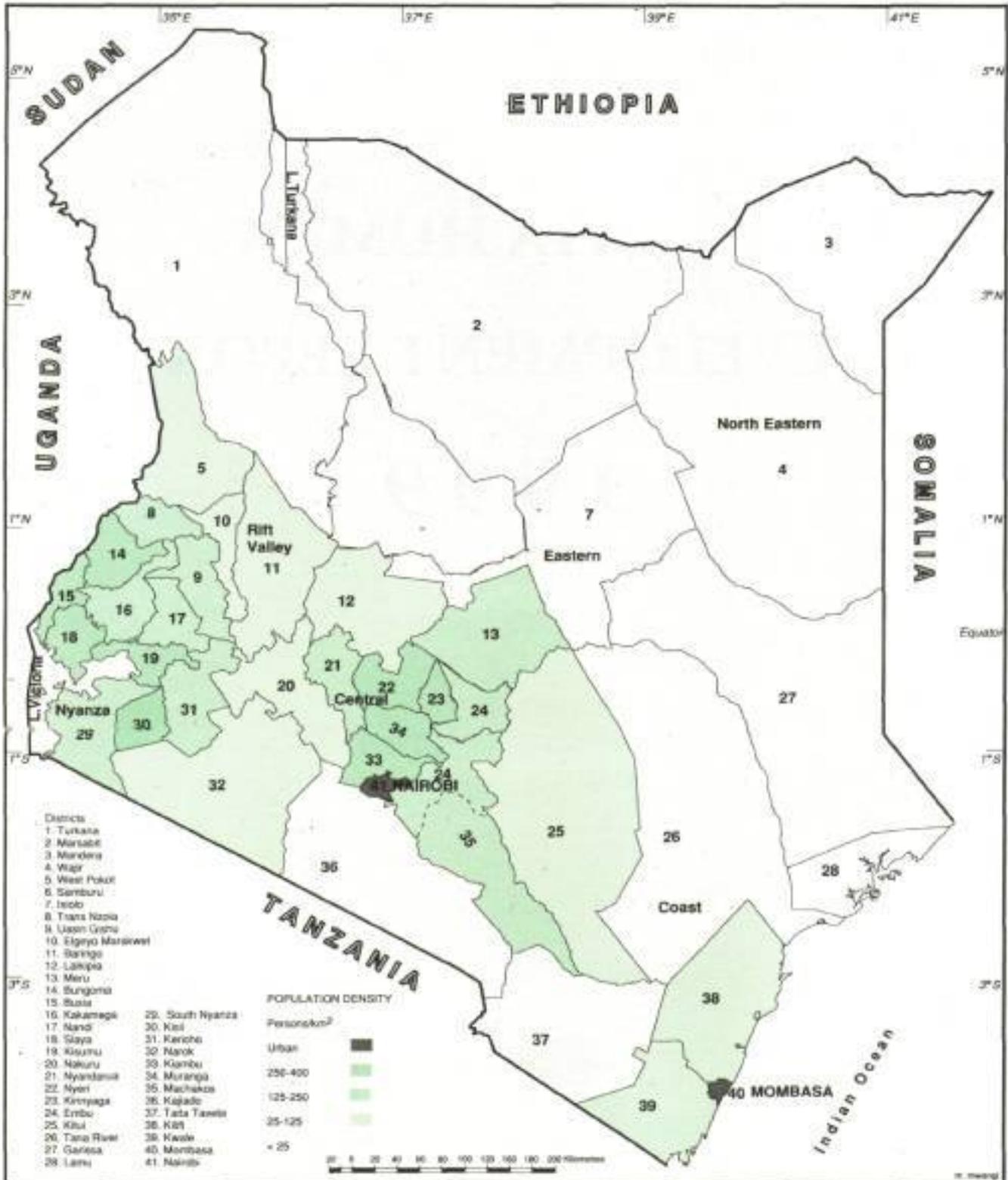


KENYA HUMAN DEVELOPMENT REPORT 1999



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DEVELOPMENT REPORT
1999**

Population and Administration in Kenya



Foreword

Since 1990, the United Nations Development Programme (UNDP) has published the annual global Human Development Reports (HDR) which focus on the human dimensions of development and present new approaches, definitions and methods of its measurement. The purpose of this first National Human Development Report (NHDR) for Kenya is to present an overview of the state of human development in the country and the issues that merit consideration by all Kenyans and their development partners.

Both UNDP and the Government of Kenya accord high priority to poverty eradication as one of the critical entry points for promoting human development. The introduction of the human poverty index with its new approach to the measurement of the state of poverty among nations, in the 1997 global Report, generated a lively debate in countries across the world and further confirmed the HDR as an important advocacy document on poverty eradication and sustainable human development. The 1997 HDR also intensified dialogue on the state of human conditions within countries.

The NHDR for Kenya presents benchmark data and lays the groundwork for future reports. The data generated through this report were useful during the preparation of the National Poverty Eradication Plan for Kenya, and the United Nations Common Country Assessment. Together these two documents have formed the framework for the Government's proposals in the Country Co-operation Framework (CCF) for UNDP's support in the next five years (1999 - 2003). In addition, the data provided in this NHDR is expected to enrich the coverage of Kenya in future global HDRs.

The primary focus of this NHDR is poverty and gender. According to recent estimates, almost half the Kenyans are poor and their plight is not improving. The pertinent issues include the causes and consequences of increasing poverty, the inequities confronted by women and girls, the access of the poor and women to social services, and the lack of opportunities for economic, social and political participation. The domestication of international conventions and the implications of increasing globalisation for poor Kenyan women and men are also important. The report analyses the factors responsible including rapid population growth, increasing inequality and poverty, slow economic growth, and traditional beliefs and practices.

Despite efforts to equalise opportunities between men and women in Kenya, the most persistent disparities have been in the area of gender. Although women constitute a majority (53%) of the labour force, they bear a disproportionately large share of the burden of poverty. They are the majority of the poor and their poverty is more intense than that of their male counterparts. Gender differences within the household, in the communities and in markets in terms of access to opportunities and services and in decision-making continue to impede women's advancement. Thus, although women constitute slightly over half of Kenya's population they occupy only 4.9% of managerial and administrative jobs and hold only 3% of parliamentary seats and no Cabinet positions.

The report reflects the significant differences in economic and social development across provinces and districts, between rural and urban areas and among men and women. It demonstrates that the gap between the GDF

index, reflecting economic progress, and the human development index (HDD, a more comprehensive measure of people's welfare, increases the further one moves away from major urban centres. This explains the inequality in opportunities and choices faced by the Kenyans in the countryside. It underscores the significance of socio-economic policies and governance aspects in targeting the provision of improved social and economic services to the disadvantaged regions and peoples.

The report should be of interest to Kenyans in all walks of life and to Kenya's development partners. It should generate a national debate on the future of human development in Kenya and promote dialogue on the ways in which poverty and gender inequalities should be addressed. It is timely in refocusing the attention of Kenyans on the plight of their poor sisters and brothers as they look forward to a brighter future in the next century.

Preface

As Kenya approaches the new millennium, it is opportune to look back and take stock of what has been accomplished on human development in the 35 years since independence and explore the opportunities and constraints for further progress in the new century. One might question why we need another report when we have the National Development Plans, sector development plans (e.g., Education Master Plan and Health Sector Reform Plan), Sessional Papers, and reports of various Commissions and Task Forces. The focus of these plans, papers and reports has been either macroeconomic and sector issues or specific themes such as HIV/AIDS, *Jua Kali* and industrialisation. This first National Human Development Report (NHDR) for Kenya brings together the information on how the various development efforts have impacted on Kenyans - women, men and children; poor and rich; rural and urban - and the prospects for improving their lot. Thus, people are the central focus of this Report.

The main themes of this first report are poverty and gender. The two groups, the poor and women, each constitute half of the total population of Kenya.¹ Their limited participation in the mainstream of Kenya's development is of serious concern for the groups themselves on the one hand and for the country on the other. Full participation and contribution of these groups is crucial for Kenya to achieve sustainable development. Thus, the choice of these dual themes is considered appropriate. Other important areas, such as environment and natural resources management, which also impact on and are in turn affected by poverty and gender inequality may be considered for coverage in future NHDRs.

The objective of this Report is to inform, inspire and promote dialogue among Kenyans and with their development partners on human development in general and poverty and gender in particular. Also, the Report is seen as a vehicle for compilation and dissemination of information, education and advocacy on human development.

Teams of consultants who are familiar with Kenya's development experience have prepared the report. Stakeholder representatives in formal and informal forums have reviewed different drafts. Their comments and inputs have greatly enriched the final report. The deliberate, consultative, and participatory process adopted in the preparation of this report has proven to be worthwhile even if it required more time. It is hoped that, in preparing future reports, this process would be extended to the province, district and grass-roots levels.

Kenyans in all walks of life - ordinary citizens, politicians, policy makers, government officials, academicians, private sector, NGOs, and CBOs - are the primary audience for the report as it focuses on their past, present and future. Kenya's development partners including UN agencies, bilateral and multilateral donors, foreign investors and international NGOs are among other important audiences.

Human development should be of concern to all Kenyans as it touches on their wellbeing and that of their children and grand children. While government has often been the dominant actor, other stakeholders and organisations also play a critical role in promoting human development. As such, every citizen

¹*There is a significant overlap between the two groups - poor and women - with women constituting a majority of the poor.*

has a right and an obligation to work towards improving her/his wellbeing. Therefore, it is the individual and collective responsibility of the different actors to participate in and con-

tribute to the debate on the appropriate ways and means of advancing human development in Kenya.

Acknowledgements

The preparation of this first National Human Development Report (CNHDR) for Kenya is carried out under the guidance of Dr. Kangethe W. Gitu, Permanent Secretary, Ministry of Planning and National Development (MPND) and his predecessor, Mr. Edwin Osundwa, and Mr. Frederick Lyons, Resident Representative, UNDP. It reflects their strong support and commitment to human development in Kenya.

The Report benefited from background research and statistical information prepared by the Central Bureau of Statistics (CBS), under the guidance of the then Director of CBS, Ms. Margaret Chemengich. It drew upon the data and publications of the Food and Agriculture Organization (FAO), United Nations Children's Fund (UNICEF), World Bank, Action Aid, and the National Human Development Reports for other countries in Africa and Latin America. Several technical working groups prepared and shared information on such crosscutting areas as macroeconomic trends, gender, education, health, and domestication of international conventions.

A team of three consultants - Messrs. J.T. Mukui, Olum Gondi and Tared O. Abagi - prepared the first draft of the Report in August 1997. Their rich experience, research and dedication to quality work are recognised.

The first draft of the Report was discussed at a dissemination workshop attended by representatives of Government Ministries and Departments, NGOs, academia, and civil society. The valuable feedback from the workshop has been fully integrated in the subsequent draft of the Report by a team of senior officers from different Government Departments. The team also reorganised and gave focus to the original draft. Their good work is warmly acknowledged.

The report was further enriched by an editorial team comprising Dr. Kangethe W. Gitu, then Director of Planning, MPND, Prof. Shanytsa Khasiani, NGO representative, Ms. Dorothy Munyakho, professional editor, and Prof. Karega Mutahi, representative from academia. They submitted the semi-final draft in September 1998. Their valuable inputs are well appreciated.

Considerable time had elapsed between the preparation of the first draft and the submission of the semi-final draft. Meantime, a number of important developments on the political and economic fronts that impinge on poverty, gender and overall human development in Kenya have taken place. Therefore, it was considered necessary to update the information and refocus the report on poverty and gender. Accordingly, a team of three consultants was engaged to accomplish this task. The team comprised Mr. Olum Gondi, a member of the team that prepared the first draft, Prof. Karega Mutahi, a member of the team which prepared the semi-final draft, and Dr. Musunuru Sam. Rao, a member of the National Poverty Eradication Plan preparation team. The final Report incorporates their inputs and insights.

The Report preparation was financed by the UNDP under the Management of Development Process (MDP) Programme. Throughout the exercise, the UNDP Country Office provided strong administrative support and invaluable comments and suggestions. Special thanks go to Mr. Frederick Lyons for his unwavering personal commitment and unstinting support to the whole process. The guidance and encouragement of Mr. Macleod Nyirongo, Deputy Resident Representative, and his predecessor, Ms. Nancy Asanga, have been invaluable. The constant support and

contributions of Ms. Grace Okonji, Programme Analyst, is gratefully acknowledged.

A number of government officials, colleagues in UN agencies (including UNDP, UNIFEM, UNCHS and UNICEF) and compatriots in academic and civil society organisations including NGOs, shared ideas, insights, information and Reports with the consultant teams. They

should be applauded for their generous help.

The findings, conclusions and recommendations in the Report have emerged from the inputs of various stakeholders and the insights of the consultants. They may not be attributed to either the Ministry of Planning and National Development, Government of Kenya, or to the UNDP.

Abbreviations/Acronyms

AE	Adult Equivalent
ASAL	Arid and Semi-Arid Lands
CBK	Central Bank of Kenya
CBO	Community-Based Organisation
CBS	Central Bureau of Statistics
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CMR	Child Mortality Rate
CPM	Capability Poverty Measure
CSO	Civil Society Organisation
CSRP	Civil Service Reform Programme
DFI	Development Finance Institution
DFID	Department for International Development (UK)
EIA	Environmental Impact Assessment
FAO	Food and Agriculture Organisation of the United Nations
FAWE	Forum for African Women Educationists
FIDA	International Federation of Women Lawyers (Kenya)
GDI	Gender Development Index
GDP	Gross Domestic Product
GEM	Gender Empowerment Measure
GOK	Government of Kenya
HDI	Human Development Index
HDR	Human Development Report
IFAD	International Fund for Agricultural Development
ILO	International Labour Organisation
IMR	Infant Mortality Rate
IPPG	Inter-Party Parliamentary Group
IRS	Integrated Rural Survey
KANU	Kenya African National Union
KCPE	Kenya Certificate of Primary Education
KDHS	Kenya Demographic and Health Survey
KEPI	Kenya Expanded Programme on Immunisation
MCH	Maternal and Child Health
MHCSS	Ministry of Home Affairs, National Heritage, Culture and Social Services
MLRRWD	Ministry of Land Reclamation, Regional and Water Development
MOE	Ministry of Education and Human Resources Development
MPND	Ministry of National Planning and Development
MOH	Ministry of Health
MP	Member of Parliament
MRT	Ministry of Research and Technology
NASCOE	National AIDS and Sexually Transmitted Diseases (STD) Control Programme
NFE	Non-formal Education
NGO	Non-Governmental Organisation
NHDR	National Human Development Report
NIC	Newly Industrialised Country

NPEP	National Poverty Eradication Plan
OVP&MPND	Office of the Vice-President and Ministry of Planning and National Development
PHC	Primary Health Care
PPA	Participatory Poverty Assessment
SAP	Structural Adjustment Programme
SDD	Social Dimensions of Development
SSJKE	Small Scale and Jua Kali Enterprises
STD	Sexually Transmitted Diseases
TVE	Technical and Vocational Education
UNCCD	United Nations Convention to Combat Desertification
UNCED	United Nations Conference on Environment and Development
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
U5MR	Under-Five Mortality Rate
UPE	Universal Primary Education
VAD	Vitamin A Deficiency
WDR	World Development Report
WMS	Welfare Monitoring Survey
WSSD	World Summit for Social Development

Glossary of Human Development and Poverty

A. Human Development

Human Development is the process of widening people's choices and their level of well-being. The choices change over time and differ among societies according to their stage of development. The three essential choices for people, no matter where they are located, are (i) to lead a long and healthy life, (ii) to acquire knowledge and (iii) to have access to the resources needed for a decent standard of living. Other choices, highly valued by many people, include political, economic and social freedom, access to opportunities for being creative and productive and enjoying self-respect, and guaranteed human rights.

The Human Development Index (HDI) is based on three indicators: longevity as measured by life expectancy at birth; educational attainment as measured by a combination of adult literacy (two-thirds weight) and combined primary, secondary and tertiary gross enrolment ratios (one-third weight); and standard of living, which is measured by real GDP per capita expressed in purchasing power parity.

Life expectancy is defined as the number of years a new-born infant would live if prevailing patterns of mortality at the time of birth were to stay the same throughout the child's life.

Adult literacy rate is defined as the percentage of people aged 15 and above who can, with understanding, both read and write a short, simple statement on their everyday life.

Enrolment rates are based on the reference school cycle and the reference age cohort for each cycle. The gross *primary enrolment rate* is the total number of children (irrespective of their age) currently attending primary school as a percentage of the total number of children of primary school age (6 to 13 years in Kenya). The *net primary enrolment rate* is the total number of children of primary age currently attending school as a percentage of the total number of children of primary school age. The relevant age cohort for Kenya's *secondary education* would be 14 to 17 years.²

The *tertiary enrolment ratio* is calculated by dividing the number of students enrolled in all post-secondary institutions and universities by the population in the 20 to 24 year age groups. Students attending vocational schools, adult education programmes, two-year training colleges, and distance education centres (primarily correspondence courses) are included. UNESCO adopted the age cohort 20 to 24 years as the denominator since it represents an average tertiary cohort even though people above and below this group may be registered in tertiary institutions.

Gross Domestic Product (GDP) is the total output of goods and services for final use produced by an economy, by both residents and non-residents, regardless of the allocation to domestic and foreign claims. It does not include deductions for depreciation of physical capital or depletion and degradation of natural resources, hence the reference to gross rather than net product. The United Nations International Comparison Programme (ICP)

² The difference between the gross and net enrolment ratios may be used as an indicator of the proportion of pupils in a cycle who are outside the legal age group.

has developed measures of GDP on an internationally comparable scale, using purchasing power parities instead of exchange rates as conversion factors. The ICP defines the purchasing power of a country's currency as the number of units of that currency required to purchase the representative basket of goods and services that the reference currency would buy in the United States.

Gender refers to the socio-cultural classification of men and women and contrasts with sex, which is a biological classification of females and males.

The Gender Development Index (GDI) measures gender disparities in the level of achievement in human development. It has been developed in recognition of the disparities in achievement between men and women particularly in the Least Developed Countries (LDCs), which are characterised by low income per capita, poor economic growth, low levels of human resource development and massive reliance on foreign assistance.

