social development, including smallholder group credit and input supply. This was to focus on promotion of income generating activities, procurement of specialised equipment or training for which there was no budgetary provision under the other components. However, during the MTR of 1996 the component was cancelled.

At the design stage the project was expected to be completed by 30 June 1999 and close in December 1999 but was granted an extension of 2 years following recommendations by the IFAD Project Evaluation Mission of December 1998 and subsequent request by GOK.

During the Project Evaluation (1998), the mission found "some aspects of the project were impressive, especially the health component, home economics activities and beneficiary participation……". The mission made two principal recommendations, that (1) the project be extended by a period of two years in order to consolidate what had been achieved and utilise the balances of grant resources (which were estimated at 59%), and (2) examine the case for further IFAD's commitment to the project area within a defined framework for intervention in Kenya's dry lands. Consequently, the project was extended by two years, to close in December 2001. By the end of this extended period, it also happened that the project was processing huge procurement of pipes and fittings for water schemes and a six months extension was further granted up to June 2002 to allow the project (1) pay for pipes and fittings, (2) prepare a Project Completion Report, and (3) undertake a Project Impact Study".

2.5. Summary of Implementation Results

The PCR further writes:
"*The overall outcome of the project is satisfactory. The Health and Water Components achievements were impressive. In water, for example, the original target of providing 3,300 households with safe drinking water in order to reduce water borne diseases and time spent in search of water (5hrs) was surpassed and 4,000 households have domestic water supply. A lot of high value horticultural crops e.g. tomatoes, french beans, onions, snow peas and vegetable, among others, were introduced through private sector initiatives and this significantly increased incomes of the target communities. Most of these households currently spend less than ½ hour looking for water and have more time for other productive activities. ...*

The initial project target to construct 3 new dispensaries and rehabilitate 3 existing ones was achieved. All the dispensaries introduced appropriate community health care programmes and initiated a financing mechanism through cost sharing to ensure sustainability of the health facilities. Elected community leaders manage the facilities. 15% of the costs sharing proceeds are earmarked for PHC training. Drug shortages are very rare in the dispensaries operating within the project area as a result of introduction of this community managed cost sharing. This has shown that the poor can effectively participate and contribute to their own health programmes. This concept of cost sharing has been expanded to cover all the facilities in the district. The overall positive impact of the health component has been derived from the composite package of improvement in water supplies and agricultural production that have reduced diarrhoea and skin diseases, improved sanitation and diet. The main weak points in the implementation of PHC has been the weak Health Information System and high drop out rates of the CHWs because of lack of incentives to compensate for their voluntary work.

In the Group Development component, the project has succeeded in providing an enabling environment for the community led participatory development. The project's aggressive community empowerment programme has been its main building block for economic and social empowerment and creation of sense of ownership of the development interventions. The various types of training provided to groups have

successfully improved their planning, implementation and managerial capacities. Beneficiary participation in the project in terms of labour, cash and material contributions have been substantially high as indicated in Annex VIII, Appendices 2 and 3. Beneficiary management groups are now responsible for control and management of all health facilities, water schemes, farming groups, savings and credit schemes and are responsible for maintenance and operations.

The project investment in nutrition activities through the Home Economics and Primary Health Care components have improved levels of household nutrition and food security. However, inadequate and ineffective M&E system has made this difficult to quantify. It has been recorded that there has been a decrease of underweight children below 5 years from 19.3% in 1991 to 5.3% in year 2001 as a result of improved diet. Adoption of kitchen gardens and small stock increased from 40% to 85% during the project period. Knowledge on environmental conservation and management has greatly improved as well as sustainability of the project. However, the project experienced several major constraints that impacted negatively on project implementation and achievement of objectives. These included delayed issuance of AIE; poor flow of funds to the district; mismatch between AWP/B, printed estimates and actual allocations to the project; severe liquidity problem at the district treasury; poor financial documentation; changes in the project design; delayed procurement of essential equipment and instruments; and high project staff turnover."

3. ASSESSMENT OF IMPACT OF PROJECT IMPLEMENTATION

3.1 Historical Centrality of Anti- Poverty Policies and Programmes

Fighting poverty was a central plank in Kenya's freedom struggle. It therefore formed the basis of many policies and programs of the independence government from 1963 to date. At times these were not articulated, as poverty alleviation strategies for this jargon did not get into development discourse until recently. Further, programmes were targeted to people in high potentials. The drylands poor were not in the policy or programme periscopes.

The key policies in the sixties onward, applicable to the project area and targeting poverty, were the settlement of the poor by the Settlement Board, Haraka settlement schemes and land buying companies, all created in the sixties. Agriculture oriented policies relevant to the areas of origin of migrants to the project area were the expansion of AI and related dairy development, the expansion of coffee and tea and the development of new maize and beans varieties primarily for the higher potential areas. Since the development fashion up to the mid seventies was driven by arguments of emphasising the high potential areas, the dry lands did not become an area of focus until the second decade of independence. Research on traditional crops and livestock was not emphasised in the first two decades. Little research work or extension was done on crops for the arid areas, not to speak on those for the highland arid areas like Kieni.

At independence, population concentrations were in the high potential areas. The European farm areas had even less population than the arid and semiarid lands. The migrations triggered by independence and the lifting of racial land triggered migration explosion out of the high potential lands to the former European owned lands with little population and more significantly to the arid and semi arid lands.

The Arid and Semi-Arid Lands development policies were articulated and implemented since the middle nineteen seventies. Colonial agriculture had not even looked at the agricultural potential of these areas. They had been totally neglected in the first decade other than with the development of the Katumani maize for the lowland dry areas. The dry highlands have been ignored with respect to development of crop varieties up to date for they formed large-scale ranches. They were not subdivided until the eighties when the population growth of the first two decades of independence caught up with land hunger. These highland drylands are a time bombs for peasant producers with at best a hectare of land live next to large-scale ranches with thousands of acres. Since there are more than twenty land laws and no systematic land use zoning, the long-term consequences are dire.

The District Focus for Rural Development policies and programmes were initiated at the beginning of the eighties. The formalistically poverty policies and programmes enter the policy and programme arena in the nineties. It should be noted that the policy documents on DFRD assumed a much more organised

divisional, locational and sublocational level for purposes of identifying and prioritising development choices.

The first decade of independence had a GDP growth rate of 6.6% basically driven by expansion in agricultural production. The oil crises of the seventies drastically reduced this. The eighties and the nineties present drastic decline into negative GDP growth driven essentially by structural adjustment, bloated public service, corruption and unsystematic liberalisation and attendant inflation.