The GDI uses the same variables as the Human Development Index. However, separate indices are computed for both men and women. The maximum value for male life expectancy is 82.5 years and the minimum value is 22.5 years, while the corresponding values for female are 87.5 and 27.5 years, reflecting biological differences in survival rates favouring women. In the case of literacy, school enrolment and income, the potential of the two groups do not differ and the maximum and minimum values are the same as for the HDI.

The Gender Empowerment Measure (GEM), which was introduced in the 1995 HDR, shows the relative empowerment of men and women in political and economic spheres. This measure has been developed to help address the discrepancy in political and economic empowerment, participation and decision making by both men and women in society. The Least Developed Countries are characterised by low female participation in the political arena and

in managerial, administrative, technical and professional positions.

The Capability Poverty Measure (CPM), introduced in the 1996 HDR, is a multi-dimensional index of poverty based on capabilities, namely, a life free of avoidable morbidity (as measured by the percentage of births unattended by trained health personnel), being informed and educated (adult illiteracy), and proper nourishment (underweight children under age five). The three variables are given equal weight in the composite index.

(Source: UNDP, *Human Development Reports*)

B. Poverty Definitions

Absolute poverty is often defined in money terms by a fixed standard such as the international one-dollar-a-day poverty line, which is designed to compare the extent of poverty across different countries. A number of countries have defined their own national poverty lines. Often, these incorporate a certain minimum level of consumption at which the basic needs (such as food, literacy/education, health and shelter) are fulfilled. Although Kenya does not yet have a national poverty line, the 1994 Welfare Monitoring Survey (WMS II) conducted by the Central Bureau of Statistics (CBS) defined absolute poverty lines for rural and urban areas. These are Ksh. 978 per capita per month per adult equivalent (AE) for rural areas and Ksh. 1,490 per capita per month per AE for urban areas. The terms absolute poverty and overall poverty are used interchangeably in the Kenyan context.

Extreme Poverty or Hard Core Poverty characterises indigence or destitution, usually expressed in terms of inability to satisfy even minimum food needs.

Food Poverty is defined as food consumption below a normative minimum level, which takes into account nutritional standards that are necessary for a healthy growth and main-

Table of Contents

Executive Summary

Chapter One : Introduction

A. Genesis of Human Development Reports.....	1
B. Efforts of Other Countries.....	1
C. Human Development Concept.....	2
D. Human Development vs. Other Development Approaches.....	2
E. Focus on Gender and Poverty.....	2

Chapter Two : General Overview

A. The People.....	4
B. Economic Performance and Prospects.....	4
1- Overall Growth.....	4
2. Sector Performance.....	5
3. Labour Force and Employment.....	7
4. Eighth Plan Expectations :.....	9
5. Performance Assessment.....	9
a. Comparison with Other Countries.....	9
b. Assessment Against Kenyan Expectations.....	10
6. Outlook and Prospects.....	10
C. Governance and Human Developments.....	11
1. Background.....	11
2. Political Governance.....	11
3. Economic Governance.....	13
4. Administrative Governance.....	13
5. Systematic Governance.....	14
6. Governance, Gender and Poverty.....	15

Chapter Three : Poverty in Kenya

A. Poverty Incidence.....	16
1. Estimates of Poverty Incidence.....	16
2. Poverty Incidence in Districts and Urban Centres.....	17
B. Characteristics and Dynamics of Poverty.....	17
C. Perceptions of Poverty.....	19
D. Causes of Poverty.....	19
1, Inequality in Income Distribution.....	20
E. Consequences of Poverty.....	20
F. Poverty Eradication Efforts.....	21
1. Past Government Interventions.....	21
2. Social Dimensions of Development Programme.....	21
3. National Poverty Eradication Plan.....	22
4. Other Government Initiatives.....	24
5. Donor Supported Projects.....	24
6. Initiatives of Civil Society Organisations.....	25

G. Challenges and Prospects.....	25
----------------------------------	----

Chapter Four : Gender and Human Development

A. The Kenyan Context.....	27
B. Gender and Poverty.....	29
C. Violence Against Women.....	30
D. Women's Empowerment.....	32
1. Political Empowerment.....	32
2. Economic Empowerment.....	34
E. Women and Peace.....	34
F Gender and Education.....	34
G. Gender and Health.....	36
1. Health Services and Practices.....	36
2. Gender and HIV/AIDS.....	37
H. Conclusions.....	38

Chapter Five : Social Services for Human Development

A. Education.....	39
1. Introduction.....	39
2. Early Childhood Education.....	40
3. Primary Education.....	40
4. Secondary Education.....	41
5. Tertiary Education.....	42
a) Teacher Training.....	42
b) Technical and Vocational Education.....	43
c) University Education.....	43
6. Other Education Programmes.....	44
7. Financing Education.....	44
8. Conclusions.....	45
B. Health.....	46
1. Overview of Health Policy.....	46
2. Life Expectancy, Mortality and Morbidity.....	46
a) Life Expectancy at Birth.....	46
b) Infant, Child and Maternal Mortality.....	47
c) Morbidity.....	48
d) Childhood Diseases.....	48
3. HIV/AIDS in Kenya.....	49
4. Health Sector Infrastructure.....	51
a) Health Facilities.....	51
b) Hospital Beds and Cots.....	51
c) Health Sector Personnel.....	51
5. Utilisation of Services.....	52
6. Health Care Financing.....	52
7. Food Security.....	54
8. Nutritional Status.....	54
9. Nutritional Status in Districts.....	55
10. Conclusions.....	56
C. Public Utilities and Shelter.....	56
1. Water.....	56

2. Sanitation.....	57
3. Shelter.....	58
B. Basic Social Services and the 20/20 Compact.....	59

Chapter Six : Human Development Indicators

A. Human Development Index.....	61
B. Gender Development Index.....	62
C. Gender Empowerment Measure.....	63
D. Capability Poverty Measure.....	63
E. Conclusions.....	63

Chapter Seven: Human Development in a Global Context

A. From Basic Needs to Basic Rights.....	65
B. International Conventions.....	65
1. Rights of the Child.....	66
1. Eliminating Gender Discrimination.....	66
3. Poverty, Employment and Social Integration.....	68
C- Globalisation and Human Development.....	69

Chapter Eight: The Way Forward

A. Overview.....	71
B. Economic Growth.....	71
C. Good Governance.....	71
D. Poverty Eradication.....	72
E. Gender and Women's Empowerment.....	72
F. Social Services.....	73
1. Education.....	73
2. Health.....	74
3. Public Utilities and Shelter.....	74
G. Basic Social Services and the 20/20 Compact.....	75
H. Human Development Indicators.....	75
I. Human Development in a Global Context.....	75

Appendix:

Methodological Notes on Computing Human Development Indicators.....	76
Tables on Human Development Indicators.....	81

Bibliography.....	89
-------------------	----

List of Boxes

Box 2.1. Composition of Labour Force.....	7
Box 2.2. Informal or <i>Jua Kali</i> Sector.....	8
Box 3.1. Perceptions About the Poor.....	18
Box 3.2. Major Coals and Targets of the National Poverty Eradication Plan.....	22
Box 3.3. Rights and Standards for Social Integration.....	23
Box 3.4. Harambee.....	24
Box 3.5. OECD-DAC/UN/World Bank Poverty Monitoring Targets.....	24
Box 3.6. Basic Needs are Basic Rights.....	25
Box 4.1. Women's Access to Land.....	29
Box 4.2. Eliminating Violence against Women Globally - Highlights on the Campaign in Africa.....	32
Box 7.1. Critical Areas of Concern from the Beijing Platform for Action.....	67
Box 7.2. World Summit for Social Development Goals and Targets.....	68

List of Charts

Chart 2.1. Sources of GDP Growth.....	5
Chart 2.2. Sector Shares in GDP.....	6
Chart 2.3. Employment by Sector, 1994.....	7
Chart 2.4. Projected New Jobs.....	8
Chart 3.1. Trend in Poverty Incidence.....	16
Chart 3.2. Expenditure (Income) Distribution.....	20
Chart 4.1. Gender Composition of Students.....	35
Chart 5.1. Distribution of Education Expenditures, Average of 1980-95.....	45
Chart 5.2. Mortality Rates.....	48
Chart 5.3. Distribution of Health Expenditures, Average of 1994-98.....	53
Chart 5.4. Composition of Public Expenditures on Basic Social Services.....	60
Chart 6.1. Human Development Indicators.....	64

List of Figures

Figure 4.1. Male relatives are looting a couple's property while the widow is mourning by her husband's graveside.....	28
Figure 4.2. Do some parents know what damage they are causing to their children?.....	31
Figure 4.3. Women vote for the right to total and equal share.....	33
Figure 4.4. So, what were you saying about AIDS and my other women, eh?.....	37

List of Tables

Table 3.1. Estimates of Poverty Incidence in Kenya.....	18
Table 5.1. Mortality Rates in Kenya, 1960-98.....	47
Table 5.2. HIV/AIDS Prevalence in Kenya.....	50
Table 5.3. HIV/AIDS Cases by Age and Gender.....	50
Table 5.4. Sources of Financial Contributions to Various Types of Health Services.....	53
Table 6.1. Human Development Indicators.....	62

Executive Summary

A. Introduction

Preparation of annual global *Human Development Reports* (HDKs) has been initiated by the United Nations Development Programme (UNDP) in 1990 to draw the attention of member countries and their citizens to the different dimensions of human progress and the tenuous link between economic growth and social indicators in particular. More than 100 developing countries have prepared national human development reports (NHDRs) during the past decade. This first NHDR for Kenya is timely and focuses on the two priority themes of **gender** and **poverty**.

Human development encompasses the process of enlarging people's choices to develop their full potentials and lead a productive and fulfilling life as well-functioning members of their families and communities. It puts people at the centre of development as the key agents of change. Other important aspects include equity, empowerment and respect for all peoples.

B. Economic Growth and Human Development

During the first twenty-five years after independence, Kenya has achieved considerable progress in human development as reflected in improvements in social indicators. Also, it achieved an overall economic growth of more than 4.5% per annum on average during the period, which compares quite favourably with that of its neighbours. However, the fruits of economic growth have been captured by a few leaving the position of the rest either largely unchanged or deteriorated. This combined with rapid population growth has resulted in increasing poverty. Also, the status of Kenyan women within and outside the household has not advanced in consonance with overall

development and they form a disproportionately large proportion of the poor. The pace of economic growth slowed down considerably during the past decade and the gains in social indicators have begun to be eroded.

Both economic and social progress is crucial for advancing human, development. Jobs are the bridge between economic growth and people's lives. Women form about 53% of the labour force in Kenya. The majority of women and the poor depend on small-scale agriculture and rural and urban informal sectors for their livelihood. The two sectors are the backbone of the Kenyan economy and together account for more than two-thirds of total employment. Improving the productivity of people in these sectors through increased investments, innovative technologies, expanded access to support services including credit, better physical infrastructure, and a more enabling environment is necessary to reduce poverty and improve the status of women.

The Eighth National Development Plan (1997-2001) sets the goal of Kenya becoming a newly industrialised country (NIC) by the year 2020 through rapid industrialisation. The manufacturing sector contributes only about 13% of GDP and is highly capital intensive with labour accounting for less than 20% of gross cost of production. Its capacity to generate jobs is extremely limited. While industrialisation should continue to receive attention, it may be premature to see this sector as the primary engine of rapid and sustainable growth for Kenya to become a NIC by 2020. It is necessary to re-examine the medium and long-term growth strategy and explore avenues to adjust the production structure to be a more labour-intensive and job-friendly system. This is also a pragmatic way of addressing the growing problems of poverty and gender inequality.

C. Good Governance

Good governance is a key ingredient for advancing human development. The recent initiatives to improve political governance are a good start. The processes should be nurtured and the participation in it expanded to more stakeholders. Also, it is necessary to expeditiously implement agreements and legislation so that the progress on paper gets translated into actions and impact on the ground. Good political governance is encouraged and facilitated when the decision-making processes and institutions are responsive to the needs and aspirations of all stakeholders and involve their full participation.

On economic governance, significant beginnings in improving macroeconomic management have been made drawing upon the advice of the IMF and the World Bank as well as other donor partners. However, attention to gender inequality and poverty eradication seem to be either missing or considered largely as peripheral problems requiring remedial action. Economic liberalisation and state divestiture of productive enterprises (especially the loss making ones) should continue. At the same time, it is necessary to integrate poverty reduction and gender into the mainstream of economic strategies, plans and programmes. Kenya's development could be sustained only if the creative and productive potentials of all its citizens including women and the poor (who form the majority) are mobilised and effectively utilised. This is a valuable lesson that Kenya could learn from the Asian NICs.

The ongoing civil service reform is addressing some of the efficiency and effectiveness aspects to improve administrative governance. Improved transparency and accountability require a further fillip. Also, the orientation of the civil service to poverty reduction and gender equity on the one hand and responsiveness to client needs on the other require improvement. This will involve considerable strengthening of the capacity of a leaner civil service.

In regard to systematic governance, the processes and structures of Kenyan society need to be moulded to facilitate popular participation in the economic, social and political spheres. Popular participation is a cornerstone of good governance. Laws, regulations, rules and practices that impede individual and community participation should be dismantled. Decentralisation of decision-making to the people and their communities and strengthening their institutions are important means of enhancing popular participation.

Kenya has been rich in resources (particularly trained people), systems (including a traditionally competent and effective civil service), and workable economic and financial institutions. Rejuvenating the systems and institutions, better utilisation of the resources including trained people, and redirecting the ingenuity of Kenyans to more productive purposes would yield handsome returns and promote human development.

O. Poverty Eradication

The poor constitute almost half the population of Kenya. Women form a majority of the poor. More than three-quarters of the poor are in rural areas. The bulk of the poor are located in districts within a belt stretching South-to-South East from the shores of Lake Victoria to the Coast and straddling the rail and road corridors. It would be difficult for Kenya to achieve and sustain rapid economic growth without the full participation of its poor and women.

The *National Poverty Eradication Plan* (NPBP) provides an overall framework and workable approaches to involving the poor in the economic and social arenas to improve their own welfare on the one hand and to contribute to national development on the other. *The Charter for Social Integration* in the NPEP and the *Basic Needs are Basic Rights Charter* being developed by civil society organisations are important rights-based approaches for poverty eradication. They should be translated

into appropriate legal instruments and incorporated in the revised Constitution of the country. Simultaneously, full implementation of the NPEP should commence in partnerships with the poor, their organisations, NGOs, the private sector and willing donor partners.

In particular there is a need to closely link governance and poverty eradication to enable the people to seek solutions to their development problems and exploit the opportunities. Kenya should create conducive political, social, economic and legal environments for the poor to mobilise their resources and potentials and build sustainable livelihoods and self-reliance.

D. Gender and Women's Empowerment

Most Kenyans do not yet seem to fully appreciate women's rights and embrace gender equality. Women (including girls) continue to be discriminated against in the ownership of assets, access to social and economic services, and participation in making decisions affecting their lives. Simultaneous prevalence of a multitude of traditional laws and practices alongside statutory laws makes the identification and enforcement of women's rights difficult. The ingrained orientation of men on the traditional roles of women in Kenyan society needs to be changed through education and sensitisation. A massive campaign of education and awareness raising on gender throughout the country and particularly in rural areas is necessary. Gender awareness and equity should be incorporated in school curricula. The print and audio-visual media should be mobilised to get the message across to the different corners of the country. Enforcement of existing statutory laws prohibiting discrimination and violence against women and girls is weak and should be strengthened. Civic and political leaders and opinion makers can set role model examples in their personal behaviour promoting gender equity. Gender inequality is the surest way to transmit poverty to future generations of men and

women. Therefore, reducing gender inequality and enhancing women's productivity should be integral elements of the country's development strategy.

The female participation rate in education at primary level has improved (and is close to parity with that for males) but that at secondary and tertiary (including university) levels needs improvement. Successful experiences from other developing countries could be drawn upon and adapted to suit the conditions in Kenya. Health facilities that serve the specific needs of women require considerable improvement. Maternal and child health services are critical not only for mothers but also the children (boys and girls). Resource allocation to these services is inadequate and should be augmented. Women are at greater risk from the HIV/AIDS pandemic than men because of their subordinate position within the household. The campaign to arrest the spread of HIV/AIDS should pay particular attention to the vulnerable situation of women, their reproductive role in transmission of the virus to children, and their special needs.

The agreements arrived at in the Inter-Parties Parliamentary Group (IPPG) providing for gender equality in the nomination of MPs should be faithfully implemented. Voter education, particularly among women, on the benefits of increased representation of women in elected positions should be supported. The *1998 draft National Policy on Gender Equity and Sustainable Development* should be finalised, adopted and implemented. Similarly, the report of the *1993 Task Force* that reviewed all the laws affecting women should be finalised and the recommendations should be implemented.

F. Social Services for Human Development

1. Education

The gross enrolment rate in primary schools has declined from 95% in 1989 to 77.5% in 1996.

Also, primary completion and secondary participation and completion rates have begun to decline over the past decade. Factors contributing to this decline include the high cost of education, crippling poverty, socio-cultural values and early marriages and pregnancies. The introduction of cost sharing arrangements in 1989 has had an adverse impact on the access to education for children from poor families, especially for girls. The *Education Master Plan* emphasises improvements in the quality of education and in the delivery of services. A detailed examination of the demand for and affordability of primary education, and educational achievement and impact is necessary. Also, a comprehensive mechanism for addressing the needs of children from poor families (particularly girls) is needed to make primary education accessible and affordable to them.

The critical and urgent issues in tertiary education are relevance, access, gender disparities and financing. There is a mismatch between the skills acquired by graduates from the technical and vocational education (TVE) institutions and the skills required by the industrial sector. Also, the quality of skills training in the TVE system does not seem to be adequate to enable graduates to compete with those trained on-the-job in the informal sector. The stagnation in university enrolment is likely to continue due to rising poverty, which has made university education unaffordable for many middle and low-income families. Co-ordination between literacy, post-literacy and continuing education programmes is weak or lacking. These issues need attention.