The impact of the collapse of the national economy on the project area's economy was devastating. Their co-operatives collapsed triggered by the failure of the key national co-operative movement institutions like KICC and KFA, which had become a major marketing an input supply channel for farmers. Some parastatals which internally and externally marketed farming inputs like NCPB and Pyrethrum Board failed. The underpaid public bureaucracy, without effective field capacity and increasingly paying attention to its private income generating operations, reduced beneficiary-officer contacts whilst increasing the beneficiary's costs' of getting extension advice. Government dependency on donor financing of development increased during the last twenty years as public revenues were used to support the bureaucracy and simultaneously looted.

It is in this context that the National Poverty Eradication Plan (NPEP) was formulated in 1999. It provided a national policy and institutional framework for tackling poverty, estimated to include 56% of the 30m Kenyans.

The new government, elected in 2002, is likely to change fundamentally the approach to poverty issues as its statements of intent suggest that the arid and semi-arid areas, which are currently estimated to have 45% of the national population, will be areas of focus.

3.2 General Policy and Programme Trends in Kenyan Agriculture

Agriculture is still the driver of the Kenyan economy. It contributes 30% of the GDP, employs 70% of the labour force and produces 70% of the manufacturing raw materials whilst being the main source of government revenue. It also provides 70% of the raw material used in the agro-industrial production and a main source of government revenue.

In the sixties and seventies agriculture grew at the rate of 5% annually. This expansion was based on positive policies and programmes favouring the introduction of new food crop varieties in the high potential areas; introduction and expansion of dairy, coffee and tea for export; opening of new lands with the attendant institutional changes in marketing, extension and research as well as the training of experts in agriculture. However, over the next two decades the growth rate has been around 1-2%. High potential lands are crowded. Their soils tired. Inputs are too expensive and marketing problematic locally, regionally and globally given the high cost of production resulting in un-competitive prices of agricultural products.

Policies and programmes did not keep up with the rising farming problems, particularly with regard to marginal areas. The predatory state swallowed credit, cooperative and input supply systems. The extension bureaucracy was in place but it was caught between individual and group extension approaches. There was no financing of fieldwork.

It is in this context that one has to see the dictates of the recent policies. The key policy documents of the recent past are Kenya Rural Development Strategy (KRDS), the Poverty Reduction Strategy Policy Paper (PRSP) and the National Agriculture and Livestock Extension Policy (NALEP).

The KRDS fundamentally stresses expansion of off-farm enterprises, promotion of private sector investment in agricultural processing and rural area development programmes.

The PRSP defines the strategies to address poverty and food insecurity.

The NALEP sets strategies to provide a more demand driven approach to agricultural extension.

All these documents still assume that the state will remain the main implementer of development in spite of the collapse of key institutions' functions in marketing and input supply, credit, and the confusion in extension strategy.

The impact of these policies in the project area is, to put it mildly, a nullity for there are no specific small holder food production technologies developed for highland drylands, like the project area, other than possibly potatoes. One hastens to add that the new potato varieties do well in the areas with more rainfall in the project areas. For those in the really dry areas, there are really no new crops from adoptive research.

3.3 Impact of Project Target Group and Focus

The project did not specify and operationalised in detail the target group. No baseline –economistic or participatory community based-was done to focus he selection of the target group. Since the project was also extensively redesigned it ultimately worked with a rolling target group. Further the PCR relevantly concludes: "During the process of project planning and implementation, there were no clear selection for activities and implementing officers did not objectively document their selection of sites and groups." The cumulative impact of all these is that although some sectors achieved and some even over achieved their targets some of the beneficiaries are not the poor not to talk of the poorest. In some situations rich beneficiaries have run away with the project benefits. Further, it is clear from the interviews that the unsystematic selection of groups led to many opportunistic organisations latching on them in exploitative ways. This is very clear with respect to credit. It is also clear with respect to sections of the community using groups to take advantage over the water resource.

3.4 Impact of Instruments of Targeting

In the project's Final Design Paper (FDP), it was recommended that a Baseline Survey be done to define the poor. One was ultimately done in the fourth year and rejected. The impact of this was to make nonsense of the M&E function. It is surprising that resources continued to be allocated to it.

The project design called for a multi-sectoral approach to addressing poverty in the divisions and use of DFRD guidelines to enhance targeting, promote beneficiary participation and inter sectoral collaboration, and strengthening local development institutions to ensure sustainability of interventions. There is no evidence that this was done at the base community level or even at the district level. For it to have been systematically done sublocations and locations as well as the divisional sub DDCs would have been involved in the identification and selection of beneficiaries, activities and perhaps most significantly the prioritisation and co-ordination of those activities as is required in the DFRD model of development.

The PCR argues that: "Poor financial flow to the district, liquidity problems at the District Treasury, cancellation of key economic component in 1995/1996 (Agriculture and Irrigation Development and Special Financing Facility) all contributed to weakening the operational framework of the project's multi-sectoral interventions."

This is not enough explanation of the failure to follow the logic of DFRD particularly in selection of beneficiary organisations and activities at divisional level. The consequential impacts of this are the resource conflicts triggered in communities and the lack of relationships in projects' activities, which would have empowered communities to develop the capacity to see development activities in a continuous web over time. A local level multi-sectoral selection of project activities would also have clarified for beneficiaries the need to guard over potential exploitation by either local elites or other forces. It would also have clarified for communities the need to prioritise the most advantageous activities. The poor and poorest have limited resources to invest in development. Given this, it is important that planning capacities at this local level be build up by all projects. This project failed to do this and the impact is continued lack of local level community wide planning capacity.

The project's targeting strategy, which ultimately evolved, was to use existing and or to create groups for specific sectors. Most of the time this led to inter- and intro-group competitions and their allied conflicts. This is particularly clear in the water sector.

3.5. Primary Health Care Impacts

The component was allocated 57% of the project base cost. It lost this along the way as water rose to get the highest chunk.

Four health facilities were constructed at Wendiga, Gakawa, Kiamathaga and Burguret, together with staff houses and all are operational. Three old health facilities at Naro-moru, Warazo and Bellevue were rehabilitated. Maternity units added at Naro-moru and Bellevue. A room was rehabilitated for maternity use at Warazo. Warazo is a health centre while the others are dispensaries.

The construction of physical facilities no doubt has tremendous positive impact on health delivery in the project area, which was undeserved in the past. Facilities have improved physical accessibility to basic health services. All health facilities provide services in Family Planning, PHC, Sexually Transmitted Infection (STI) syndromes management and infection prevention. The PCR claims that 90 % of the population walk less than 8km to the nearest health facility compared to 12km before the project.

The project trained facility based health workers. Among these are inter-sectoral team of trainers with relevant expertise in the fields of PHC, nutrition education, training curriculum and control of endemic diseases in the project area. The PHC training programme was not restricted to the six initially targeted facilities but all the 19 facilities in the project area. Over 100 Village Health Committee (VHCs) (6 at design) and 700 CHWs (105 at design) were trained in PHC and 50% of them are functional. The assorted communities can now access not only treatment but also health information in closer quarters.