Kenya seems to be spending more on education than its neighbours but the benefits/impact appear to be less. The salaries of personnel (including teachers) are absorbing over 90% of the resources leaving very little for complementary supplies such as teaching and learning materials. Other critical issues requiring attention include efficient and effective use of available resources and exploring avenues to increase the allocations to basic education

(primary education and literacy). At the same time, improvements in the quality and reach of the services and achieving gender parity should receive priority. Concerted efforts are needed to reach the goal of universal primary education by at least 2010.

2. Health

The positive achievements in reducing mortality rates between 1960 and 1992 began to be eroded thereafter. Infant mortality increased from 51 per 1,000 live births in 1992 to 74 in 1998; under five mortality from 74 per 1,000 live births in 1992 to 112 in 1996; maternal mortality from 150-300 per 100,000 births in 1992 to 365-498 in 1995; and crude death rate from 10 per 1,000 population in 1992 to 12 in 1996. The underlying factors include a deterioration in the quality and quantity of health services and their reduced access to the poor following the introduction of fees, an overall decline in food availability (from 2,010 calories per capita per day during 1987-89 to 1,916 calories during 1992-94) and nutrition, decrease in immunisation coverage, increased incidence of HIV/AIDS and increasing poverty. A strategy to stop the decline and put the system back on a positive course needs to be formulated and implemented.

The HIV/AIDS prevalence rate in urban areas appears to have stabilised at about 12% since 1994. However, it has doubled since 1992 in rural areas reaching around 8% by 1997. Children with AIDS in the age group 0-4 accounted for more than 7% of all reported AIDS cases in 1997. As infant and child mortality is directly related to maternal mortality, HIV-related mortality of mothers is an important factor in the rising rate of child mortality in Kenya. Poverty seems to increase the incidence of the epidemic and in-turn the epidemic intensifies poverty. Full implementation of the strategies and programmes in the 1997 *Sessional Paper on HIV/AIDS*, with particular attention to mothers and children, should be pursued actively in partnership with all stakeholders including donors.

Introduction of user fees has made basic health services less affordable to the poor. Also, the fee rates seem regressive with health centre users (often the rural poor) paying 20% toward their care while hospital patients (the majority of whom are non-poor) pay only 7.6% of the cost of care. A detailed examination of the fee structure and its impact on the poor should be undertaken with a view to evolving a more equitable sharing of costs and making the services more affordable to the poor.

The volume of resources allocated by the Government to the health sector is only 60% the requirements. Also, the bulk of these resources go to curative services leaving less than 20% for rural, preventive and promotive health care (P/PHC) services which are most used by the poor. Out of the amount allocated to P/PHC, about 80% of the expenditure is estimated to go to personnel which indicates that very little is left for running costs. The impact of this pattern of funding manifests in poor quality of services and frequent shortages of essential inputs (including drugs) to health delivery. Ways and means should be found to increase the overall budgetary allocations to the health sector. Simultaneously, the within sector allocation of resources should be adjusted in favour of rural, P/PHC services.

3. Public Utilities and Shelter

Only 42% of Kenyans have access to safe water with the proportion much lower (32%) in rural areas. It is also low in urban slums and squatter settlements, where 80% of the residents pay between five to ten times the legal price for water bought from vendors. Women and children (especially girls) spend considerable time locating and fetching water. The access to safe water and sanitation in rural areas should be improved in tune with the targets set out in the *National Poverty Eradication Plan*, Involvement of rural communities including women and the poor in rural water supply and sanitation schemes should be

a must. Access to piped water for urban slum and squatter residents should be made more affordable through expansion of community standpipes as well as plot connections. Support to community groups in urban slums and squatter settlements for improving sanitation and solid waste disposal as well as overall hygiene should receive priority. Use of the school system for hygiene education should be expanded.

The private sector should be mobilised to provide services for those who could pay. The Government should concentrate its efforts on the hitherto under-served and unserved groups and areas in regard to water supply, sanitation, and serviced land and housing in urban areas.

G. Basic Social Services and the 20/20 Compact

Government expenditure on basic social services (primary education and adult literacy, basic health care, safe water and sanitation) declined from 20% of the budget in 1980 to about 13% by 1995. This needs to be restored to 20%. This will also be compatible with Kenya's undertaking on the 20/20 Compact at the World Summit for Social Development, The Compact calls for developing countries to increase the share of their budget devoted to basic social services to at least 20% and donors to channel 20% of aid to support the delivery of these services. Donor support for basic social services in Kenya fluctuated widely from year to year. Donor support should be put on a more firm footing with assured flow of resources with no strings attached. The feasibility of debt swaps to augment the Government's allocation of resources to basic social services should be explored.

H. Human Development Indicators

The human development index (HDI) value for Kenya is estimated at 0.504 (range of values for the index is (1 to 1)). The HDI values for Nairobi and Mombasa are 0.721 and 0.537

respectively. The HDI values for the provinces range from a low of 0.311 for North Eastern to a high of 0.573 for Central. Similar wide variation is observed across districts. This indicates a high degree of geographic inequality. The values for the gender development index (GDI) closely correspond with those for the HDI. This is puzzling in light of the subordinate position of women in Kenyan society as indicated by the low value (0.3750) for the gender empowerment measure (GEM).

The values for the capability poverty measure (CPM) are 26.5 for Kenya, and 14.0 and 28.1 for Nairobi and Mombasa respectively (the range for CPM values is 0 to 100 with a low value indicating high human capability). The CPM values range from 67.2 for North Eastern Province to 16.8 for Central Province. Comparison between HDI and CPM indicates a low degree of congruence between the two with several rank reversals for provinces and districts. A more detailed analysis of the data is necessary to identify the factors that contribute to the consistencies and inconsistencies between the estimated values for the different human development indicators.

I. Human Development in a Global Context

The global community is increasingly moving from a welfare approach to development to a rights-based approach where people are the central actors in improving their wellbeing. Popular participation is seen as the building block for good governance and sustainable development. Kenya has made efforts to translate the global conventions, agreements and action plans into laws, strategies and policies. However, many of these have remained largely on paper. Implementation of these should be a high priority. Legislation on children and women's rights should be expedited and enforced. Implementation of NPEP should begin immediately.

J. Conclusions

Virtually all the human development indicators show a negative trend during the past decade. It should be a matter of serious concern to every Kenyan. Increasing globalisation is opening new opportunities and challenges. It is up to the people, their institutions and the Government to discuss and agree upon a pragmatic and progressive path that leads to popular participation, poverty reduction and gender equality, increased economic prosperity, and sustainable human development. Development partners should help Kenyans in progressing in this direction.

Chapter I: Introduction

A. Genesis of Human Development Reports

Since 1990, the United Nations Development Programme (UNDP) has supported the preparation and publication of annual global Human Development Reports (HDRs) that reviewed progress on different facets of human development. The first global HDR introduced the concept of human development, some indicators of its measurement, and the relationship between economic growth and human development. The Report showed that there was no automatic link between economic growth and human progress gauged by such indicators as life expectancy, school enrolment and literacy.

Successive issues of the global HDR focussed on specific themes of human development. The 1991 Report examined the role of public expenditure and international aid allocations in financing basic human priorities and concluded that political will, rather than shortage of financial resources, was responsible for neglect of these priorities. The 1992 Report reviewed the global dimensions of human development and the external environment for national human development efforts. It concluded that reform of international trade and finance was more critical than aid in enhancing human development in developing countries. The 1993 Report emphasised people's participation in activities and processes that shape their lives. It drew attention to markets, national and global governance, and international co-operation as means to promote people's participation. The 1994 Report introduced new dimensions of human development that contribute to human security and advancement. The 1995 Report analysed gender disparities and the under-valuation and under-counting of women's work. It introduced composite indices for capturing gender in human welfare and empowerment. The

1996 Report revisited the links between economic growth and human development and concluded that short-term changes in human development are possible but cannot be sustained without economic growth. At the same time, the Report asserted that economic growth is not sustainable without human development. It advocated a strategy of economic growth that emphasised people and their productive potential as the engines of such growth.

The 1997 Report assessed the challenge of poverty eradication from a human development perspective. It focussed not just on income poverty, but poverty as a denial of choices and opportunities to lead a tolerable life. The Report also introduced a composite measure of human poverty based on three dimensions: the vulnerability to death at an early age, exclusion from the world of reading and communication (knowledge deprivation), and inadequate living standard in terms of overall economic provisioning. The 1998 Report examined the phenomenal growth in global consumption and its unequal distribution across countries and among population groups within countries. It argued for a different pattern of consumption that promotes human development and is sustainable.

The first National Human Development Report for Kenya draws extensively upon the concepts and methodologies presented in the 1997 global HDR.

B. Efforts of Other Countries

More than 100 developing countries have produced NHDRB as a means to translate the global human development concept and approach to their country situations. About 30 countries in Sub-Saharan Africa have prepared NHDRs and other countries are following suit. Some countries (e.g., Cameroon, Madagascar,

Namibia, Nigeria and Uganda) have already produced more than one NHDK. In addition, regional and sub-regional human development reports have been produced including one for Africa in 1995. Thus, the preparation of the first NHDR for Kenya is overdue.

C. Human Development Concept

The World Summit for Social Development (Copenhagen, 1995) reiterated that people should be at the centre of development and development should involve all people. The goal of development is to improve the well-being of people and enable them to lead productive and fulfilling lives as well-functioning members of their families and communities. The concept of human development evolved from these basic principles.

Human development is seen widely as a process of enlarging people's choices. It includes the expansion of human capabilities and the access to opportunities, including those in the economic, social and political arenas, to be creative and productive. It enables people to enjoy self-respect, empowerment and a sense of belonging to a community.

D. Human Development vs Other Development Approaches

The concept of human development is different from other approaches to development. It differs from traditional neo-classical economics, which viewed people largely as contributors of labour to production; from socialism, which emphasised equity and the role of people as agents of change, but misconstrued the state as the sole purveyor of public interest; and from redistribution with growth in which the focus is on economic growth and the incremental redistribution of the fruits of such growth. It is more encompassing than the basic needs approach, which viewed people as beneficiaries rather than agents of development.

The trends in economic growth and human development in the past three decades point to three important policy lessons: first, economic growth is a necessary but not sufficient condition for human development; second, economic growth and human development can be mutually supportive in the long-term if accompanied by expanding basic education, literacy and health care; third, equity is not an obstacle to growth, contrary to the conventional wisdom that early stages of economic growth are inevitably accompanied by widening income disparities; and fourth, creation of remunerative jobs through employment-friendly policies is the essential bridge between economic growth and people's lives. Also, the importance of increasing human capabilities and the social and political space to release the latent creative potential of people is emphasised.

E. Focus on Gender and Poverty

Gender refers to the socio-cultural roles and functions of men and women. Women (including girls) comprise slightly more than half the people of Kenya. However, they are considerably disadvantaged compared to their male counterparts in virtually every sphere of life. In addition to cultural and institutional barriers, Kenyan women face special problems in access to education and health care, land and other economic assets and services, and employment. The productive and reproductive roles and needs of women have been the focus of research over the past two decades. The results show that there are significant positive economic and social returns to investment in female human capital. For example, female educational attainment is positively correlated with nutrition and health of children. Time and again, women small entrepreneurs have proven to be better stewards of credit utilisation and repayment than their male counterparts. As in many other African countries, Kenyan women are the main food producers and small farmers. Yet, their par-

ticipation in the mainstream of Kenyan society is severely constrained and their potential remains untapped.

According to recent qualitative and quantitative surveys, about half the Kenyans consider themselves to be poor and/or are classified to be poor. Poverty is debilitating and discouraging to the affected individuals and their families. It is also a drag on the social

and economic progress of the country. Women constitute a majority of the poor and their poverty burden is more intense. Kenya's development can be sustained only if it mobilises the creative and productive potentials of all Kenyans, including women and the poor. Therefore, the policy mix that addresses human development must be not only gender-sensitive and responsive but also pro-poor aimed at eliminating absolute poverty.

Chapter II. General Overview

A. The People

The people of Kenya belong to more than 40 tribes with a mosaic of customs, traditions and cultural norms. Their number has grown from about 9 million at independence in 1963 to 15.3 million in 1979, 21.4 million in 1989, and around 30 million by 1999. It is projected to reach 32 million in 2001. The population growth rate had declined from 3.97% per annum during 1969-79 to 3.4% during 1979-89. It was estimated to have declined to 2.9% in 1995 and to 2.6% in 1996. The population growth rate is projected to decline further to 2.5% by the end of the Eighth Plan (2001). Rapid growth in population during the early stages of development is not an uncommon experience.) However, in most cases, the population growth rate would decline with growth in per capita income, facilitating a demographic transition. In the Kenyan context, this transition may occur during the first quarter of the next millennium.

The age structure of the Kenyan population is skewed towards the youthful with those aged less than 15 years accounting for 48% or almost half of the total. This has resulted in high dependency ratios. Also, it has placed high demands on social services such as primary education and basic health care. As the age structure of the population changes over the next 25 years, Kenya should be able to reap the benefits of a demographic bonus, i.e., the largest proportion of the population in the labour force with a low dependency ratio. Generating suitable remunerative opportunities to capture the demographic bonus will be an important challenge in the first quarter of the next century.

Almost four-fifths of the people are located in rural areas and the majority of them are dependent on agriculture. The level of urbani-

sation has been projected to increase from 17% in 1989 to 23% in 2001. The urban population increased from 4.1 million (or 18% of total) in 1990 to 5.3 million (19.2%) in 1995, and is projected to reach 7.4 million (23.4%) by 2000. Demand pressures on urban services will continue to increase and intensify, particularly for serviced land and other infrastructure. Other developing countries (e.g., in Asia) have turned to the private sector to provide essential services to meet the expanding demand. At the same time, the public and civic sectors must continue to cater to those groups and areas where there are inadequate incentives for the for-profit private sector to operate.

B. Economic Performance and Prospects

1. Overall Growth

It is now widely accepted, that economic growth is necessary for poverty reduction and sustained human development. Examining the economic performance is relevant for understanding human development in Kenya. Following independence in 1963, economic growth in Kenya reached an all-time high of 6.6% per annum during 1964-73. The rapid growth was fuelled by successful rural development policies such as expansion of land under cultivation and a switch to high-value crops that led to higher agricultural output. Growth was also spurred by import-substituting industrialisation, which enjoyed access to the markets in the former East African Community. However, the good performance was not sustained. The rate of growth of gross domestic product (GDP) declined to an average of 5.2% per annum during 1974-79, to 4.1% during 1980-85, and to 2.5% during 1990-95 (see Chart 2.1). Although the growth performance has been respectable as compared to other countries in Sub-Saharan Africa, its impact on

poor women and men has been modest and limited largely to improvements in the social indicators (see sub-section D.I in Chapter III for a discussion on inequality in income/expenditure distribution in Kenya).

The rate of growth recovered to 4.8% in 1995, and declined marginally thereafter to 4.6% in 1996.³ It slowed down considerably to 2.3% in 1997 due to drought and other factors.⁴ It was estimated to have declined further during 1998 due to the devastation caused by the *El Nino* weather phenomenon and significant reductions in development expenditures and investment. According to a recent Economist Intelligence Unit (UK) *Business Africa Report*,⁴ the GDP growth rate in Kenya will be only around 1.6% in 1999 and 2.0% in 2000. If true, the performance of the economy will be far short of the projected GDP growth rate of 5.9% per annum during the Eighth National Development Plan period (1997-2001). A review of the Plan and investment programmes is necessary to redirect the economy to a more robust growth path.

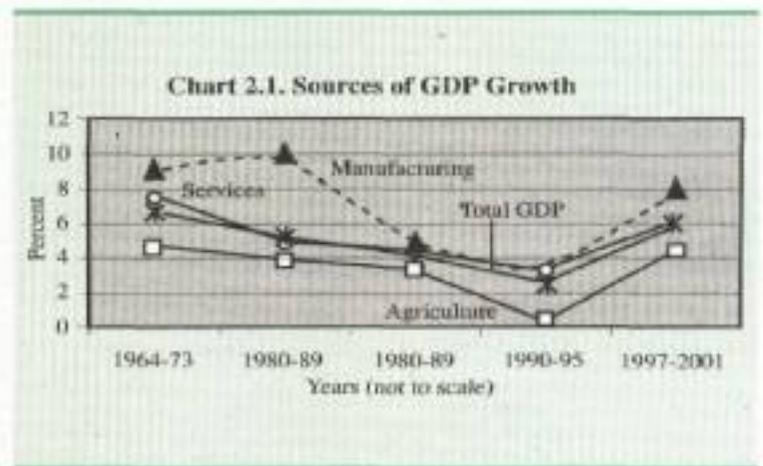
2. Sector Performance

The agriculture sector grew on average at a slower pace than overall GDP during the past 30 years (see Chart 2.1). Although the sector's growth rate recovered to 4.4% in 1996 it declined precipitously to -1.2% in 1997. The data for the period 1997-2001 in the Charts are projections from the Eighth National Development Plan and overstate the real situation.

Food production accounts for the lion's share of small-scale agriculture with cash crops like tea and coffee following as a distant second. Recent data show that women manage at least

40% of Kenyan agricultural smallholdings and provide 75% of the required labour. In addition, gender disparities in the subsistence farmer category indicate that almost two thirds of the active female population are in subsistence farming compared to slightly over a third of the males.⁶ Traditionally men have been primarily involved in cash crop cultivation on small farms. However, this has been changing over the past 15 years with the movement of men to urban centres in search of work. As a result, an increasing number of women are forced to look after cash crops on small farms. Livestock production is an important source of livelihood for significant segments of Kenyans, particularly in the Arid and Semi-Arid Lands (ASAL). A majority of these are poor and their women and children are highly disadvantaged because of the nomadic nature of the activities.

The small farm sector accounts for about three-quarters of total output in the agriculture sector. Growth of the small-scale agriculture sector has been stymied by lack of additional investments. Also, support services including research, extension, and credit, as well as ru-



³Republic of Kenya, Office of the Vice President and Ministry of Planning and National Development, The Eighth National Development Plan for the Period 1997 to 2001, Nairobi, 1997.

⁴Republic of Kenya, Ministry of Planning and National Development, Central Bureau of Statistics, Economic Survey 1998, Nairobi, May 1998.

⁵Quoted in "Kenya's 1999 growth outlook grim," *The Daily Nation*, Nairobi, 26 January 1999, page BW9.

⁶Economic Survey, 1998.

ral infrastructure have been inadequate and often ineffective. The inefficiencies of public regulatory and support agencies such as marketing boards and co-operatives combined with peculation in these agencies have further burdened the small farmers, the majority of whom are poor women and men.

Large-scale and commercial agriculture (including coffee, tea, pyrethrum and horticulture) have also suffered in recent years due to rains and drought as well as fluctuations in world market demand and prices for the commodities. Also, the operation of co-operatives and other public regulatory and support agencies need to be improved considerably to help these sectors.

The share of agriculture in GDP declined from 36.6% during 1964-73 to 26.2% during 1990-95. The agriculture sector's share in GDP is projected to decline further from 27.9% in 1996 to 26.0% in 2001 (see Chart 2.2).

in 1997. Many of the primary industries are dependent on agriculture and natural resources (including forests, fisheries, livestock, minerals and wildlife). Thus, the performance of these industries is tied to that of the agriculture sector.

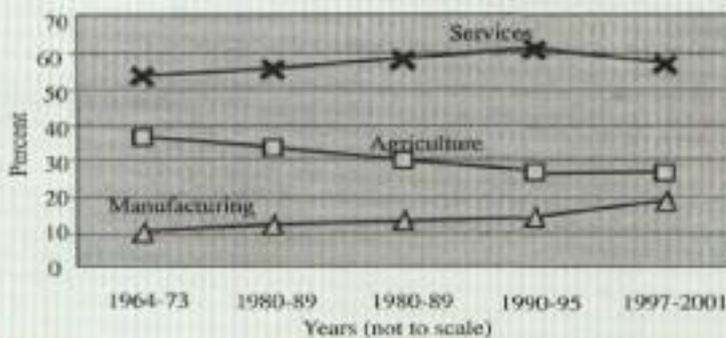
The rest of the industries rely largely on imported raw materials and intermediate inputs. A significant portion of the output of these industries is re-exported (e.g., import of crude petroleum, refining in Kenya and exporting the products). However, a majority of the output is directed to the domestic market. Domestic demand for these products is in turn tied to overall economic growth including growth in the agriculture sector.

The services sector, comprising government services, private (including household) services, financial and real estate services, and other services including tourism, accounted for more than half of GDP. The sector grew faster than agriculture and manufacturing. Its share in GDP increased from 53.4% during 1964-73 to 55.0% in 1974-79, 57.4% in 1980-89, and to 60.2% in 1990-95 (see Chart 2.2). Its contribution to GDP is projected to stabilise at around 56.0% by 2001.

The services sector includes public services, financial services, transport storage and communications, and distribution and other services including tourism. Public (Government) services accounted for about 31% of the total services sector. It increased from 7.3% of GDP in 1996 to 20.4% in 1997. The share of financial services rose to 10% of GDP by 1996 and stood at 10.3% in 1997. Its growth at 5.2% in 1997 was the highest among other sub-sectors. The recent difficulties in the banking sector may have an adverse impact on the growth of this sub-sector. The transport, storage and communications sub-sector also experienced a considerable slowdown in its growth from 4.0% in 1996 to 1.8% in 1997.

The distribution and other services sub-sector (including tourism) had another difficult year during 1997. The sub-sector's growth

Chart 2.2. Sector Shares in GDP



The rate of growth of the manufacturing sector was well above that of GDP during the first 15 years after independence largely due to import substitution policies and huge investments in the sector (see Chart 2.1). However, its growth slowed down considerably thereafter. Its growth rate rose to 3.7% in 1996 and declined to 1.9% in 1997. The share of the manufacturing sector in GDP increased from 10.0% in 1964-73 to 13.6% during 1990-95 (see Chart 2.2). Its contribution to GDP was projected to increase from 16.5% in 1996 to 18.0% in 2001. However, its share remained at 13.3%

declined for a second consecutive year and stood at 3.9% in 1997. Its performance was constrained by reduced aggregate demand, rising inflation and a fall in tourism expenditures. Tourist arrivals stagnated at around one million during 1996 and 1997. Thereafter, civil disturbances, deteriorated/damaged roads and other infrastructure and increasing crime put a damper on the growth of the tourism sector. The performance of these sectors did not seem to have recovered to any significant extent and may have suffered further in some cases during 1998. As a large proportion of the labour force is dependent on the service sector, improvement in its performance is critical for their wellbeing.

3. Labour Force and Employment

As mentioned in Chapter I, jobs are the essential bridge between economic growth and people's lives. It is instructive to assess how developments in the labour market have impacted on human development in Kenya. The labour force was estimated to be 7.7 million persons in 1985. It increased to 8.6 million in 1988 and to 10.2 million in 1991. It rose to 10.6 million in 1993 and to 11.5 million by 1996 (see box 2.1 for composition of labour force). Its annual average growth rate was 4.1 % during 1985-96.

Box 2.1. Composition of Labour Force

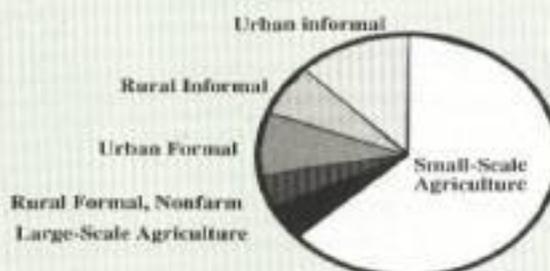
About 44% of the population (aged 15 years and over) in Kenya is considered to be active in the labour force ready to take part in the production of goods and services. These include the unpaid family workers. Of the total 11.5 million labour force, 42% is classified as poor. Almost 81% of the labour force is in rural areas. Women (females) constitute the majority (53%) of the labour force as their labour force participation rate of 46% is higher than that of men (41%).

[Source: First Report on Poverty in Kenya, Volume II: Poverty and Social Indicators, July 1998.]

The growth in employment required to absorb this growing labour force needed the generation of about 492,000 new jobs each year or an increase of 4.3% per annum. The actual rate of growth in employment ranged between 2.0% to 2.5% per annum during 1986-95. As a result, more than two million Kenyans were unemployed in 1995. Also, among those counted as employed, a significant proportion was under-employed, particularly in small-scale agriculture and the informal sector in rural and urban areas.

The small-scale agriculture sector is the single largest source of employment in Kenya absorbing over 51% of the labour force (see Chart 2.3). Most women in rural areas are involved in this sector providing 75% of the labour (80% of food crop production and 50% of cash crop production). It is the main source of livelihood for the majority of poor women.

Chart 2.3. Employment by Sector, 1994



The urban informal sector is the next largest source employing more than 10% of the labour force (see Box 2.2) followed by the urban formal sector, which accounted for 7% in 1994. About 18.5% of the total labour force of 11.5 million were unemployed in that year.

Wage employment in the agriculture sector (including forestry) averaged at around 305,000 jobs in recent years whereas that in the manufacturing sector was only about 212,000. Women accounted for 25% of wage employees in agriculture and less than 17% in manufacturing. They held about 40% of the 293,000 jobs in education (including teaching)

Box 2.2. Informal or *Jua Kali* Sector

The informal sector, also referred to as the *Jua Kali* sector, is an important component of the services sector. It covers all semi-organised and unregulated small-scale activities largely undertaken by self-employed or those employing only a few workers. It excludes all farming and pastoralist activities. It has grown considerably over the years providing employment to almost 2,987,000 people in 1997. The activities in the sector are carried out by artisans, traders and other operators under a variety of work sites such as temporary structures, markets, developed and undeveloped plots, residential premises or street pavements. The sector relies on simple technologies and the businesses are not registered with the Registrar of Companies. However, operators may be required to obtain licenses from relevant authorities for carrying out businesses. A majority of the informal sector activities are based in urban areas and account for 65% of employment in the sector with 24% of those in Nairobi. Wholesale and retail trades and the hotel and restaurant industry employed almost two-thirds of the persons engaged in the sector. It is the second largest source of employment after small-scale agriculture and a majority of poor urban women and men depend on this sector for their livelihood.

(Source: Economic Survey, 1998).

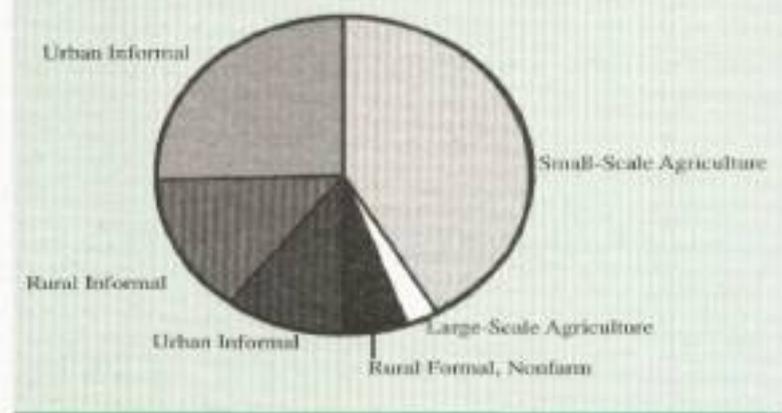
services in 1997. The participation of females in wage employment in the modern sector remained low, but their share increased marginally from 28.5% in 1996 to 28.7% in 1997. A majority of females employed in the modern sector (57.9%) were working in community, social and personal services in 1997. On average, women had access to less than 30% of wage employment in recent years.

The Eighth Plan visualised the creation of 2.6 million new jobs or an annual growth rate of 3.5% during 1997-2001. Small-scale agriculture was expected to generate 1.1 million or 41.6% of the projected new jobs (see Chart 2.4). The urban informal sector was to generate 0.67 million or 25.6% while the rural informal sector would create 0.36 million or 13.8% of the total new jobs. Thus, the informal sector was projected to generate a to-

tal of 1.03 million new jobs. The urban formal sector was projected to generate only 0.27 million or a little over 10% of the new jobs. The rest of the jobs were to be created in the rural non-farm formal sector (0.36 million) and large scale agriculture (0.08 million). The share of agriculture sector employment in total employment was projected to decline from 67.1% in 1994 to 62.0% by 2001 while that of the informal sector would increase from 19.5% to 24.1% during the same period. The share of formal sector employment (urban formal plus rural non-farm formal employment) was expected to decline marginally from 13.7% to 13.6%

Most of the additional jobs are expected to be in small-scale agriculture and the informal sectors. However, labour productivity in these sectors is low. For example, the average wage earnings per employee in agriculture and forestry were only about Ksh. 2,000 per month. Taking into account the seasonal nature of wage employment in these sectors and the

Chart 2.4. Projected new Jobs



high dependency ratios of rural households, the wage income of employees is not adequate to put their families above the rural poverty line (of Ksh. 970 per month per adult equivalent). It is no wonder that the majority of the poor are to be found in the agriculture and the rural and urban informal sectors. At the same time, the growth of more remunerative

jobs in the formal sector is projected to lag behind the overall growth in the economy.⁷ This combined with the substantial shortfall in overall economic growth during the Highh Plan period indicates that poverty will grow.

4. Eighth Plan Expectations

The Eighth National Development Plan (1997-2001) was visualised to lay the foundation for the transformation of Kenya into a newly industrialised country by the year 2020. The Plan reiterated poverty reduction, eradication of ignorance and disease and the creation of employment for all Kenyans as important priorities. Industrialisation was seen as the quickest avenue (or generation of employment opportunities and incomes. The strong forward and backward linkages between the agriculture and industrial sectors were recognised. Thus, agriculture and manufacturing were seen as the *twin engines* of economic growth. However, it was recognised that the performance of the agriculture sector was tied to the vagaries of the weather, and to the price and demand fluctuations for Kenya's agricultural exports. As a result, the agriculture sector was considered an unreliable contributor to economic growth. Instead, industrial development was seen as a more stable avenue for sustainable economic growth.

At the same time, the Plan highlighted the important multiple roles of the agriculture sector in terms of food production, employment creation, foreign exchange earnings, supply of raw materials to industry, and its overall contribution to GDP. But the share of public expenditure allocations to the sector did not reflect the relative importance of the sector in the Kenyan economy. Thus, the proportion of expenditure on agriculture declined from 8.2% of total Government expenditure during 1980-87 to 5.2% during 1993-95. As a result, private capital formation has been the

main driving force in the growth of the agriculture sector. However, the large-scale agriculture sub-sector and commercial crops such as tea, coffee and horticulture, accounted for the bulk of it. The small-scale agriculture sub-sector on which the bulk of the rural poor depend for their livelihood was neglected. It suffered considerably due to soil degradation, extension of cultivation to marginal areas, lack of access to credit and modern inputs, and inadequate support services including extension, storage, transport and marketing. Natural calamities such as droughts, floods, pests and livestock diseases further aggravated the plight of small farmers and the rural poor.

5. Performance Assessment

Assessment of the performance of the economy of Kenya may be made against two benchmarks; (a) comparison with the performance of other countries in the region, and (b) assessment against Kenyan expectations.

a. Comparison with Other Countries

A comparison of the performance of Kenya with that of its neighbours in Sub-Saharan Africa indicates that Kenya had performed much better than most of its neighbours, at least as well as some, and somewhat less well than a few countries (e.g., Botswana). Unlike its neighbours, the Kenyan economy did not experience any significant periods of sustained decline since independence. On average, the economy grew at more than 4.5% per annum during the first 25 years since independence. This is a commendable achievement and Kenyans should rightly be proud of it. However, although Kenya's overall economic performance during the first 25 years of independence was ahead of many countries in Sub-Saharan Africa, the bulk of the fruits of growth were captured by the non-poor leaving the plight of the majority of the population either

⁷In fact, the share of wages (labour) in gross value of manufacturing output ranged between 3% and 2.5% in recent years although it accounted for about 30% of the value added. The former points to the heavy capital intensity and very low labour intensity of production in the manufacturing sector.

virtually unchanged or deteriorated (see also sub-section D.1 in Chapter III). Kenya's performance in recent years has been much worse than a number of its neighbours.

b. Assessment against Kenyan Expectations

A second approach is to assess the performance of Kenya against the benchmarks it set for itself, in its national development plans and sector and sub-sector development strategies, and the expectations of its development partners at home and abroad. Viewed in this context, the performance had been significantly below the benchmarks and expectations for most of the years except during the first decade after independence (1964 to 1973). The factors contributing to the shortfall in performance include natural calamities such as droughts and floods, developments in the international markets (for example, the oil crises and deterioration in the terms of trade for primary export commodities), and internal management and governance problems. The Government and citizens have very little control over the adverse effects induced by the first two - weather and global markets - except to devise coping mechanisms to protect against undue hardships. However, they had substantial leverage on the third - internal management and good governance.

6. Outlook and Prospects

Kenya has been undergoing significant economic slow down during the past two years. The near-term prospects do not appear to be bright. The overriding emphasis on rapid industrialisation through both domestic and foreign direct investment has yet to yield significant results. The size of the manufacturing sector is still modest (at between 13 and 17% of GDP). It is heavily capital intensive and generates only a limited number of jobs. A 10% annual growth in the sector would contribute only between 1.3 and 1.7 percentage points to GDP growth. Rapid growth in GDP could be achieved and sustained only with substantial growth in the agriculture and services (including informal) sectors.

The majority of the labour force is engaged in the small-scale agriculture and informal sectors. Almost two-thirds of the total employed are in the small-scale agriculture sector. The urban and rural non-farm formal sectors and the large-scale agriculture sector together employ about the same number as the urban informal sector. Attention to the industrial sector should continue. At the same time, improving the productivity in those sectors where the majority of the labour force (and the majority of women are employed) and accelerating the growth of these sectors would contribute not only to the overall growth of the economy, but also to expansion of remunerative employment, improved labour productivity and better living standards for the majority of Kenyans.

The development strategy adopted in the Eighth Plan needs to be re-examined taking into consideration the economic performance during the first three years of the Plan period (1997-2001). Translating into action the assertion in the Plan that the *agriculture and industrial sectors are the twin engines of economic growth* is necessary. Accordingly a higher priority to investment in the small-scale agriculture sector would be an important first step. Simultaneously, the performance of the rural and urban informal sectors, tourism and other services sectors should be improved through the creation of a more favourable environment. This may include (i) the dismantling of restrictive laws, regulations and administrative rules that impede entrepreneurship, and (ii) strengthening the rule of law, improving transparency and accountability, and enhancing security for both people and property. In pursuing these goals, Kenyans need to appreciate that creating confidence for foreign investments depends on internal consensus and security.

Compared to its neighbours, Kenya is rich in resources, systems and institutions, particularly in human resources, a traditionally competent civil service, and workable economic and financial institutions. Enhanced utilisation of the available skills and resources and

redirection of the ingenuity of Kenyans towards productive purposes would strengthen self-reliance and build a strong base for sustainable development. The process of fine tuning the policies, reforming the systems and rejuvenating the institutions has already begun. It is also necessary to focus attention on creating the economic space and opportunities for all citizens to improve their lot. The future looks promising and it is up to all Kenyans to work toward realising the promise of a better life for them and their children. As a major actor, the Government has the mandate and obligation to accelerate this transformation.

C. Governance and Human Development

1. Background

It is necessary to recognise that economic growth alone does not automatically lead to sustainable human development. Good governance, including the rule of law, participation by the governed, equity, effectiveness, efficiency, transparency and accountability, are all essential for human development. Governance is defined as "the exercise of economic, political and administrative authority in the management of a country's affairs at all levels, it encompasses the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations, and mediate their differences" (UNDP Policy Document, 1997). Kenya's governance record should be seen against the backdrop of the conditions that prevailed in the country at independence and the social, economic and political developments since 1963. The colonial Government had ruled Kenya for about 70 years, during which indigenous people had no political voice. They were economically marginalised and their civil society institutions were weakened, non-existent, or irrelevant to national development. National unity was sustained through the use of brute force and coercion.