All the 19 facilities within the project area have introduced cost sharing. The impact has been to get augmentation of services at facilities when the national government has not been able to provide drugs, security and so forth.

Since facilities are managed by locally elected and trained health facility management committees, for the first time these relatively new communities have been able to anchor their health issues to local leadership. Even though this is a new activity which in the short-term may lead to problems with the government employed staff, in the long term is sets a platform for empowerment of local communities in the project area.

The impact of the supplied vehicles, 2 vehicles and 3 motorcycles enabled district staff to supervise and supply drugs. Whereas 58 bicycles were provided for CHWs, TBAs and health unit staff, they were primarily privatised.

Various equipment and furniture for health facilities was delayed by MOH in Nairobi delayed until year 2000. This had negative impacts on the delivery of services for some of the new facilities did not have equipment. This delay forced communities at times to invest their meagre resources.

The Ministry of Health deployed health workers to the facilities assisted by the project. The additional staffs are 3 Enrolled Nurses, 28 Enrolled Community Nurses, 6 Public Health Technicians, 1 Clinical Officer, 1 Community Nutrition Technician, 1 Laboratory Technician and 2 Kenya Registered Community Health Nurses. They have made a major impact on the delivery of services to the various communities. During focus interviews, families were very happy about the services, especially maternity for many of the new homesteaders are young couples. Maternity also goes together with antenatal and post-natal activities.

On the wider diseases trends level, the picture from the facility data shows that there was improvement up to 1997 and then the situation begun to deteriorate. This could simply be that there was no drought up to then since the 1984 devastating one. There has generally been insufficient rainfall since the 1999. Another plausible explanation is that that since 1999, there has been increases irrigation agriculture and thus the effects of night irrigating, bad chemical use and creation of breeding grounds for some pests has led to this. Field focus group interviews did not help to resolve this issue. Beneficiaries argued that there is more malaria but did not have an explanation for the general morbidity trend. Again there were differences in morbidity explanations depending on age and occupation. The old people naturally complained about old peoples diseases. The younger couples emphasized children diseases for they are in the childrearing years. What is clearly an impact is that one has access to facilities to get treated. This was not so in the past.

Environmental sanitation, meant to reduce malaria incidences and household hygiene has only marginally impacted on the diseases. It is true that URTI is lower. However, malaria is s spectacularly up. Diarrhoea is also up. Intestinal worms infestation is marginally down. Skin diseases are very much down and this can be explained by just availability of water. The sad conclusion is that its impact is not anything to write home about. The reasons may be attributed to a non-functioning PHC system set up.
The original design target of constructing 600 VIP latrines was not met as only 9 were constructed due to their cost and unstable soils. The PCR claims that by the close of the project 85% of the households had serviceable toilets as compared to 50% at the start of the project. This is doubtful from field observation. Even if it were true, for the interview teams did not go to every village, there are other actors in the divisions with PHC programmes targeting toilets at much cheaper cost. Success may be attributable to them rather than this project. The issue is simply the design of the project VIP toilet. In situations of black cotton soils, to build the massive stone masonry VIP toilet is simply stupid for they sink. Farmers know that. Some of the other programmes in the divisions have utilised timber, which is lighter. The impact of the VIP toilets is minimal.

There was under this component an activity of knowledge extension. This was probably done. However, it is not clear what its impact is for knowledge has to be intermediated by incomes to be actualised.

Finally, the beneficiaries clearly point out that the PHC failed to anchor the community-trained people. The issue is simply that those trained expected to be remunerated. This is not in the logic of PHC. It was not done. They therefore stopped on the whole. PHC in the communities is yet to be set up and to function systematically. The knowledge is there but the practice is wanting.

PRIMARY HEALTH CARE GROUP

Disease/Year	1991	1993	1995	1997	1999	2001	2002
Malaria	11217	11884	6202	11088	16749	20028	20201
Diarrhoea	3158	4789	3029	3071	4776	4877	4304
Intestinal worms	13112	11260	11829	9946	12532	14260	12397
URTI	75612	70621	63415	47894	54910	61557	55276
Skin diseases	28951	25442	18301	13147	11242	16078	12855
Accidents	12705	8465	5834	4404	4677	5821	4771

3.6. Domestic Water Supply
A total number of 21 Domestic Water Schemes were started with 12 completed, 1 partially completed and 5 on going. The total number of households connected is 4,000. It is expected that when all the schemes are completed and commissioned, 10,445 households will be connected, serving a total population of over 80,000 people.

Each water scheme has its own community elected Water User Association formed as a condition of financial support from the project. All the WUAs have received training. Since communities give high priority to water projects, beneficiary contribution in cash, materials and labour were high and this explains the high number of projects completed. Beneficiary contribution towards water facilities construction was 34% in Kieni West and 35% in Kieni East. Discussion with project staff suggest that this is an underestimate for many of the projects were not completed and beneficiaries have continued to finish them somehow. This means that they are investing more in these projects than already captured. Clearly then, beneficiaries were able to invest in their water. A managerial system, the WUAs, was set up. The impacts of community investment in labour and materials and the creation of WUAs are first, to set up in

communities' structures for O& M of water supply. Second, is to create demand for more water for other non-planned uses. Water was provided for domestic purposes. It is now used for supplementary irrigation purposes by the old settlers-near the forest sources, the powerful or the connected.

It is important to interrogate and demystify the project's concept of domestic water. There is absolutely nothing domestic about it in the minds of the beneficiaries. That it was called domestic is *prima facie* evidence that during design, the project planners never consulted beneficiaries about the nature of the water they desired. Drylands peoples always ask for production water. They have transformed this so called domestic water to precisely that. The impact of this is that they use it for irrigation, livestock and domestic water needs whether the design called for this or not. Consequently, there are problems in its management, health appropriateness not to speak of availability.