2. Political Governance

Political governance embraces decision making and policy implementation by a legitimate and authoritative state, which represents the interests of the society and allows citizens to freely elect their representatives. Kenya gained its independence in 1963 as a multi-party democracy but legally became a one-party state in 1969. All through the past 35 years, even during the period of the one-party state, elections have been organised every five years. In 1992, Kenya reverted to a multi-party democracy after the repeal of section 2(A) of the Constitution. However, as experience from Kenya and elsewhere has shown, it is not just the holding of periodic elections that determines good political governance but rather the free and fair electoral processes through which leaders are elected. Good political governance requires the following minimum conditions: freedom to choose both the political party and the candidate to support, an electoral body which is independent from any of the interested parties, removal of constraints on political parties and voters, media freedom, and adequate security during political campaigns and voting exercises.

Based on the above conditions, all the elections held in Kenya between 1963 and 1997 would be subject to varying degrees of qualification. Some Kenyans would report that the political party or the candidates of their choice were not allowed to campaign freely in a given region or regions. Others would complain that their security was not guaranteed and, therefore, the elections were not free and fair. Finally, some Kenyans would complain that those who were responsible for the management of the electoral process were too closely linked to the Government in power and, therefore, could not be impartial to all parties.

The structural and institutional weaknesses of the Electoral Commission of Kenya (ECK), have played a significant part in deterring good political governance. A recent example is the Commission's failure to ensure adher-

ence to the clause 5 (5) of the Constitution of Kenya (Amendment) Bill 1997 which led to the nomination of less women in Parliament and Local Authorities than is required by the Constitution.

Despite the above it is obvious that since 1992, when Kenya reverted back to a multi-party system, there; has been significant opening of political space. In the process some fundamental gains have been achieved. Further progress was achieved in the latter half of 1997 in building consensus on undertaking a review of the constitution. When political leaders get together in serious dialogue they are able to resolve even serious problems. This was clearly demonstrated in 1997, when the Inter-Parties Parliamentary Group (IPPG) got together to discuss political reforms following increasing cases of mass action on Nairobi streets. They jointly arrived at a consensus on the objectives of Kenya's Constitutional review. The areas of agreement included the following:

- a) guaranteeing peace, national unity and integrity of the Republic of Kenya in order to safeguard the wellbeing of the people of Kenya;
- b) establishing a free and democratic system of Government that enshrines good governance, constitutionalism, the rule of law, human rights and gender equity;
- c) recognising and demarcating the division of responsibility among the state organs of the executive, the legislature, and the judiciary so as to create checks and balances between them and to ensure accountability of the Government and its officers to the people of Kenya;
- d) promoting the peoples' participation in the governance of the country through democratic, free and fair elections and the devolution and exercise of power;
- e) respecting ethnic and regional diversity and communal rights including the right of communities to organise and participate in cultural activities and the expression of their identities;
- f) ensuring the provision of basic needs of all Kenyans through the establishment of an equitable framework for economic growth and equitable access to national resources; and
- g) promoting and facilitating regional and international co-operation to ensure economic development, peace and stability and to support democracy and human rights.

The Group (IPFG) also agreed on how to deal with gender issues and political empowerment of women. In particular they agreed on an amendment to section 82(3) of the Constitution to include sex to the list of factors (race, tribe, place of origin or residence or local connection, political opinion, colour or creed) based on which a person cannot be discriminated against.

However, it must be recognised and appreciated that the enactment of constitutional norms is not enough and may not lead to political change unless much more fundamental changes occur in the society. As the Member of Parliament, Honourable K. Murungi (1997) puts it "paper equality under section 82 will not have significant effects on our women's lives unless we take specific steps to correct the imbalances of the present and past discriminations against women." He goes on to quote the former American President, Lyndon B. Johnson, that

It is not enough to open the gates of opportunity. All our citizens must have the ability to walk through those gates ... Until we overcome unequal history we cannot overcome unequal opportunity.

The fundamental message here is that the aim is not merely formal or paper governance but the practical opening of equal opportunities for all Kenyans to walk through the gates of human development. While the Government has a critical role to play in ensuring change towards good governance, every citizen and every Kenyan institution has a role to play in

the process. If everyone takes their role seriously and with commitment Kenyan Society will realise the full potential of its resources. Thus, good governance should encompass consensus building between the leaders and those they lead. This occurs when decision-making processes and institutions are responsive to the needs of all stakeholders and facilitate the strengthening of their capacities to play effective roles in their own governance.

3. Economic Governance

Economic governance encompasses the process of decision making with respect to economic activities and as such influences societal issues such as equity, poverty and quality of life. Under the circumstances prevailing at independence, the conventional wisdom pointed to a strong central Government, a state-led development strategy with a significant public sector ownership of the means of production and distribution, and a secondary role for other sectors in economic governance. The latter emerged from the fact that at independence, non-Africans were not viewed as partners in development even though they constituted a large part of the private sector and controlled a significant portion of the means of production. From independence, the Government declared its core areas of focus in national development as elimination of ignorance (through education), poverty (through economic advancement), and disease (through the provision of good health services, safe sanitation and clean water facilities). These goals were to be realised through a policy of economic development that brought together the public sector (through public investment in the production of goods and services) and the private sector. This direct involvement of Government in the economy was greatly enhanced by the institutionalisation of the one-party state in 1969. Thus, between 1969 and 1992, the state was the predominant actor in all matters of economic governance.

State control of the economy provided both opportunities and constraints to development. The opportunities for rapid growth were well utilised during the first two decades after independence with substantial improvement in social indicators. At the same time, pervasive state control of the economy gave rise to myriad opportunities for rent seeking by politicians and government officials and those who received favours from these. Transparency in state operations and accountability to the people became increasingly scarce. As a result, the efficiency and effectiveness of the state machinery was compromised. Inequity and poverty increased and the quality of life for a majority of the population did not improve.

Efforts to remedy the situation were initiated at different times during the period, but with limited transitory results. Economic liberalisation was seen as a potential means to eliminate the opportunities for rent seeking in the public sector. Implementation of the economic reforms began in 1988. Renewed efforts in this direction were made in the early 1990s. Further efforts are under way during recent months to bolster the measures and improve economic governance. However, attention to gender inequality and poverty eradication seem to be either missing in the various initiatives or have been considered largely as areas requiring remedial actions to alleviate the burden of adjustment. A more proactive approach incorporating gender equity and poverty eradication as integral components of economic policies, plans and programmes needs to be adopted as the country strives to make further progress in economic governance.

4. Administrative Governance

Administrative governance provides an efficient, independent, accountable, and impartial public administration system. Kenya inherited a highly competent and well function-

ing civil service from the colonial regime. Unfortunately, increasing state control of the economy introduced new demands, regulations, rules and procedures that overburdened the system. As a result, the civil service (including the Central Government, Teachers Service Commission, parastatal bodies, enterprises with majority ownership by the Government, and local government) rolls have increased to 700,000 by 1996. At the same time, the incentive structure in the civil service has been gradually eroded due to scarcity of resources and political interference. Ineffective bureaucratic procedures caused delays in the implementation of programmes and decisions. Some of the inefficiencies and delays arose out of the limited capacities in critical departments and sections, e.g., the drafting section of the Attorney General's Chambers. Unfortunately, when delays occur in a Government office, people are quick to conclude that the cause of such delays has to do with corruption. For this reason some of those seeking services will try to hasten action through financial inducement or other types of favours. In such a situation there is a tendency for people to use unethical means of accessing services and resources. Those in office, both in the public and the private sector, will try to use their positions for personal gain by practising corruption. The recently established Anti-Corruption Board is likely to tackle some of the more glaring cases.

Even after 35 years of independence, the orientation of the civil service from the colonial one of *control and administration to promotion of development, provision of services and responsiveness to client (people's) needs* has only partially taken root throughout the system although a number of efforts have been made by some senior civil servants and politicians to instil these values. Past efforts and approaches such as the District Focus for Rural Development (DFRD) remained largely on paper due to the absence of client orientation on the part of the civil service. Lack of transparency and accountability further compounded the problems. While the ongoing

civil service reform is expected to address some of these issues, additional assistance will be required to enhance the orientation of the civil service to gender equity, poverty eradication and client responsive development and improved efficiency.

5. Systematic Governance

Systematic governance includes the processes and structures of society, which guide political and socio-economic relationships, protect cultural and religious values and create an enabling environment for sustainable improvement in the quality of life. Popular participation is the cornerstone of good governance. It is characterised by the extent to which participation takes place and the manner in which stakeholders express their voice in the decision making process. It also entails an impartial application of the rule of law such that in the process of law enforcement, all the rights of the individual are protected. In addition, good governance ensures transparency and a free flow of information and accessibility to the processes, institutions and information itself. It further ensures that decision-makers are accountable to those on whose behalf they make decisions. Good governance also entails equity through which all stakeholders get equal opportunities to improve their wellbeing. And, finally, good governance ensures effectiveness and efficiency, characterised by processes and institutions that serve identified needs through cost effective methods of carrying out tasks.

New laws, regulations and rules and institutions have supplanted many of the traditional channels, mechanisms and institutions for popular participation in Kenya. Most of the latter efforts have helped in concentrating the decision-making power at the centre. At the same time, the political space for evolving new mechanisms for popular participation has been severely constrained, especially under the one-party state. Recent initiatives to allow more space for civil society organisations including community-based organisations

(CBOs) and non-governmental organisations (NGOs) are steps in the right direction. More needs to be done to decentralise decision-making to the people and their communities and to strengthen their institutions. In this regard, the first priority should be to dismantle laws, regulations and rules that impede individual and community participation and inhibit the evolution and effective functioning of civil society organisations (CSOs).

6. Governance, Gender and Poverty

Poverty eradication and gender equity should be a major focus of good governance. When a majority of the people cannot access essential services, establish sustainable livelihoods, and participate fully in the mainstream of their development, economic disruption is on the horizon and social harmony and political stability are in jeopardy. The Government through the National Poverty Eradication Plan (NPEP) notes that every citizen has "a basic entitlement to play a full role in society, participating fully in society's affairs and helping make decisions on those matters, which directly affect her or his material and social standing. Individual citizens have the right to play their full social roles to achieve a ba-

sic state of well-being, irrespective of their race, colour, sex, ethnic group, language, religion, age, political affiliation, disability or any other circumstances of birth."

This is one of the clear policy statements on the right of participation of people in their own governance and development. When implemented, the Charter for Social Integration in the NPEP (see Box 3.3 in Chapter III) provides an "enabling political, economic and legal environment" for partnerships with the poor and all other stakeholders in the fight against poverty and discrimination against women. It is necessary to extend this approach of empowering people to take an effective participatory role in national development to other actors and to all spheres of national life. At the same time, it is important to keep in mind that after more than thirty years of monopoly power by Government, a great deal of capacity-building for the people and their organisations (including CSOs and the private sector) will be required before they can effectively establish partnerships among themselves and with the Government. In building the capacity of these groups, special attention will need to be placed, on information needs and organisational capacities.

Chapter III. Poverty in Kenya

A. Poverty Incidence

1. Estimates of Poverty Incidence

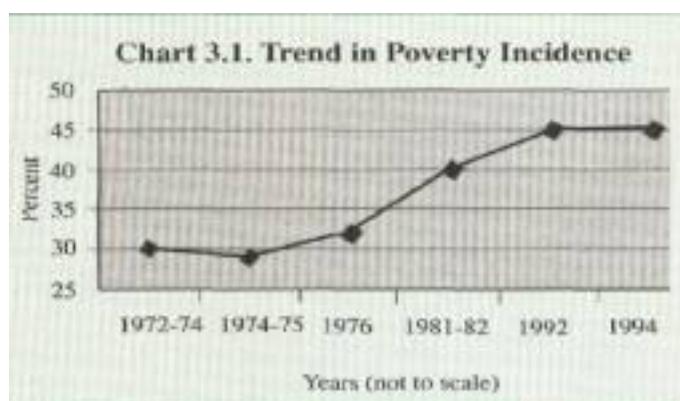
Poverty is multidimensional and manifests itself in different forms. It is defined in both money (expenditure or income) and human terms (see Glossary for definitions of poverty). However, many of the quantitative measures in Kenya are based on poverty lines defined in expenditure (income) terms. The head-count ratio of poverty measuring the proportion of people below the poverty line in the total population is the most commonly used index. This is used in the following discussion.

Before 1982, estimates of poverty incidence and income distribution in Kenya were from the Integrated Rural Surveys (IRS, 1974-75). In the 1980s, CBS undertook the Rural Household Budget Survey 1981-82 and the Urban Household Budget Survey 1982-83. Based on these surveys, a rural poverty profile for 1981-82 was constructed. During 1992 and 1994, CBS conducted two national welfare monitoring surveys (WMSs). Urban and rural welfare profiles for 1992 were prepared following the first survey (WMS1-1992) (see Mukui, 1994a). The data from the second welfare monitoring survey were analysed in greater detail and drawing upon the results, the *Economic Survey 1997* incorporated a separate chapter on poverty and presented data on poverty incidence. A further two volumes on the incidence and depth of poverty and social indicators were published in June and July 1998.⁸ Also, a poverty atlas was prepared showing the economic and social correlates of

poverty by district in Kenya. A third welfare monitoring survey (WMS III) was conducted in 1997 whose results are being analysed. The then Office of the Vice President and Ministry of Planning and National Development (OVP&MPND) sponsored two participatory poverty assessments (PPAs) in 1994 and 1996, whose purpose was to understand poverty from the perspective of the poor and to guide interventions to alleviate poverty.

The available estimates of poverty incidence in Kenya are presented in Table 3.1. The estimates are not strictly comparable as the underlying assumptions including the poverty lines differ. However, they do indicate an increasing trend in the incidence of poverty as illustrated in Chart 3.1.

The proportion of the population suffering from food poverty seems to have increased more rapidly than that in absolute or overall poverty in Kenya over the past 25 years. This could be attributed in part to a reduction in per capita food availability, in addition, to a decline in income. In fact, by 1992-94, one in every two families in Kenya was experienc-



⁸Ministry of Planning and National Development, Central Statistical Bureau and Human Resources and Social Services Department, *First Report on Poverty in Kenya - Volume I: Incidence and Depth of Poverty, June 1998*, and *Volume II: Poverty and Social Indicators, July 1998*, Nairobi.

ing serious food poverty (see reference in footnote). The number of poor people increased from 3.7 million in 1972-73 to 11.5 million in 1994. It increased to 12.5 million by 1997 and exceeded 13 million by the end of 1998.

The poverty gap measures the intensity of poverty in terms of the income (expenditure) transfer required to bring the consumption level of all poor people to that at the poverty line. In 1994, the poverty gap in Kenya was estimated to be about Ksh. 8,252 million.

2. Poverty Incidence in Districts and Urban Centres

The highest incidence of poverty (69-84% in 1994) is found to be in the Arid and Semi-Arid Land (ASAL) districts in Northern Kenya. As the population density in these districts is very low, few of the districts contain more than 1 % of the total number of poor households in Kenya. The poor in the ASAL areas are physically isolated, have poor access to basic goods, services and infrastructure. They rely on an inadequate, fragile and uncertain resource base. According to some estimates, these areas contain less than 5% of the poor in Kenya.

Most of the rural population is in the high and medium potential areas (HMPAs) and so are the majority of the poor. More than 10% of the nation's poor households are to be found in Machakos and Kakamega (see Map inside front cover), although the poverty incidence in the two districts (at 67-68% in 1994) is lower than that in the ASAL districts. An additional 15% are in the four districts of Makueni, Siaya, Kitui and Bungoma. More than one-half of the poor are located in 17 of about 60 districts in Kenya. The rural areas are home to more than 77% of the poor.

In regard to urban centres, Nairobi contains almost 5% of the nation's poor households. The next three largest municipalities - Mom-

basa, Kisumu and Nakuru - together are home to another 6% of poor households. The urban poor account for slightly less than 23% of the total poor in Kenya. Thus, the poor are concentrated in districts and urban centres bordering Lake Victoria in the West, stretching East-South East along the rail and road transport corridors, and extending to Kilifi on the Indian Ocean Coast.

B. Characteristics and Dynamics of Poverty

The major characteristics of the poor in Kenya include landlessness and lack of education or literacy. The poor are clustered in certain social categories that include small farmers, pastoralists in the drought prone ASAL districts, agricultural labourers, unskilled and semi-skilled workers, casual labourers, female-headed households, the physically handicapped, HIV/AIDS orphans and street children.

The poor represent an increasing proportion of the urban population. According to recent participatory surveys, almost 50% of urban households consider themselves to be poor. The majority of these households are tenants in informal settlements facing daunting problems. They have to cope with the high costs of food, water,⁹ housing and transport. They live in very crowded tenements, usually whole families occupying one room and sometimes sharing it with another family. Their access to primary education and basic health services is limited because of the inability of the local authorities to provide these services. They cannot afford the fees and charges demanded by private providers of these services. The traditional kinship and neighbourhood support for these families is not as strong as in smaller communities and rural areas. The urban poor are often the main victims of crime, substance abuse, drug trafficking and child delinquency.¹⁰

⁹ Often, the poor in urban centres -were observed to pay ten times as much for a litre of clean water as the non-poor.

¹⁰ This paragraph draws upon a submission by colleagues at UNCHS (Habitat) in Nairobi.

Table 3.1: Estimates of Poverty Incidence in Kenya

Author	Reference years	Source (annual unless otherwise stated)	Poverty Line	Poverty Incidence
FAO(1977)	1972-74 (1972-74)	Food Balance Sheet adult equivalent	2137 calories per day per	30% of population
Crawford & Thorbecke	1974/75	IRS I (1974/75)	Ksh. 2,200 per smallholder household	38.5% households
	1976	1976 Employment and Earnings in Modern Sector, IRS II		46% of population
Collier & Lal - 1980	1974/75	IRS I smallholder population	Ksh. 2,200 per household	34.2% of small holder population 29% of total population.
Vandemoortele	1976	IRS I 1974/75 Nairobi Household Budget Survey (1974) and Social Accounting Matrix	Ksh. 2,269 per small- holder household Ksh. 3,836 per urban household	33.1% of small holder households 15.3% of urban households
Crawford & Thorbecke	1974/75	IRS I (1997)	Ksh. 310 per month per adult equivalent (AE) Ksh. 1,570 per month per household	25% of households
Greer and Thorbecke (1976)	1974/75	IRS I (1977)	Ksh. 353 per month per AE, adjusted for tastes and preferences	38.6% of small holder households
Jamal (1981)	1976		Ksh. 208 per month per person, rural Ksh. 238 per month per person, urban	32% of population
Bigsten (1987) World Bank (1991)	1981/82 1981/82	National Accounts, 1981/2 Rural Survey and complementary statistics	Ksh. 1,000 per month per worker Ksh. 3,167 per month per small holder family	40% of workers 22% of rural population
GOK Consultant (J.T. Mukiö) 1994	1992	WMS I	Ksh. 485 per month per AE, rural Ksh. 1,010 per month per AE, urban	46.33% rural 29.29% urban 44.78% total
CBS and Human Resources and Social Services Department, MPND, 1998	1994	WMS II	Ksh. 978 per month per AE, rural Ksh. 1,490 per month per AE, urban	46.75% rural 28.95% urban >45% Total

Sources: Government of Kenya and World Bank.

The two Participatory Poverty Assessment (PPAs) studies¹¹ show that the poor are not a single homogenous group. Also, poverty is more than a single problem of inadequate income. It includes lack of access to basic social and economic services and to life choices including opportunities to participate in the economic, social and political processes that affect their lives. People view and experience poverty in different ways. The many dimensions of poverty include malnutrition and illness, shortened lives, illiteracy, social exclusion and the lack of appropriate means to improve one's situation. These dimensions may be experienced by the poor in different combinations. For example, men and women view and experience poverty differently. Often, women have lesser access to and control over assets such as land and economic (e.g., credit and extension) and social services (e.g., education and healthcare), and more limited participation in decision making (see next Chapter for a more detailed discussion on Gender and Poverty).¹²

C. Perceptions of Poverty

The PPA studies present the perceptions about poverty of some poor people, their non-poor neighbours and district leaders in Kenya (see Box 3.1). The major new finding from the second PPA study is that poor people are aware of their inability to gain control over the access to and use of basic services (e.g., education, health, food, clothing and shelter).

At the same time they know that it is desirable and possible for them to move up from their hopeless situation. However, the majority of the poor felt that the potential for their move from poverty to average conditions was constrained by poor infrastructure, declining

Box 3.1. Perceptions About the Poor

The rural respondents in the first PPA study described a poor person as one who has (i) a very small parcel of land (ii) not enough food, (iii) a large family, (iv) difficulty paying hospital bills and school fees, (v) "is a bit clean", and (vi) does contracts or odd jobs.

The very poor were described to have inadequate food, shelter and clothing, but usually manage to scrape by with difficulty. They may go for days with only one meal a day and some days with no meal at all.

In contrast, the district officials often used negative stereotypes to describe the poor as lazy, idle, drunkards, criminals, prostitutes, and poor thinkers, uncaring about the future.

government services, lack of income-earning opportunities, and, in several cases, insecurity and political unrest. Political and civic leaders are mistrusted because of their broken promises, corruption, nepotism and high-handedness. The poor felt excluded from the decision-making, and political, economic and social processes.

D. Causes of Poverty

Inequality is considered to be the single most important cause of poverty among women and men. Inequality could be in the ownership of land, in the distribution of wealth and income, in the access to economic and social goods and services as well as remunerative jobs, in the participation in social and political processes, and in other life choices. Virtually all such inequalities are present in Kenya in different combinations across regions and over time.

The more apparent causes of poverty include the following:¹³

- lack of or slow economic growth;
- large families and rapid population growth;

¹¹ These are (i) UNICFF/ODA/AMRFF, *A Participatory Poverty Assessment Study - Kenya, February-April 1994, Nairobi, June 1994*, and (ii) DFID/AMREF/MPND, *The Second Participatory Poverty Assessment Study - Kenya, March 1997, Nairobi, 1997*.

¹² The presentation in this section draws on that in the draft *National Poverty Eradication Plan, May 1998*,

¹³ The presentation in this section draws on *The Social Dimensions of Development Programme: Policy and Operational Framework Document, Nairobi, 17 April 1997*.

- lack of access to productive assets (including land) or ownership of inadequate assets;
- lack of productive skills;
- lack of remunerative employment;
- lack of or inadequate information about social and economic services and rights and obligations of a citizen;
- adverse impacts of economic reforms and structural adjustment;
- discrimination, particularly against women, in economic, social, political and legal arenas;
- natural shocks including drought, flood, fire and unexpected death;
- manmade shocks such as ethnic clashes, displacement, insecurity, retrenchment and famine;
- social breakdown, including breakdown of marriage, family and social support systems;
- increase in prices of basic goods and services; and
- illness including diseases like TB, STD and HIV/AIDS.

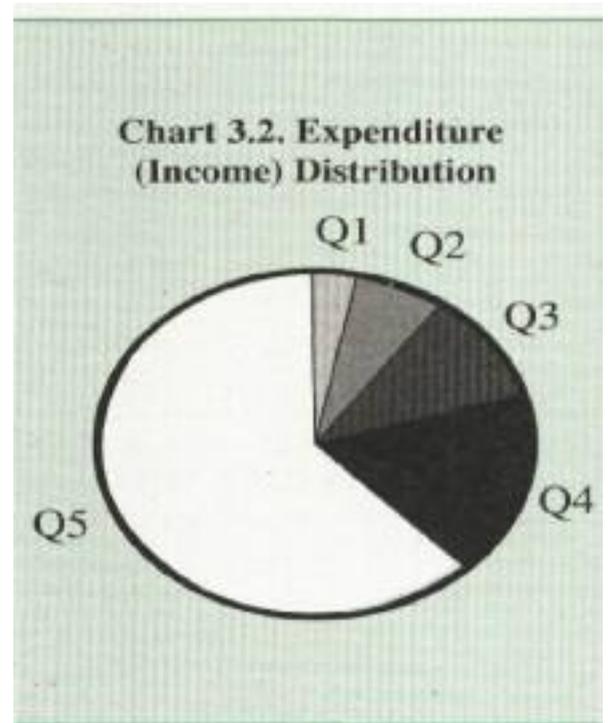
Some of these causes may be accentuated by poverty thereby creating a vicious circle.

Although anecdotal information on a number of the inequalities exists, quantitative data are relatively scarce. The exception is income distribution (see below).

1. Inequality in Income Distribution

Data on expenditure (income) distribution for 1994 show that the bottom 20% of the rural population in Kenya received only 3.5% of the income whereas the top 20% captured more than 60% of the income (see Chart 3.2).¹⁴ Also, the average income of the bottom 60% of the population seems to be below the rural poverty line. The Gini coefficient for rural areas increased from 0.40 to 0.49 during the dec-

ade 1982-92.¹⁵ In fact, the inequality in expenditure distribution understates that in the distribution of income. UNDP'S *1997 Human Development Report* placed Kenya 22nd from



the bottom in terms of per capita income (at about \$280) and Mozambique as the poorest country with a per capita income of \$80.

At the same time, the Gini coefficient of income concentration in Kenya was the highest (at 0.57) among the 22 poorest countries, and only lower than those of Guatemala (per capita income \$1,340; Gini coefficient 0.60), South Africa (per capita income \$3,160; Gini coefficient 0.58), and Brazil (per capita income \$3,640; Gini coefficient 0.63). The richest 10% of Kenyans garnered 47.7% of the income, which was only second to Brazil (at 51.3%).

E. Consequences of Poverty

The effects of poverty on the poor are degrading and devastating, especially for

¹⁴Government of Kenya, Central Statistical Bureau, *Welfare Monitoring Survey 11 - 1994*,

¹⁵The Gini coefficient is a measure of the inequality in the distribution of income. Its value ranges from zero to one with zero representing perfect equity and one representing total inequity.

women and children. The consequences of poverty are also detrimental to society. These include the following:

- the poor absorb scarce resources for survival, which could have been devoted to more productive uses;
- they lack the abilities and/or opportunities to earn an adequate income to subsist, let alone to save and invest;
- they over-exploit renewable and non-renewable resources for sheer survival, thereby contributing to environmental degradation;
- the sub-optimal development of the productive potential of the poor, women and other vulnerable groups results in a loss of their full contribution to economic growth and social development; and
- the poor may impose negative externalities such as drug trafficking, illicit liquor brewing and sale, crime, begging, prostitution, spread of diseases, urban blight, social unrest, and political instability.

The second Welfare Monitoring Survey (WMS II) revealed that poor households had larger families compared to the non-poor. Women from poor households had a total fertility rate (TFR) of 6.6 children per woman as compared to 6.1 children recorded for their non-poor counterparts- Children from poor households had higher rates of malnutrition compared to children from non-poor households. Only 14% of children and youth from poor households had completed a secondary level of education compared to 27.3% of the non-poor (*Economic Survey, 1998*).

F. Poverty Eradication Efforts

1. Past Government Interventions

The fight against poverty, ignorance and disease has been a major goal of the Government since independence in 1963. This goal is considered to be key to the building of an economically strong and prosperous nation. The early efforts at poverty alleviation by the government included land resettlement and re-

form measures such as the million acre settlement scheme implemented during the early 1960s, which benefited about 5% of the rural population. The Special Rural Development Programme was implemented in some pilot districts in the late 1960s. In 1971, a major international mission was fielded to assess the poverty and employment situation in Kenya. It was the first mission to Africa under the World Employment Programme of the International Labour Organisation (ILO). The mission produced a monumental report in 1972 on *Employment, Incomes and Equality - A Strategy for increasing Productive Employment in Kenya*. Implementation of the recommendations in the report was piecemeal and inadequate. Many of the prescriptions in the report are as relevant today as they were more than 25 years ago.

Subsequent initiatives included the Rural Development Fund financed by DANIDA, which had mixed results. More recent government interventions were in the form of targeted projects such as the Urban Slums Development Project of the Nairobi City Commission, the Street Children's Fund, and the Micro and Small Enterprise Programme. Other initiatives included the Youth Polytechnics Programme and the Rural Access roads Programme. It is still too early to assess the extent to which they contributed to poverty reduction.

2. Social Dimensions of Development Programme

The Social Dimensions of Development (SDD) Programme was launched in 1994 to alleviate the hardships caused by the implementation of the economic reform and structural adjustment programmes. It was expected that the funds for implementation of the SDD Programme would come largely from donor contributions. However, a number of concerns were raised by donor partners on the objectives, scope and implementation arrangements of the Programme. In response, considerable efforts were made (with UNDP assistance) to

refine the SDD into a broader poverty reduction programme, with upward links to the overall macro policy framework as well as downward links to the grassroots in the form of implementation mechanisms. Simultaneously, government accorded a high priority for budgetary allocations to ongoing and new projects with SDD focus. The expected donor support for implementing the Programme did not materialise due to various factors including the suspension of IMF support in mid-1997.

3. National Poverty Eradication Plan

At the same time, it was felt necessary to evolve a more comprehensive policy and planning framework for the poverty eradication programme. Accordingly, preparation of a National Poverty Eradication Plan was initiated in 1997 with UNDP assistance. Also, the formulation of such a national plan was an important commitment of the World Summit

for Social Development. The Plan was finalised in 1998 with further assistance from UNDP and DFID (UK) and was launched on 11 March 1999.

The National Poverty Eradication Plan (NFEP) covers the period 1999 to 2015. It has three major components, each providing a framework for action by the government, civil society (including citizens, communities, religious, professional and other voluntary organisations, and NGOs), private sector and donor partners. The components are:

- a Charter for Social integration;
- improved access to essential services by low income households that currently lack basic health care, education and safe drinking water; and
- a strategy for broad based economic growth.

The Plan also sets specific goals and time-bound targets. The main elements of these are presented in Box 3.2. Some of the suggestions put forward by the Plan include the publication of best-practice guidelines for rural and urban social development by 2000, and the preparation of community action plans by at least 20% of the poor communities by 2004. The Charter for Social Integration deals with the rights and responsibilities of various stakeholders in promoting social integration in Kenya (see Box 3.3).

The Plan is to be implemented in three phases: the first phase covering the period 1999-2005, the second phase from 2006 to 2010, and the third phase 2011 to 2015. Implementation will begin at the grassroots level with the identification of priority needs, constraints and demands by the poor. Community based organisations, NGOs and local government agencies are expected to assist the poor groups and communities in drawing up the action plans and in their implementation.

Box 3.2. Major Goals and Targets of the National Poverty Eradication Plan

- A 20% reduction in the incidence of poverty by 2004; and a further 30% reduction by 2010
- A 15% increase in primary school enrolment rates in the first phase (first six years) of the Plan
- A 19% increase in primary school completion rates, especially for girls, in the first six years of the Plan
- Achievement of Universal Primary Education by the conclusion of the plan in 2015
- Access to primary health care for all (i.e., within 5 km of all rural households or within one hour by local transport) by 2010
- Access to safe drinking water for all poor households by 2004 (by increasing the access by at least 8% per year)
- Access to safe water for all by 2010
- At least 40% of all agricultural (including livestock, forestry and fisheries) messages to be relevant to very poor farmers
- Reduction in time spent by women in collection of water and fuel

Box 3.3. Rights and Standards for Social Integration

Stakeholders		Basic Rights and Standards for Social Integration
Individual Citizens	All citizens Women Children Youth Disabled Elderly	Access to literacy and numeracy for all men and women Access to health and freedom from preventable disease Sufficient food and clean water to maintain life and well-being Freedom from injustice and physical and mental harm Ability to create a livelihood without undue hindrance or regulation Security to protect accumulated assets and to maintain local decisions
Communities	Communities throughout Kenya Minorities	Right to organise for community development purposes Budgetary support from Government proportionate to household and the community need, not according to overall wealth of district/province Right to be fully consulted when Government officials set local priorities for poverty eradication Responsibility of each community to draw up an action plan for its economic and social advancement and to conserve its resource base Right to maintain cultural identities and distinctive ways of life
Civil Society	NGOs Religious groups Trade Unions Political Parties	Inform communities and sectional interests and facilitate their plans for awareness and improvement Advance specific interests but with care for overall social integration Promote conflict resolution and the reconciliation of all interests
National Agencies	Line Ministry staff Doctors, teachers and nurses in rural areas Staff of Parastatals Police and Regulatory Bodies Researchers	Set and follow-up on clear sector targets for poverty eradication Launch radio and poster campaign to announce citizens' rights to basic services and pursue lawful livelihoods without unnecessary regulation Officials will disburse and account for Government funds in a responsible and transparent manner Gain private sector's trust of ministries' ability to create an enabling, corruption free environment for investment and employment creation Bring legal services and administration of justice nearer to poor people Announce clear standards of knowledge about the dynamics and effects of poverty that civil servants must have to qualify for service and management posts or promotion Increase policy relevant knowledge of causes and dynamics of poverty
Private Sector	Corporate business Medium and small business Smallholders and traders	Assist Government to liberalise the marketing of produce through co-operation with smallholder and trader groups Contribute skills, knowledge, and sponsorship supported by tax incentives, to Poverty Reduction Funds Assist Jua Kali sector through innovative group lending schemes Corporations to demonstrate, publicly, their social responsibility and ethical practices Support a Government assisted code of responsibility for business
National Policy Makers	Members of Parliament Chief Executives Directors and Senior Managers	Strengthen Government's links with civil society organisations Regularly review laws for their relevance to advancement of the poor Review public debt and ensure it is managed prudently Support policies for a stable macroeconomic framework Remove all taxes and customs duties with a bias against smallholders Create incentives for investors to go to poor urban and rural areas Establish conflict resolution committees to create ethnic harmony Require each Line Ministry to publicise its poverty reduction targets Announce a clear timetable for priority poverty eradication actions Establish a training programme in poverty awareness and reduction for headquarters and district based officials Ensure promotions in service and management grades are based on poverty reduction abilities and understanding Ensure there is a unit in Government with sufficient staff, resources and powers to tackle poverty across the nation Set up monitoring and evaluation systems to determine the rate at which plan aims and targets are achieved

4. Other Government Initiatives

These include the Fund for the Disabled, National Youth Fund and the Women Development Fund. These funds are set up with Government contributions through the budget augmented with resources raised through *Harambees* (see Box 3.4). The operation of these Funds is relatively recent. Information on their

Box 3.4. Harambee

Harambee was not just a slogan at independence, but has become a major institution in Kenyan life. Ideologically, it means that the individual should place the interest of the community above his or her own, thereby emphasising the importance of the African tradition of mutual responsibility and help. It originated at the time of transition of power from the British to the Africans in the Kenya African National Union (KANU). President Kenyatta made an appeal to the people to contribute to the development of the country either in kind (e.g., in labour) and/or cash for schools, hospitals and other community facilities. People were encouraged to get together and take initiatives to improve the country, without the necessary support from the government. Whenever action has to be taken or money is necessary for a community improvement and/or individual support, a *harambee* is held and everybody is expected to contribute. *Harambee* is also misused: on the one hand it obliges people to powerful moneymakers, and on the other hand it provides the government with an excuse for not fulfilling its obligations.

(Source: *Women in Kenya and the Netherlands Development Cooperation, 1985-1995 - Evaluation Report, The Hague, 1998.*)

experiences and impact should be compiled to assess the viability of such mechanisms for adoption in other poverty eradication efforts.

5. Donor Supported Projects

Recent examples of these include the Community Development Trust Fund financed by the European Commission, the Partnership Approaches to Meeting the Needs of the Urban Poor Project (PAMNUP) funded by DFID, and the UNDP-supported Poverty Planning and Implementation Project in Isiolo, Suba and Narok Districts. The programmes of UNICEF and the World Food Programme (WFP) have

been catering to the needs of children, mothers and the poor, particularly in the ASAL areas. Also, poverty alleviation including delivery of basic social services is incorporated as a significant component in a number of other donor-assisted projects in the country. Preliminary results from these projects show both strengths and weaknesses. The experiences and lessons learned could be beneficial in designing other poverty reduction projects and programmes in Kenya.