Projects K. West	**Total Cost**	**Donor**	**Community**
Watuka	13,758,588.0	6,289,579	9,812,792
Lamuria	5,516,640.0	1,575,994	648,458
Gataragwa Mugunda	35,572,241.0	11,979,348	6,982,376
Simbara amboni bondeni	12,022,242.0	2,986,325	645,008
Simbara Kamatongu	22,188,838.1	12,030,725	550,000
	89,058,549.1	34,861,971	18,638,634

Projects K. East			
Mwea B	5,076,991.4	1,584,974	1,557,437
Kaaga	10,931,183.7	3,562,715	2,353,885
Warazo luisoi	67,764,678.8	6,775,538	3,200,000
Thung'ari	3,357,018.4	936,200	987,281
Karurumo	10,000,000.0	2,345,554	829,616
Kabunda	10,368,624.5	1,402,261	2,002,049
Maka	16,782,840.0	2,718,898	3,511,274
Kamburaini	9,500,000.0	8,959,542	3,207,607
Kirinyaga Nyange	9,972,121.0	2,092,473	2,735,200
Gitwe	16,817,340.0	865,600	1,293,346
Kabendera	10,202,746.0	1,206,350	350,141
Naromoru Aguthi	20,711,751.0	4,351,610	2,150,000
Kamangura	14,781,259.7	6,668,078	1,282,512
Kinaki	18,459,123.45	6,721,266	202,142
Urutagwo Mwiruti	1,200,000.0	146,275	310,376
Mwichuiri	16,128,681.4	6,721,266	3,411,254
	242,054,359.4	57,058,600	29,384,120

However, there can be no doubt that water provision made dramatic impacts. It has released labour; especially female labour for water is in the female gender, for other activities. It has made it feasible to grow horticultural crops primarily and food crops secondarily. Although project people claim that this is through kitchen gardens, the more realistic view, in the consultant's opinion, is that there is general

increase in subsistence and commercial vegetable growing. It also has had obvious impact on general cleanliness and thus on health even though it may contribute to ill health as its availability supports some disease vectors. All these are very positive impacts at one level of analysis.

The same water has led to a lot of stagnant water and beneficiaries claim that there is increased malaria and other water borne diseases.

Perhaps most significant is the negative impact of the particular water technologies in the long term on the farming system, equity, and the ecology of the area.

All projects' schemes are either gravity or canal based. Sources are in the gazetted public forests inhabited by wildlife. Since the water is not treated and beneficiaries do not boil it as much as they claim, there are obvious negative health impacts. That is not all. The ecology of the forests has deteriorated very fast in the past twenty years and rivers do not flow all year round. As more beneficiaries are hooked on supplementary irrigation, more water is drawn. There is not enough water for the whole population. Thus the water provision impact is to hook beneficiaries onto a farming system based on supplementary irrigation when there is not enough water to sustain that system. This has already triggered conflicts between different supplied areas, between families and within families.

Equity in terms of access to water has many faces. Engineers will argue, as a water officer argued during fieldwork, that in a gravity system the last people, usually at the lowest levels, would get supply first. In the Kienis, those who are at the end of the systems usually are the poorest. More often than not they are not represented in the management systems –controlled by the richer upland people- who also happen to be the first settlers under the Settlement Board, They are denied water by either formal management decisions to block it or by sheer management incompetence or sabotage by more powerful upland people who have the muscle to commandeer more water than their entitlements.

Equity is also about how much one contributes to be connected assuming that they have contributed their labour. During fieldwork, figures of Ksh. 10,000 were generally mentioned if one contributed labour since the beginning of the project to be connected. If one comes to the area and had not been around when a scheme was being built, they have to pay an extra Ksh. 20,000 to 60,000. This obviously denies the poor project water.

Intra-family conflicts are coming up as parents, usually the original settlers who laboured on construction, refuse their children to use their connections to supplementary irrigate as water shortages bite. They are allowed to use the water for domestic functions only.

There are open cases of theft. In one scheme, a rich beneficiary has appropriated all the water. The Water User Association or the government officials who all know about this have done nothing.

The emerging farming systems –dependent on supplementary irrigation- are herbicide, fungicide, pesticides and fertiliser dependent as one grandmother put it, the husband did not want her wasting time mixing organic fertilisers or pesticides. The fastest growing businesses in the region are suppliers of agro-chemicals. Some of them are GOK employed agriculturists in the area. These chemicals are used and stored in absolutely unsafe ways. Since their impacts are long term it is not possible to establish their impacts on the physical and social ecology now. However, some health professionals and beneficiaries argued that chemical related diseases are on the increase.

Special note on water conflicts and their negative impacts is necessary. The project was able to implement and substantially complete 21 domestic water projects. This has resulted in farmers having improved access to water for domestic and livestock use plus minor irrigations (between ¼ - 1/8 acre). Irrigation has had a positive impact on incomes of the connected households. It has also created opportunities for casual employment in the high value horticultural industry that has been introduced into the project area through private sector initiatives. The distribution of the water has however been variable and has benefited the upstream farmers more than the downstream farmers. This has mainly been so because the upper groups are relatively more settled in their areas where they settled in early 1960's as compared to the lower groups that consists mainly of recent settler farmers who have bought land through the land buying companies in the

late 1970's and early 1980's. This negative impact may ultimately destroy the positive impacts of the project

The history of most water projects indicate that they were started in the late 1970's or early 80's and were mainly initiated by the upper zone groups. As a result of this, most of the leadership positions are held by the same groups and despite the projects' interventions to promote equitable representation in the groups' management, the upper groups who dominate the management have been reluctant to fully operationalise their by-laws as a tool of management of their water resulting in the upstream water users accessing a lot of irrigation water at the expense of downstream users and this inequity in access to water has created conflicts between the two, and at times three , competing groups because this resource has increasingly become the principal locomotive in reducing poverty for most households living in these marginal areas. The District Water Officer's recommendation of installation of meters has been resisted by most of the water users management groups in favour of payment of monthly flat rate of Kshs. 100. This deliberate distortion of water access is the principal cause of conflict in all water projects. The downstream water users are relatively new settlers and are the population mainly lacking in terms of basic infrastructure like health, water, roads etc. but has a less socially integrated population.

It is then ironic that the sector, which has got most resources from the project and in which, the community has invested heavily, is the one with the most serious negative impacts! This does not say much for the people who planned the project.

3.7. Agriculture Production

Under this section we comment on first, the formally designated agricultural irrigation areas, the activities of home economics, livestock development and general agricultural production as emanating from divisional production records, focus groups and observations.

Only two irrigation systems, Narumoru Aguthi and Lamuria were identified as such. All the other 19 water provision facilities were conceptualised for domestic water. The original plan called for designing a gravity irrigation system covering 300 hectares. It was to draw 254cubic litres per second. When it was done, it only drew 50 cubic litres per second into a canal! Perhaps the effective supply is only 20-30 cubic litres per second! In any case when construction was completed, only 98 hectares had been put under irrigation serving 750 households in Narumoru Aguthi. In turn Lamuria was designed to cover 250 households. It is in a flood plain!

The envisaged large -scale irrigation system (by Kenyan standards) impacts expected at design, which projected tremendous growth in incomes and employment for the division has not come to be. There has been more limited income and employment contribution to the division's incomes and employment opportunities from these two schemes. The introduction of horticultural export crops in the two schemes has led to a major rise in land values. Another impact is the increase in the number of people settling in the areas. The impact is not just that in-migration numbers are rising, but that high income Kenyans are buying land at prices, which original settlers cannot match.