During the 1990s, a number of UN Conferences established a series of goals and targets for poverty reduction. Also, the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD) adopted similar targets for monitoring progress in the context of their development assistance. Building on these goals and targets, the OECD-DAC, UN system and the World Bank agreed on a set of indicators for monitoring progress on poverty reduction. The targets are presented in Box 3.5. The goals and targets for the National Poverty Eradication Plan do take into account these monitoring targets.

Box 3.5. OECD-DAC/UN/World Bank Joint Poverty Monitoring Targets

- **Income Poverty:** The global target is to reduce by 2015, the proportion of people living in poverty to one-half of that in 1993, without a worsening in the depth of poverty.
- **Relative Poverty:** Increase the national consumption of the poorest fifth of the population.
- **Malnutrition:** The global target is to reduce by 2005, the proportion of malnourished children by one-half of that in 1995; and to one-half of that in 2005 by 2015.
- **Literacy:** By 2015, adult illiteracy is to be reduced globally to three-quarters of that prevailing in 1990, and that it be the same for men and women.

(Source: *UNDP Poverty Report 1998. Overcoming Human Poverty, New York, 1998*)

6. Initiatives of Civil Society Organisations

Numerous civil society organisations, including community, religious, charitable and national and international development NGOs have been active in Kenya during the past three decades providing assistance to the poor, women, children and other vulnerable groups. Also, a number of NGOs and CBOs have been providing micro credit to poor entrepreneurs. Many success stories and best practice examples as well as some useful lessons are available from these initiatives. The scale of these operations is often modest and they reach only a small number of the teeming poor. Also, their links with local government agencies, sector ministries and overall macro-planners are either weak or non-existent. As a result, their impact on the national policies and programmes to combat the spread of poverty has been limited.

With the increasing awareness of the magnitude and severity of poverty and the recent events that led to the creation of expanded political space for civil society organisations to participate in the Constitutional review process, a coalition of NGOs has, through the National Council of NGOs, drawn up a draft Basic Rights Charter, whose primary focus is the fulfilment of the basic needs of the people (see Box 3.6).

This version of the Charter was formulated with the inputs of participants in the *Second Symposium for Basic Rights*, held in November 1998. The Charter is proposed for adoption as part of an expanded Bill of Rights within the new constitution of Kenya. Further refinements to the charter are being made with the participation of stakeholders.

G. Challenges and Prospects

Inequality is the root cause of poverty all over the World. However, the degree of inequality in Kenya is high as compared to a number of other countries at a similar stage of develop-

Box 3.6. Basic Needs are Basic Rights

During the past two years, a number of civil society organisations (CSOs) in Kenya came together and developed a draft set of basic rights for consideration for incorporation in an expanded Bill of Rights within the new Constitution of Kenya. The major components of these are summarised in the following:

- All sovereign power belongs to the citizens of Kenya and shall be exercised by the State on their behalf so as to promote equality, human dignity, security, freedom, justice, unity and prosperity.
- All natural resources belong in common to the people of Kenya including future generations and the State shall protect such resources including land, water, flora, fauna and minerals for the benefit of all Kenyans.
- The State shall facilitate equitable development through the eradication of poverty and the establishment of a balanced framework for economic growth and social justice.
- Women shall have equal rights alongside men to access opportunities in educational, economic, political and social fields. They shall have the right to affirmative action to redress past inequities.
- Every child shall have the right to family care, nutrition, shelter, health care, education and social services. Children shall have the right to be protected from harmful labour practices.
- Every person belonging to a racial, cultural, linguistic, ethnic or religious minority shall enjoy the same treatment and protection of the laws as other persons. Minorities shall have the right to affirmative action to redress past imbalances.
- Every person shall have the right to be free from hunger and shall have access to adequate food.
- Every person shall have the right to enjoy physical and mental health and shall have access to primary health care services provided by the State.
- Every person shall have the right to quality basic education (including early childhood education, primary education, adult literacy and special education) provided by the State. Primary education shall be free and compulsory to every child.
- Every person shall have the right to adequate, clean and safe water; adequate and appropriate sanitation; and safe and adequate housing guaranteed by the State.
- Every person shall have access to information that is of public interest and is necessary for the exercise or protection of any rights.
- Every person shall have a right to work and earn a livelihood.
- Every person has a right to own land either individually or in community with others.

(Source: A Basic Rights Charter for Kenya (December 1998), by the Basic Rights Steering Committee, Nairobi.)

ment (see sub-section D.I in this Chapter). It should be addressed through policies and programmes that help redistribute the growing assets and opportunities for asset formation, income, services and choices to the poor and women. Disaffection of the poor and the disadvantaged may lead to social unrest and political instability, in addition to economic disruption. Therefore, poverty reduction is not only sound economics but also good politics. Kenya can ill afford to ignore the potentials and aspirations of its poor and women.

The assets (including labour and other modest resources) and efforts of the poor are necessary for Kenya to accelerate its economic growth and sustain development. This is all the more important as the poor constitute almost half the population. The country cannot afford to ignore the contributions of the poor and focus only on the efforts of the non-poor to achieve the status of a newly Industrialised country (NIC) by 2020 or thereafter. The East and Southeast Asian countries mobilised the efforts of all their peoples - rich and poor, men and women, skilled and unskilled, and all ethnic groups - in order to generate and sustain rapid economic growth and achieve the status of NICs. They treated their people as their most valuable resource. This is an important lesson from which Kenya could benefit.

The emphasis on rapid industrialisation as the primary means to accelerate economic growth and achieve NIC status may be misplaced in the present context of Kenya. The industrial sector contributes only between 13 to 18% of GDP, and it has to grow at lightning speed for Kenya to achieve the Eighth Plan target GDP growth rate of 5.9% per annum. Experiences of the Asian NICs show that the initial thrust for rapid economic growth emanated from the agriculture sector, especially productivity improvements in small-scale agriculture. More than half the labour force in Kenya is dependent on small-scale agriculture and

improving their productivity is critical for accelerating the country's economic growth. The vast majority of these are also the poor including a majority of poor women.

The informal sector including the informal services sector has been an important contributor to the growth of Asian NICs. Productivity improvements in this sector are crucial for enhancing Kenya's economic performance. Next to small-scale agriculture, a large proportion of employed women and men is dependent on the informal sector and the bulk of them are poor.

The implication of the above is that improving the productivity of the poor is essential for Kenya's economic growth. Thus, poverty eradication should be seen as an economic imperative rather than a welfare handout. Creating an enabling environment for catalysing and sustaining the contribution of the poor to national development is an important function of the Government. This would entail either providing or helping others provide basic social and economic services to the poor, unshackling the bureaucracy and regulations that restrict the entrepreneurial initiatives of the poor and nurturing these initiatives, and prohibiting discrimination based on race, ethnic origin, or gender.

Enforcing the rule of law, creating a secure environment, and sound management of fiscal and monetary affairs are important ingredients for economic growth and overall development. Discretionary decision, making should give way to rule-based procedures with reduced opportunities for corruption and favouritism. The role of Government should be limited to provision of those essential services that the private sector and civil society organisations are not in a position to provide. These would be important ingredients for poverty eradication, gender equity and economic advancement of Kenya.

Chapter IV: Gender and Human Development

A. The Kenyan Context

Gender refers to the roles and behaviour of men and women in the day-to-day social, cultural, economic and political contexts. Thus, gender is socio-culturally constructed and is society's transformation of biological females and males into Kenyan women and men. Gender issues are therefore not just "women's concerns" but are everyday societal issues, which affect both men and women in their endeavours to achieve sustainable development. Gender relations in Kenya have been moulded by a combination of factors that include customs, cultural practices, awareness, education, economic conditions, traditional and modern laws and emerging patterns of social organisation. Understanding the context in which Kenyan women and men operate is important for the assessment of gender and human development. The role of women in Kenya is subordinated to that of men in virtually all spheres of life. Under the prevailing patrilineal system, most Kenyans in rural areas live in homesteads under the authority of the male family head.¹⁶ A homestead usually contains several households of husband, wife (or wives in the case of polygamous households) and children. A number of homesteads constitute a lineage and several joint lineages form a clan, which is the highest traditional social unit. The clan is ruled by a group of elders, all men, who are normally heads of lineages. Normally, women do not occupy leadership positions and do not have decision-making power on matters concerning the clan.

Marriage is an important institution in Kenya and the practice of polygamy is common in many parts of the country. Bride price is considered a compensation for the transfer of a woman from her parents' family to the groom's, implying that the woman is an important asset (in terms of labour) purchased by the groom. It is embedded in society and is paid in virtually all marriages, whether customary or modern. Child marriages are common among some groups, partly due to prevailing customs.

Although the Constitution of Kenya forbids discrimination against women¹⁷ and Kenya has ratified the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1984, discrimination against women continues. The judicial system has not yet fully enforced the commitments. The situation is complicated by the simultaneous prevalence of different types of laws including the Civil or Statutory law, African customary law, Islamic law and Hindu law. Statutory laws are passed by Parliament and are in written form. However, customary laws are not always written and vary significantly, especially in laws regulating marriage and divorce, often to the detriment of women.

For example, the statutory law on marriage does not allow a husband to have more than one wife and spouses can own property separately. However, under African customary law, the marriage regulations differ from one ethnic community to another, but in general po

¹⁶The presentation in this sub-section draws freely on the chapter on "The Position of Women in Kenya," in *Women In Kenya and the Netherlands Development Cooperation, 1985-1995, the Hague, 1998*.

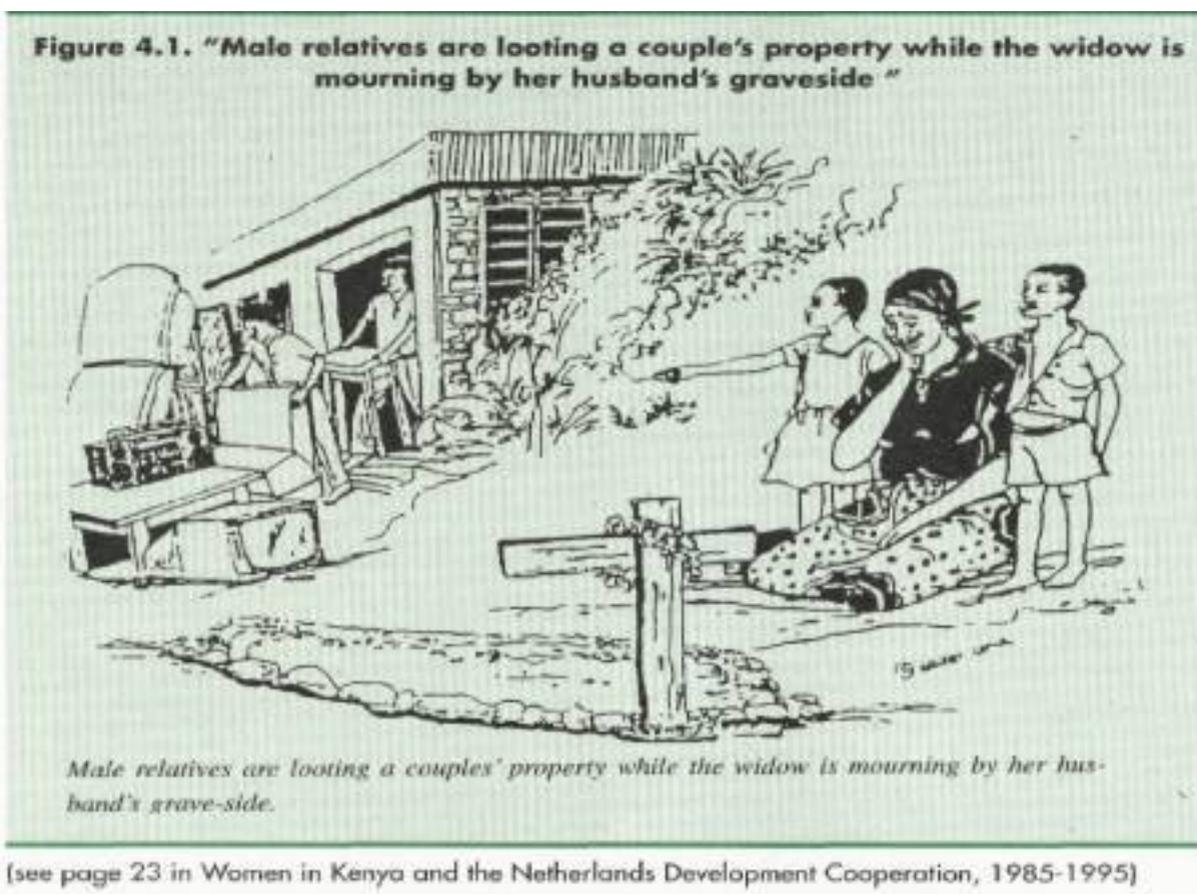
¹⁷Some argue that the Constitution does not explicitly mention sex in the list of factors based on which a person should not be discriminated. This is expected to be remedied in the new Constitution, which is under negotiation.

lygamy is allowed. Also, when a woman is married, she cannot easily own property as the husband controls her belongings whether acquired before or during marriage. Divorce under statutory law is granted by the court that decides on such issues as child custody and division of property between spouses. Divorce under African customary law is granted normally by the clan elders. There are no fixed rules under which divorce will be allowed. When statutory law is not applied (which is often the case because most Kenyan women are unaware of their rights) women often lose the family assets including children in case of divorce or widowhood (see Figure 4.1).

Thus, in many Kenyan communities, the cultural practices and attitudes through which the people are socialised determine gender relations- As a result, the treatment meted out to women and girls is in practice determined not by what the Constitution or the written laws say but by the traditions and attitudes

of the people and the communities. Because of the strong social and cultural beliefs and practices, many Kenyan women have less access to resources and decision-making roles than they legally are entitled to. Change in these areas is difficult and slow to achieve. The situation is particularly worrying where women are the managers of family resources such as production in smallholder agriculture. Although women's labour force participation rate is higher than that of men (Box 2.1), the economic condition of Kenyan women compares unfavourably with that of their male counterparts. The limits put on women's freedom and access to resources, services and opportunities hamper not only their advancement but also the country's development.

In pursuit of gender equality the Government of Kenya has ratified the *Vienna Declaration on Human Rights*, the *Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)*, the *Nairobi Forward Looking Strategies for the Advancement of Women (NFLS)*,



the Beijing Platform for Action. In 1998, a National Policy on Gender Equity for Sustainable Development was drafted. The draft offers Kenyans an opportunity to dialogue over gender issues and agree on the way forward. The Government has also appointed a Task Force (in 1993) to review all the laws affecting women and children. The work of the Task Force is expected to result in the repeal of outdated laws and to facilitate the enactment of legislation for the protection and advancement of women's human rights. This is a favourable albeit slow progress.

Kenya has produced world-class professionals on gender and advocates for women's rights. There are numerous organisations that are active especially in urban centres working towards advancing gender mainstreaming. Several groups are also working with grassroots women's groups to improve their economic, social and political standing. Notwithstanding, the large majority of Kenyan men, boys, women and girls are still caught up in the gridlock of traditions, customs and cultures that are inimical to gender equity. Therefore, it is necessary to undertake a massive campaign of education and awareness raising on gender throughout the country and particularly in rural areas. Gender awareness and equity should be incorporated in school curricula. The print and audio-visual media should be mobilised to get the message across to the different corners of the country. The laws prohibiting discrimination against girls and women should be enforced. Civic and political leaders and opinion makers should set role model examples in their personal behaviour promoting gender equity. The benefits will accrue not only to women but also to men and future generations of Kenyans.

B. Gender and Poverty

The results from WMSII indicate that the incidence of poverty among women in Kenya

is only slightly higher than that among men.¹⁸ However, the intensity of poverty may be more severe for women than men. More than a quarter (25.8%) of poor households are headed by women and their number is increasing.¹⁹ The findings of the first Participatory Poverty Assessment Study (1994) indicated that 44% of female-headed households were classified as very poor as compared to 21% of male-headed households. The average size of poor households (at 6.4 members) is higher than that of the non-poor households (4.6 members) and poor rural households are on average larger (6.5 members) than poor urban households (5.2 members).

More than three-quarters of the poor live in rural Kenya and women are a large majority of the rural poor. Rural women bear a disproportionately large share of the burden of work in the household, on the farm and in the market place. Their working days are estimated to be on average two hours longer than those of men. However, their access to productive assets and services is severely constrained. Access to and ownership of land is a good example (see Box 4.1) to illustrate the constraints faced by Kenyan women,

Box 4.1. Women's Access to Land

In traditional African communities, land belonged to the community with the individual clan or lineage member having the right to cultivate the land. Women could not own land, but could make use of it through their father, husband or sons. However, with the introduction of individual land tenure system, land was registered in the name of an individual, usually a man. In this process of registration, women's customary cultivation rights were ignored. It is estimated that less than 5% of Kenyan women own land. Lack of ownership and access to land is stated as the most critical factor causing poverty among female-headed households in rural Kenya.

¹⁸ First Report on Poverty in Kenya, Volume II: Poverty and Social indicators, Nairobi, July 1998.

¹⁹ More than 20% of poor families may be polygamous with the polygamous husband considered to be the head of several households.

Thus, the major causes of poverty amongst rural women include negative cultural practices and attitudes; and lack of ownership and access to critical factors of production such as land, credit, and technology. Their impact is particularly serious on the widowed, divorced and separated women who in most cases may lose control over and even access to family land.

What is even more worrying is the fact that despite an enormous effort in agriculture, women do not get commensurate returns because of the lack of or limited access of women to credit, inputs and support services. The *1991 ILO Report on Women and Employment in Kenya* points to a major discrepancy between women's labour effort dedicated to agriculture and the share of agriculture in their income. Thus, while 96% of women's labour from smallholder households was used on the smallholding only 63% of total income to women in the smallholder population came from agriculture. At the same time, studies have shown that when women smallholders have the same access to land, inputs and education as men, their farm management is more efficient and productivity higher than men (World Bank, 1989). Therefore, there is an urgent need for appropriate programmes to enhance women's access to land and improve their productivity as a means to reduce rural poverty and improve food security.