Lamuria food security transition and missed opportunities in water provision technology is an interesting case which should be detailed in the future to inform other ongoing IFAD projects. Before the project it was on food relief all the time according to agricultural officers who have been in the region for more than twenty years. Its population was a land buying company, which subdivided the land in the seventies. Most of those entitled to settle did not for there was no water. It is not until the canal based irrigation system was done that most people took residence. Thus the impact of the scheme was to enable many more people to settle. They have secured their food sources by irrigating some of the land or being employed in irrigation related operations of others. They uniformly argue that their incomes have improved.

However, there are many natural indicators that the ground water table is high in Lamuria. Ground wells should be possible. Since the rolling land slopes gently, small dams, haffirs, subsurface dams etc are also viable. These have not been tried. They would have enabled Lamuria population to diversify its economy and not just get dependent on irrigated export horticulture. Lamuria has some of the best grazing land in the division.

On Aguthi, the soils are sour. There is ample ground water. Farmers are already irrigating from wells. There fore there is reason to doubt the viability of the irrigation system given the potential for destroying soil life and the perennial conflicts in management and access as covered in very great detail in the case studies.

The PCR claims that about 80% of households, as compared to 50% at design, have adopted energy saving technologies since women groups acknowledge making a meal with the traditional three stone stove requires three loads of woodfuel whereas the "Kuni Mbili Jiko" only require one load. It is further claimed that fireless cookers save about 75% of energy. And further that improved on-farm food processing, storage and preservation have contributed to increased food security. Whereas the impact of these technologies can be seen in favourable light in terms of contributing to the health and well-being of the communities, this consultant is uneasy about the claim for very little of the technologies are visible on the ground. Beneficiaries claimed that they were lectured on the technologies but they never implemented them given their relatively high costs. Beneficiaries claimed that they have adopted the jiko but the reduced cost of flasks vitiates making tea cosies. Food warmers are of interest to middle class urban types! Food stores are still mainly traditional. Food processing on farm is in the realm of dreams. So does the ministry push the assorted preservation technologies.

It is further claimed in the PCR that there is evidence of empowerment of women resulting from income generating activities related to making of tea cosies, food warmers, energy saving stoves and improved recipes using low cost, cheap and locally available materials. The supposed impact is that women are able to spend more time on group projects, which generate income both for group and individual household. In field interviews few groups were fond doing this. On the claim of more time being devoted to children and home management, no data is available

It is claimed that about 85% of households have adopted kitchen gardening whose impacts are improving family nutrition and generating income of about US$ 10 monthly. Given the paucity of M&E data, it is doubtful that these impacts are as dramatic as argued. However, it is true that one of the impacts of the expansion in vegetable growing has been improvement in nutrition.

Livestock development activities were primarily exchange of livestock sired by improved sires bought by the project. The idea is not to just improve the gene pool but also to build livestock capital within groups. In the cockerel exchange programme, a total of 1,388 pullets were exchanged. The Galla buck exchange programme produced a total of 300 off springs from 16 bucks, whereas the exchange of 41 Dorper rams produced a total of 2,000 off springs.

These programmes were sustained by the groups themselves and are currently on going. There are therefore several clear impacts. First is the improvement of the gene pool for some of the important livestock in the area. Second is the fact that these activities empowered groups to continue an economic activity. A third not so clear impact is the sustainability of a group for it is focussed on a viable activity, which enabled them to build not just group but individual capital. This is important in situations where livestock deaths during droughts are dramatic. The Division for example lost Ksh. 75 million during the 1999-2000 drought according to the District Livestock office.

Many farmers have adopted apiculture as an income generating activity. Five apiaries and 96 individual beehives were established. Whereas this did not lead to a large impact, it should be noted that the region stands a good chance of becoming a major honey producer. This is a new technology whose long-term impacts are likely to be positive.

3.8. Group Development

Four types of groups were registered by DSS. These were Agricultural Extension Groups (271), Health Groups (23), Water Users Associations (206) and Savings and Loans Groups (607). The department claims that it formed these groups. Group registration by the department is usually a conditionality for groups which seek to be assisted by donors through the GoK or directly. The argument is made that this formalisation enables the Department and, by extension, the GoK to monitor the activities as well as to act as honest broker if there are conflicts.

DSS states that it "sensitised communities in public forums on the need to venture into savings and credit". As a result many groups being registered to work with credit giving organisations within the district e.g. PEP, WEDI, K-REP, KWFT, Faulu Kenya. In DSS view, shared also by some officers from other sectors, DSS work led to the creation of, by Kieni people, their own savings and credit umbrella organisation, Kieni Revolving Fund (KIREFU) where farmers can get loans. The consultant requested performance data from the Chairman of KIREFU but did not get any.

Finally, DSS claims to have registered a total of 1,207 active groups with a membership of 12,500 persons from the vulnerable class, especially, women and youth. All these groups operated bank accounts, as this was a pre-condition for registration. Beneficiaries and community leaders were trained in management and leadership skills, group dynamics, book and record keeping, formulation of constitution and by-laws, cost sharing and general beneficiary participation.

Given that there was no systematic data on group histories, functions, capabilities and sectors of competence it is very hard to comment on the veracity of these claims. What came out of field interviews is that many groups have existed before the project. They sidled to it to get some benefits. As conditionality they had to register with DSS. They were not systematically taught how to protect themselves and theirs from being taken advantage of by local elites or other external forces.

That DSS never completed the database on groups should be sanctioned for project resources were given for this. This failure, among other things presented problems of random selection of focus groups. It is not clear how they are classified as vulnerable since group formation isn't only found in one class in Kieni, or any place else in the republic.

The project plans called for the use of groups. It seemed to have an assumption that DSS would train them for group processes as well as sector specific functions. This consultant has not definitively established which ones were project driven for the database, which was supposed to be established, is incomplete for these purposes. Discussions with divisional agriculturists, who have been around since project inception suggest that the divisional staff went out and found existing groups which became part and parcel of what was called extension groups. Water user associations seem to have evolved from pre-project water committees. The health groups seem to have evolved also out of pre-project committees. The impact of DSS training groups for specific sector deliverables cannot be established given the lack of data.

This consultants' academic and development professional work on groups, in many parts of the republic, Kienis included, since 1971, and other peoples' work, suggests that group formation, stability and sustainability is a much more complex issue than was envisaged by the project planners and implementers. The complexity is reflected in the fact that the officers who are involved in this impact assessment cannot even agree on how groups came into and were used in project activities. Some understand groups as committees. Some seem surprised when members of water user associations turn up as health facility group members and so forth. Therefore when DSS claims they formed groups, it is not clear what is under the statement.

The impact DSS "forming and registering" groups and its impact on the sector of this is not easily discernible for the community associational life of the project area has always thrived on its own. Further, very many groups do not bother to register with DSS unless it is conditionality for getting specific support. They argue that the registration costs are high. A reading of the case studies from the field shows that groups existed before the project. Some training was done but the envisaged large role of the DSS did not take place or the conflicts, which are there, would be mediated.

3.9. District Information and Documentation Centre

The DPU/DIDC was constructed and completed as planned. It houses the offices of DPO, DDO and DSO. It has a 7,000 publications library (DIDC), which can take 40 users at a time. Documentation includes government publications, development reports, annual reports, technical manuals, handbooks, statistical abstracts, development estimates and expenditure reports, and technical information on development projects. Its primary impact is a resource centre for district planning and as a reference point for teachers,

students and specialised researchers. This is a major data source for the district. It attracts about 40 people monthly.

An attached conference hall has seating capacity of 60 people and has given very positive impacts for even the DDC now meets there comfortably. Very many GoK and NGO as well as community and private sector use it.

The DPO, DDO and DSO were provided with good office space. The Offices of DPO and DDO were provided with necessary equipment (vehicles, computers, faxes, photocopiers, etc). These have had a positive impact on project implementation. The DIDC has enhanced planning facilities in the district and serves as the district reference point. Both Government and Non Governmental Organisations use the conference hall for meetings, training, etc.

3.10. District Level Project Co-ordination

A DPO was posted to the project and his office the centre for co-ordinating and implementing project activities. A Monitoring and Evaluation Officer was posted to the district but later was later transferred after a while and only replaced after the recommendation of the Evaluation Team (1998). The District Accountant posted an accountant to the DPO. This core team worked with the designated officers from the Ministry of Health, Ministry of Water Development, Ministry of Home Affairs, Heritage and Sports, Ministry of Agriculture and Rural Development to as a Project Management Committee. The Project Management Committee was constituted as a sub committee of the DDC charged with the responsibilities of project design, implementation monitoring and evaluation. This is typical of the second-generation DFRD projects.

Participating officers did not identify problems in this area. The impact of district level co-ordination was primarily positive for many individuals in focus groups argued they were able to come to the core team and get clarification on plan activities and other implementation problems.

This typically second-generation project missed an opportunity of devolving the planning and co-ordination role to the divisional level to its advantage. If this had been done, the impact on project activity design and implementation, component record keeping and group participation in all phases of the project could have been improved in the opinion of the consultant. Significant numbers of divisional level staff were more familiar with specific communities having been in their stations for a long time.

3. 11. District Project Budgeting and Financial Management

The DPO office developed uniform planning, budgeting and financial reporting formats for all participating ministries at the district level to ease handling. Unfortunately, they were not inter-linked for operations management. Activity planning, budgeting and financial management remained the responsibility of each officer representing his or her ministry. The major problem was District Treasury low liquidity, which negatively impacted on the implementation rate. Ultimately the project had to be extended. This usually has negative effects as beneficiaries and implementing officers start activities and they cannot finish them. It also increases implementation operational costs.

3.12. Components Organisation and Management

Impact issues related to this are covered above under the specific components. The only relevant comment here is that there was little inter-ministerial activity planning. This is typical of the GOK system on the ground. It is negative.

4.0 ASSESSMENT OF PROJECT SUSTAINABILITY

4.1 Sustainability of PHC Activities

The drop out rate of the trained community health workers and committees has been very high. Other than the facility based systems, it is doubtful that this activity will be sustained.

4.2 Sustainability of Water Facilities:
These will remain under conflict. A probable future scenario is people de-linking from the piped systems and developing alternative water provision systems for the supply from the forests is not enough for supplementary irrigation and domestic use. The elite idea of creating large dams to augment the pipelines is not within easy reach of these communities.

4.3 Sustainability of Beneficiary Groups

Beneficiary groups are very sustainable in spite of projects. They adapt and evolve. Look at the history of Nyakenyua Mabati Women. Witnesses merry go round groups beginning systems of self-loaning. Groups however need to be formalistically trained about making decisions about projects, which just exploit their labour without delivering resources to them. The DSS does not have this capacity. It is found in the NGO sector.

The project spent significant amounts of money on training on rural credit. This has spun a whole lot of groups claiming to be credit facilitators but who essentially collect money from groups and do not in turn lend them. Groups are complaining and loudly about this negative impact spin-off of a legitimate project activity. In the short term this is the most important negative impact of the project. It is bound to explode politically.

4.4 Sustainability of Agricultural and Home Economics Activities
Other than the jiko, and the livestock activity, the other agriculture activities are not sustainable. Energy saving jikos fulfil a need. Gene pool expansion is always of interest to all farmers. They continue the exchanges.
Agricultural marketing was not addressed. This is a pity for the emergent farming system- driven by export crops- is deepening farmer exploitation over and above their negative ecological and social impacts.

4.5 Institutional Support Development
cupport to district level denied thinking about support to the divisional and locational levels. The long-term interest of development is to get to the lowest level for development like politics is about local issues. Institutional support at higher levels is not sustainable form a beneficiary point of view.

5.0 IMPACTS OF PERFORMANCE OF STAKEHOLDERS

Stakeholders are defined here under as the Government of Kenya field officers and community groups.

Impacts Of Performance Of District Based Government Of Kenya Officers
The project did not implement an effective monitoring and evaluation system. The impact of this was failure to target the poor, management of the project without specific collection of inter –sector co-ordination data, failure to identify and support local level development institutions and failure to assure beneficiaries participation in the whole project cycle. All these contributed to the failure to make the poor the prime beneficiaries by enabling them to participate in development of their communities alone or in alliance with whatever institutions came out of their communities. They are not central in managing the community structures and production processes, which emanated from project activities.

District liquidity was spastic. The impact of this was to slow down the implementation rate for many of the district officers. At the community level, some extra-unneeded costs were incurred (e.g. daily allowances of masons) as they financed activities for which the project funds were not available and had to redo it every once in a while.

Equipment procurement was delayed at higher GOK levels. This affected specific implementation activities especially in health where new facilities were started without specific equipment or where other budget lines financed such equipment obviously then with a chain effect on district capacities. The communities lost by not accessing planned services expeditiously.

Performance of Community Beneficiaries

The project expected beneficiaries to contribute about 15% of projects' costs. This was exceeded. It was more than 30 percent in water and if data was kept systematically it perhaps is higher. In health, communities did not just contribute to the building of facilities but also to PHC and at times BI. Given that most instituted cost sharing, it would be interesting to really work out the costs to communities of these activities. This high level of community beneficiary contribution has the impact of mobilising many communities who did not directly benefit out of specific project activities to as they say, "look for a donor". This is so for the education on the wiles of dependence was not really part of the training supposedly done under group organisation.

6.0 LESSONS LEARNT

From the perspective gained in the focus groups, lessons learned suggest that the project could have been designed and implemented differently if the IFAD and GOK officers paid attention to history and social organisation of the Kienis.

Baseline Survey: This does not have to be the economistic type favoured by many in the development industry. The group case studies, done in ten days under this consultancy, show enough data to have reformulated the project. That is why this consultant recommends that IFAD allocate resources for further analysis of the data to inform itself of the possibility of using such data in project and programme formulation.

Training And Capacity Building: Training was done for many officers, mainly those from the district and national level. In written depositions to the consultant, those who took part in the group focussed fieldwork felt that their training was theoretically was relevant to the project. Significant numbers were posted away from the project. This is a loss. IFAD and GOK ought to find ways of getting commitment that the officers trained for a project stay in the district.

No training of divisional, locational and sublocational development personnel -community and GOK-was done systematically. This is a pity for these are the staff that are closer to communities and have living knowledge about the problems and opportunities. If there is to be training of GOK personnel in projects, the priority areas, in the consultant's view, is at the divisional and lower ranks. It is there also that capacity building is most needed.

Group training was in the consultant's view limited in scope and relevance. It was never multi-sectoral. Group training should include analysis of community natural resources, social organisations, planning and development goal setting. DSS, at the district level does not have the knowledge or the capacity to do this training. Such expertise is found in the NGO and the consulting sectors. GOK does not do it for it is a very political process. The methodologies for doing it come from political activism.

Specifically, the training on credit, led to some viciously negative impacts as exploiting organisations moved in to con groups. It will take a long term for anyone to organise this type of training in Nyeri for almost in all focus group discussions there were claims about how groups are being exploited. That DSS sees this as an opportunity to be managed through registration is a misnomer. The forces unleashed in the Kienis by conflicts over resources have overtaken its role in registration. Adjudication of this problem will be in the political arena- a theatre, which excludes donors.

The PCR writes that site training is more effective than institutional training. This consultant concurs totally and highly recommends that all project training be done at the communities who suffer development as conceived by others. This way, those being trained will have to learn the histories, the social organisations and the resource limits of the particular communities they claim to be developing.

Community and GOK Officers Consensus Building: This is always problematic. The two camps operate under different systems. Most times they do not agree for there is no shared knowledge, experience and

social settings. In doing field focus group interviews, the consultant was amazed at the divide. It should be every projects requirement that all parties involved hold consensus-building meetings, facilitated by individuals with the skills, to force bridging the gap. If a project is identified, designed and implemented after consensus building, relevant targets will be met. In this, care must be taken that hustlers in the name of communities are not invited to the high table for more often than not they are used as proxies for the community. This was evident during focus groups interviews where some groups were identifying with officers they knew.

Cost Sharing: If an activity fits into a community's development priority, people are willing to pay for it. In this project this is a central fact. People were willing to pay for water and health facilities. They were willing to pay for energy saving jikos. They were not willing to pay for food warmers and tea cosies. Neither were they willing to pay for group registration unless it was conditionality for something else. The lesson therefore is that people will pay for what is useful to them.

Women Participation in Poverty Reduction Initiatives: In one interview, an old lady said that women in Kienis are the basic earners. Data from the rest of drylands Africa confirms this. Therefore they should be the first targets of any poverty reduction project. Given that the major output of this project is water, increasingly used for commercial export agriculture, it is clear that they were missed out. That they benefit form health care facilities is fact.

Monitoring and Evaluation: M&E should be community driven and not just an economistic exercise, which fits into bureaucratic needs of development funding.

Annex 1

CATEGORIES OF IMPACTS FOR USE IN FIELD INTERVIEWS

- Infrastructure.
- Planning.
- Beneficiary participation in planning.
- Beneficiary participation in implementation.
- District planning capacity.
- Beneficiary participation in PMC
    - District
    - Division
- District implementing capacity.
- District M&E capacity.
- Safe drinking water.
- Irrigation water.
- Environmental protecting agricultural techniques.
- Income generating activities using local resources.
- Basic services to the poor.
- General health.
- Improved diet.
- Establishment of PHC.
- Infant child morbidity.
- Infant child mortality.
- Prevalence of major causes of morbidity.
- Nutritional status of infant/children.
- Food production
    - Productivity
    - Production quantities
    - New technologies
- Improvements in income
    - Farm
    - Casual employment
    - Permanent employment
    - Business
- Agricultural income streams.
    - Horticultural crops
    - Legumes
    - Cereals
    - Small stock
    - Dairy
- Empowerment
    - Poorest of the Poor
    - Female Heads of Households
    - Elderly Farmers

Annex 2

LIST OF PARTICIPATORY WORKSHOP ATTENDEES

COMMUNITY BENEFICIARIES.

No.	NAME		GROUP
1.	Alice N. Kamama		Kirima Muungano PHC
2.	Anastasia Wanjiru		Mathina Young Women Group
3.	B. M. Kiangonyo		Micro finance Africa
4.	C. G. Githaiga		Kirefu
5.	Catherine Njoki		Mutarakwa Women Group
6.	Charles Mutahi		Warazo Lusoi
7.	Cornelius Muriithi		Kaga Water Project
8.	Ephraim Githui		Mere Dispensary
9.	Eustace Muchiri Kande		Ndathi Mbiriri Water Project
10.	Florence W. Nderitu		Muririchua Tank Women Group
11.	Francis Mathenge Karema		Ndiriti Aguthi Water Project
12.	Francis Nderitu		Warazo Lusoi
13.	Gabriel Murage		Simbara Amboni Water Project
14.	James Ndegwa Kahiha		Kamburaini
15.	Jane Wangui		Thung'ari Home Betterment Group
16.	Jascinta Adhiambo W.		Kahoreru Women Group
17.	Jascinta Nyokabi Ndirangu		Mama Wema Women Group
18.	Judy W. Muriuki		Kambi Bee Keeping
19.	Julius Ndung'u		Kirefu
20.	Mary Muchiri		Gakawa Dispensary
21.	Regina Murugi		Marahaba Women Group

GOKBENEFICIARIES

1. CHRISTINEOWONDO	Agricultural Officer	BSc. Agricultural Economics Dip. Farm management Certificate in management Course for women in rural development	Desk Officer CKDAP Ministry of Agriculture & Livestock Production Headquarters
2. DICKSON KARANJA	District Rural youth Officer (AOI)	BSC Agriculture	Supporting officer Agricultural extension Officer
3. ELIJAH M. THUITA	Senior inspector Water Engineering	Higher Diploma (Water Engineering)	Designer/implementer
4. JAMES K. KIUNGA	District Animal production Officer	M. A Agriculture (Animal Production) Application of Computer Data Analysis	Subject matter specialist Implementer (small stock)
5. JENIFFER GITONGA	District Nutrition officer	Dip. In Community Nutrition TOF by AMREF PMTCT - NARESA Diabetes by ILLE-LILY	PHC implementer
6. JOHN G. MUGENYO	Public Health Officer I	Higher National Diploma - Environmental Sciences Dip. Community Health	Implementer PHC

7. JOHN M. NDIRANGU	Divisional Water Officer Kieni East	Higher Diploma (Mechanical engineering Dip. Mechanical engineering Certificate in Sewerage Inspection	Implementer
8. JOSEPH K. WAWERU	District medical Laboratory Technologist	Dip. Medical Laboratory Sciences	Support officer
9. JOSEPH MAINA	District Health Records & Information officer	Cert. In Health Records & Information	Support officer PHC
10. MARGARET WAIRIMU NDUNG'U	District Home Economics Officer	BSc. Agriculture & Home Economics Dip. Agriculture & Home Economics Computer course Communication skills (TOT) PRA Farm management analytical tools Population/HIV/AIDs education	Implementing officer Home Economics Component
11. MUGITA GESONGO	Economist	M. A. Economics Project Management M&E Rural credit financing & Management Management of information systems Design and implementation Computer applications	Project Coordination and Management M&E officer
12. MWAKIO O. RIGHA	Assistant Commissioner for Social Services	M. A. Economics Monitoring & Evaluation course	Support officer
13. PATRICK W. WERU	Senior Inspector, Water Engineering	Higher National Dip. Water Engineering	Implementing officer (Domestic Water Supply
14.ROSE WAWIRA GICHOBI	Divisional Home Economics & Youth Officer K. East	Dip. Agriculture & Home Economics Soil conservation Gender integration in National agriculture Extension programme Marketing	Implementing officer (Agriculture Extension, K. East)
15. ROY MWANGI	Senior Inspector, Water Supplies	Cert. In Water Supplies	Implementer
16. SAMUEL N. NGOMO	Economist/Statistician	Post Graduate Dip. Development Planning techniques Computer applications Project Cycle management	Assistant M&E Officer CKDAP
17.SARAH W. NGATIA	District Social Development Officer	B. A. Government & Sociology Social Development course Senior Women manager course Counseling & Guidance Facilitation skills course	Implementing officer Group Development
18.TERESA NGUNIA WANGUI	District Information & Documentation Center	Dip. Information studies Library Management Skills	Officer in project coordination Office.

	Officer	Computer courses Information systems management	
19. WYCLIFFE N. WANGWE	Deputy District Social Development Officer	B. A. Government & Anthropology PRA Project proposal writing skills course Project participatory planning Computer Courses	Implementing officer Group Development
20. KINYANJUI NGUGI	Field Services Officer CKDAP	MSc. Economics (Design Of Rural Poverty Projects) Credit Design and Management Planning & Budgeting	Field Services Officer

Annex 3

Population by Location and Sub-location in Kieni Divisions of Nyeri District

Division	Location	Sub-Location	Population 1989 Census	Population 1999 Census	*Variation*	No. of HH in 1989	No. of HH in 1999	*Variation*
Kieni West			**57,638**	**68,461**	***10,823***	**11,844**	**16,699**	***4,855***
	Mwiyogo			**10,312**	***10,312***		**2,446**	***2,446***
		Kabati	1,576	1,875	*299*	291	432	*141*
		Muthuini		1,762	*1,762*		427	*427*
		Labura		5,121	*5,121*		1,209	*1,209*
		Mwiyogo	2,879	1,554	*-1,325*	559	378	*(181)*
	Mweiga		**22,666**	**15,055**	***-7,611***	**5,095**	**4,152**	***(943)***
		Njeng'u		2,747	*2,747*		678	*678*
		Bondeni		1,308	*1,308*		279	*279*
		Kamatongu	6,363	6,958	*595*	1,662	2,199	*537*
		Amboni	5,008	4,042	*-966*	919	996	*77*
	Endarasha		**13,544**	**15,143**	***1,599***	**2,637**	**3,579**	***942***
		Mitero	2,930	3,260	*330*	492	703	*211*
		Gakanga	2,431	1,818	*-613*	557	429	*(128)*
		Charity		4,256	*4,256*		904	*904*
		Endarasha	4,811	5,809	*998*	1,002	1,543	*541*
	Gatarakwa		**21,426**	**16,310**	***-5,116***	**4,112**	**3,809**	***(303)***
		Watuka	2,473	3,357	*884*	490	771	*281*
		Lamuria		3,918	*3,918*		1,031	*1,031*
		Embaringo	2,863	3,768	*905*	518	816	*298*
		Kamariki	9,790	5,267	*-4,523*	1,871	1,191	*(680)*
	Mugunda			**11,641**	***11,641***		**2,713**	***2,713***
		Karemeno		2,061	*2,061*		448	*448*
		Ruirie		3,427	*3,427*		827	*827*
		Kamiruri		2,665	*2,665*		623	*623*
		Nairutia		3,488	*3,488*		815	*815*
Kieni East			**55,584**	**83,635**	***28,051***	**12,510**	**21,738**	***9,228***
	Naromoru			**17,929**	***17,929***		**4,667**	***4,667***
		Ndiriti		3,471	*3,471*		708	*708*
		Naromoru	5,351	2,975	*-2,376*	1,269	988	*(281)*
		Kamburaini	6,655	5,406	*-1,249*	1,359	1,440	*81*
		Gaturiri		3,018	*3,018*		681	*681*
		Rongai		3,059	*3,059*		850	*850*
	Kiamathage			**11,197**	***11,197***		**2,836**	***2,836***
		Kabendera		3,312	*3,312*		750	*750*
		Tigithi		1,361	*1,361*		360	*360*
		Miricho		2,083	*2,083*		561	*561*
		Gakamba		4,441	*4,441*		1,165	*1,165*
	Gakawa		**17,923**	**24,636**	***6,713***		**6,371**	***6,371***
		Gathiuru	4,665	8,081	*3,416*	1,665	1,611	*(54)*
		Githima	3,719	4,355	*636*	786	1,058	*272*

		Kahurura	9,549	12,200	*2,651*	2,490	3,702	*1,212*
	Kabaru		**18,280**	**19,038**	***758***	**3,966**	**4,918**	***952***
		Kirima		4,191	*4,191*		1,059	*1,059*
		Ndathi	2,232	6,315	*4,083*	578	1,646	*1,068*
		Kimahuri	3,925	5,645	*1,720*	802	1,462	*660*
		Munyu	4,063	2,887	*-1,176*	865	751	*(114)*
	Thigu			**10,835**	***10,835***		**2,946**	***2,946***
		Thung'ari		3,451	*3,451*		1,126	*1,126*
		Luisoi		1,745	*1,745*		456	*456*
		Thirigitu		3,138	*3,138*		751	*751*
		Maragima		2,501	*2,501*		613	*613*

Source: Kenya Population Census Reports 1989 Volume I1and 1999 Volume I.