The situation of poor urban women is not any better and is perhaps worse in a number of cases. Their living conditions in overcrowded urban slums are inhuman. They depend largely on the informal sector in such occupations as petty trade/hawking, hotel and restaurant services, domestic servants, prostitution and begging. Interventions to improve the delivery of basic services and living conditions in urban slums seem to have the best impact on poor urban women. Also, improving their productivity in the informal sector through such measures as the provision of access to micro credit, short-term training and support services is necessary. Most important

is the need to improve the security for their person and property.

Gender inequality is the surest way to perpetuate poverty since the productive and reproductive roles of women have a profound impact on the transmission of poverty to children and grandchildren. Therefore, urgent efforts are needed to address gender inequality and especially the poverty of women to minimise the transmission of poverty to future generations.

C. Violence Against Women

Violence against women takes many forms and is now recognised as a major impediment to women's full participation in society. "Whatever form it takes - wife battery, rape and defilement, sexual harassment, emotional and economic deprivation, female genital mutilation, wife inheritance, sexual slavery and even femicide - gender-based violence has been acknowledged as a development issue...(Gender Review Vol. 5 No. 3, September 1998)." In Kenya, as in many other parts of the world, violence against women is seen as a private matter between individuals and not a public or human rights issue (see Figure 4.2). It is for this reason that Kenyans rarely witness quick action from the concerned authorities until serious bodily harm and even death have occurred. It was reported that on Christmas Eve, 1998 a housewife was beheaded by her husband and on Christmas Day, 1998 another housewife died from injuries caused by her husband. In January 1999, a housewife was reported to be seriously injured by her husband with a slasher for humming a *Ndombolo* tune and in the same month a young woman died after being set on fire during a row with her boyfriend (The East African, No.222, February 1-7, 1999).

These are some of the many cases of violence against women that have been brought to the attention of Kenyans in recent months. In all cases the excuse for action was the "need to discipline the woman." Fortunately the law

Figure 4.2. "Do some parents know what damage they are causing to their children?"



(from The East African Standard, February 6, 1999)

is quite clear on the subject of violence against any person. It was for this reason that in 1998, in a move that stunned Maasai husbands, a Maasai housewife took her husband to court for assault where he was sentenced to a jail term of six months or a fine of Ksh. 5,000. Despite the fact that some Kenyans complained of extreme leniency by the magistrate, the message was clear that no person is allowed to assault another, not even a Maasai husband who claims to be rooted in his male dominated society.

However, the reported cases of violence against women are a small fraction of the total given the cultural sanctioning of some of the more frequent types of violence such as female genital mutilation (FGM), wife beating and forced sex. Curbing these types of violence and the violation of the human rights of women will require greater awareness

building and public education in many of the Kenyan communities. Further, the sensitivity, orientation and capacities of such critical departments such as the police force and the judiciary to combat these crimes will need to be improved through programmes aimed at making these institutions more responsive to women.

A number of local and international NGOs have taken up the challenges of the fight against violence on women. These include FIDA, FAWE, the Centre for Adolescent Studies, the Collaborative Centre for Gender, and the Kenya Anti-rape Organisation. There is an urgent need to strengthen the capacities of these institutions to enhance their reach and impact. At the regional and global levels, UNIFEM is spearheading a *Campaign for Eliminating Violence against Women*, which has relevance to Kenya (see Box.4.2).

Box 4.2. Eliminating Violence against Women Globally - Highlights on the Campaign in Africa

The African Campaign to Eliminate Violence Against Women was launched on July 31, 1998, Pan-African Women's Day, and is currently supported by nine UN Agencies with UNIFEM spearheading the effort. It focuses on domestic violence, violations of women's rights in conflict situations, women's bodily integrity (such as reproductive rights and female genital mutilation), socio-economic violence and state and community responsibility for the protection of women's rights. Some of the initiatives under the Campaign include:

- A workshop for over 1,000 Kenyan women and men to discuss new initiatives on harmful traditional practices, the girl child, domestic violence, violence against women in armed conflict and sexual violence.
- Neighbourhood marches and rallies that culminated in a Million Woman March in Nigeria on December 10th 1998.
- Launch of an awareness campaign in Somalia to address violence against women in post-conflict situations.
- Television roundtable discussions on the issue of violence against women, featuring men and women who have been the vanguard in the fight to eliminate violence against women.

[Source: *María María*, a publication of the United Nations Campaign for Women's Human Rights, Santiago, Chile.

est Kenyan women's organisations that resisted the colonial practice of forced labour. It continues to be a channel for women to voice their concerns. However, the African political elite that developed at the time of independence and have been ruling thereafter comprises mainly of men who had access to education through the missionaries.

A strong gender bias against women continues in Kenya in spite of the many laws, agreements and pronouncements by various political parties that favour increased participation by women in the political arena. As recently observed by an MP, the fundamental gender bias and traditional images which associate men with "toughness", "fighting" and "leadership", constitute a structural barrier to women's political advancement. The MP observed that women candidates are "captured" or penalised by marriage in that if married she is "neglecting the guy"; if divorced, she "couldn't keep him"; if widowed, she "killed him"; and if single, she "cannot get a man". This portrays marriage as a major hindrance to women's political participation. The traditional political parties are essentially "men's clubs" which tolerate women only as tokens. These attitudes and practices are serious impediments to the political empowerment of women.

D. Women's Empowerment

1. Political Empowerment

In traditional African societies most political decisions were made at the homestead and community level. Women and men were organised separately, with women involved in decisions within the household on such aspects as food production and child care, and men on issues that concerned the relation of the household, to the outside world. Notwithstanding, Kenyan women have been active in the political struggle for independence. Maendaleo ya Wanawake is one of the earli-

There was no female member in the Parliament during 1963-69. Under the one-party system that began in 1969, the participation of women in the political process was largely at the discretion of the Kenya African National Union (KANU), the ruling party. During 1969-74, there were two female Members of Parliament (MPs) out of a total of 172.²⁰ Their number fluctuated between 3 and 6 in the following three National Assemblies. In the 1988-92 Parliament, the number of female MPs was only two out of 188. Kenyan women began to clamour for multiparty elections in the late

²⁰ Patrick O. Onyango, *Women Candidates: Research Findings on Election Issues, the Education Centre for Women in Democracy (ECWD), Nairobi, 1998.*

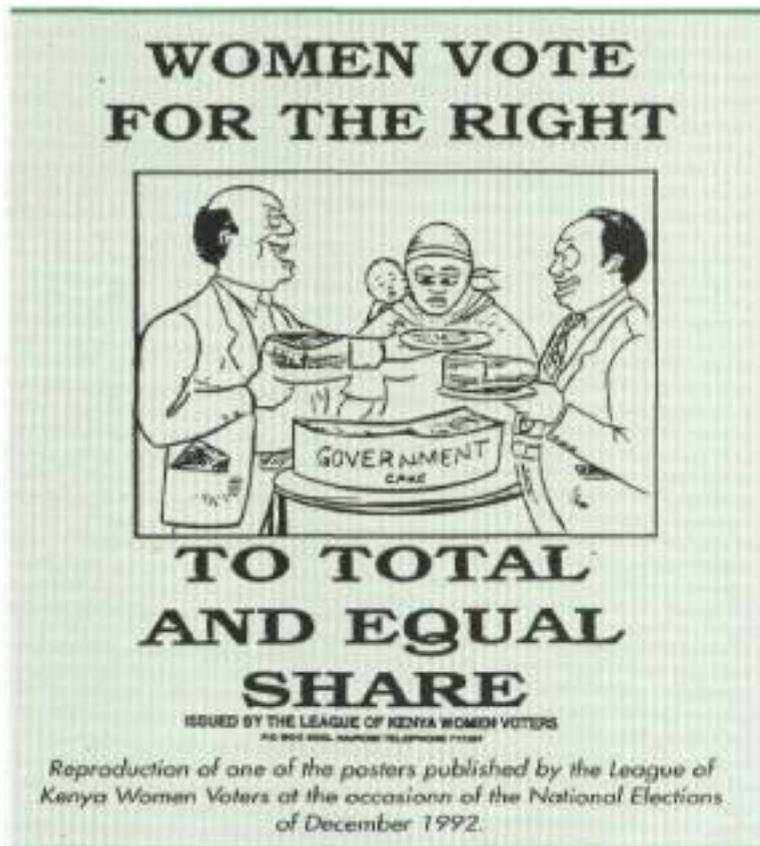
1980s and continued the campaign into 1992 with meetings and demonstrations (see Figure 4.3). In the multi-party elections in 1992, six women were elected to Parliament. However, all twelve MPs nominated by the President were men. The Eighth Parliament (1997-2002) comprises of six women out of a total of 202 MPs. This places Kenya at the bottom of the fifteen countries in the Eastern and Southern Africa sub-region in terms of women's representation in their National Assemblies.

The meagre representation of women is evident in other political decision-making positions. The first female Cabinet Minister was appointed in 1995 and served for a limited period. At the local level, women's participation in elected county, town, city, urban and municipal councils has increased only marginally from 2.1% in 1986 to 2.7% in 1992.

The experience over the last two years shows that the empowerment of women is yet to gain acceptance within the Kenyan political system. The Inter-Parties Parliamentary Group (IPPG) recommendations adopted by Parliament on 17th September 1997 focussed on three significant areas that dealt with gender: nominated members of parliament, nominated councillors to local authorities and protection against discrimination.

On nominations, the IPPG recommended the following:

- o that 12 nominated members to Parliament represent special interests;
- o that the 12 members be appointed by the President on the recommendations of Parliamentary political parties;
- o that the proportions would be determined by the Electoral Commission on the basis of the proportions of membership of each party in Parliament; and
- o that the nominations would ensure that half of all the nominated members were women.



To implement the recommendation, the names of the nominees of parliamentary parties are to be forwarded to the President through the Electoral Commission who shall ensure observation of the principle of gender equality in the nominations. Notwithstanding, only one-third (four out of twelve) of the nominated MPs are women. The situation is much worse in the case of local councils. The IPPG recommended that the same principle that was agreed upon for nominated MPs be applied to the nomination of councillors, i.e. gender equality. On this basis, half of the total number (776) of nominated councillors should have been women. Only 183 women councillors (or less than one-fourth of the total) were nominated against the expected number of 388. The fact that the political parties would rather act contrary to the agreements and the law than provide women equal opportunities in political participation is discouraging. Enhancing the awareness and education of men in politics and in decision-making positions on the

need for and benefits of increased participation by women is a priority.

The constraints to women's participation in politics include the socio-cultural perceptions of women's role in society, low levels of education, and lack of information and communication about among others, their legal rights and obligations. With the pluralistic political processes gradually taking root, more opportunities should be opening up for women's participation in this arena. Voter education, particularly among women, on the benefits of increased representation of women in elected positions should be supported.

A number of civil society organisations have been formed and are working toward the advancement of Kenyan women. One of the most active organisations in the area of the political empowerment of Kenyan women is the "Women's Political Caucus". Other active organisations include the Kenya chapter of the Federation of Women Lawyers (FIDA), the Forum for African Women Educationists (FAWE), Maendeleo ya Wanawake and the National Council of Women of Kenya. Unfortunately, divisions within some of these organisations seem to impede their efforts and reduce their effectiveness.

2. Economic Empowerment

With regard to economic empowerment, traditional land ownership and inheritance practices continue to marginalise women. The constraints facing poor urban and rural women have been discussed in an earlier section. Many rural women produce cash crops and animal products, which, once delivered to rural co-operative societies, become the property of men. This happens because the accounts in the co-operative societies are in the names of men, the land title-holders, who may often be living away from their families and land in urban areas.

In terms of decision-making powers, Kenyan women are far from achieving significant

gains. Women are concentrated in the lower cadres and occupy less than 5% of middle and senior management and decision-making positions (i.e., job group "P" and above) in the civil service. Although women form a majority of the labour force (53%), their share of the economic pie is substantially lower. As indicated in earlier sections, women's increased ownership of assets, and access to social and economic services, productive resources and remunerative jobs should receive a high priority.

E. Women and Peace

Women and children have been the main victims and sufferers of the "ethnic clashes" in Kenya in 1991, 1992 and 1997 although they had no part in instigating or participating in the violence. They were seen struggling along dusty roads carrying their children and household goods trying to escape from clash areas. In these cases, women and children suffered untold hardships from the turmoil. Women slept in the cold caring for children, the sick and the injured. They were innocent and helpless victims of the conflicts. Anecdotal evidence from a few refugee camps in Kenya indicates that women have been good at rebuilding social cohesion and re-establishing peace among different communities. Kenya's history confirms that in traditional settings, women were not harmed even when communities were engaged in wars. This tradition and the fact that Kenyan women have not been associated with any communal violence should offer the country an excellent opportunity for using women to forestall ethnic strife and resolve conflicts. This is also in conformity with the Beijing Platform for Action, which called for the involvement of women in conflict resolution.

F. Gender and Education

Kenyans have long recognised the importance of education. At independence in 1963, the Government set the goal of achieving universal access to primary education by the year

2000 in every district. Although Kenya's education policy does not discriminate against girls and women, significant gender disparities exist, especially at secondary and tertiary levels, where there is less participation by girls than boys. Since independence, the proportion of girls in primary school has gone up from 34% in 1964 to 49.2% in 1994. The gender composition of students in primary school in 1994 indicates close parity between boys and girls (see Chart 4.1). The proportion of boys increases somewhat at the secondary level and it increases considerably at the tertiary level with boys (men) outnumbering girls (women) by three-to-one. Data on overall participation rates show that girls have a consistently lower participation rate than boys at every level. Details on participation rates at different levels are presented in the next Chapter. In general, girls tend to have limited access to education and drop out faster than boys. Also, 80% of women concentrate on arts-oriented courses at the university level.

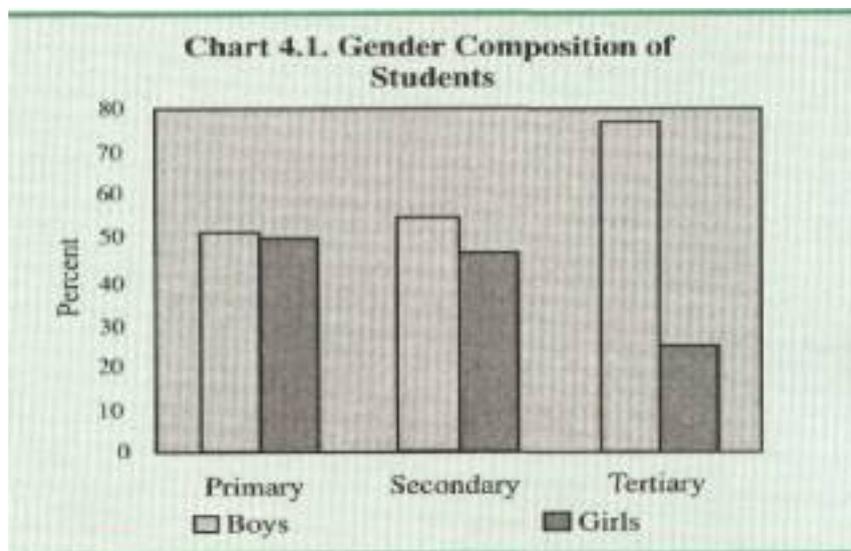
At the primary level, completion rates indicate that slightly more boys than girls complete primary education. For example the data on the cohort that enrolled in Standard One in 1988 and completed Standard Eight in 1995 shows that 42.1% of girls and 43.0% of boys completed primary education. At the secondary level, completion rates for girls and boys were 79.2% and 79.4% respectively.

The national averages for the primary level conceal significant disparities in overall participation rates and by gender among the provinces and districts. Thus, the primary enrolment figures for 1995 show that the North Eastern Province has the lowest overall participation rate at 19.7%. It also has the highest gender disparity in participation rates with that for girls at 12.7% and 27.9% for boys. On the other hand, in the Eastern Province with an overall participation rate of 79.0%, girls' participation rate (81.2%) is above that for boys (77.8%). At the district level, the data show that Mandera District in North Eastern Province ranked lowest with 19.4% for boys and 12% for girls whereas Busia district in Western Province recorded the highest participation rates of 92.5% for girls and 96.8% for boys.

Adult literacy rates in Kenya have also improved considerably in the past 30 years. The literacy rate increased from 32% in 1970 to 76% in 1993 which is considerably better than in Uganda where the rate increased from 41% to 60% during the same period, while the average for sub-Saharan African countries rose from 27% to 55%. Enrolment of women in adult education classes ranged at more than 70% in recent years. In 1994, adult literacy stood at 74.8% with female adult literacy at 67.4% and male literacy at 82.8%. Again, there are considerable regional disparities in the literacy rates with the North Eastern Province showing the lowest rate of 23.9% with the rate

for females (15.1%) at less than half of that for males (32.6%).

Gross enrolment rate at the primary level reached a high of 95% in 1989, but started to decline thereafter. Similarly, participation rates at secondary and tertiary levels began to decline in the early 1990s. Adult literacy too seems to have declined



during the 1990s. The introduction of cost sharing arrangements, increased costs of education, declining Government budgetary support and worsening poverty are mentioned among the likely causes for the declines in the rates (see next Chapter for a more complete discussion of these aspects). Women constitute a minority in the teaching force at all levels. In 1997, they accounted for 41.4% of the total trained teachers at the primary level and 35.2% at the secondary level.

Women's education has beneficial impacts that spread beyond the individual to children and the family. According to data presented in the *1998 Economic Survey*, the total fertility rate among women with secondary and post-secondary education is significantly lower than those with primary or no formal education. Further, children of female-headed food-poor households with no education had higher rates of stunting (41.9%), under weight (36.8%) and wasting (13.4%).

Overall, the gender gap in participation rate at the primary level has been gradually narrowed during the past 30 years. However, completion rates for both girls and boys are low indicating substantial wastage. Considerable progress has been made in moving toward gender parity at secondary level. The secondary participation rates for both girls and boys remain low. The gender gap at the tertiary level remains large and persistent. Participation rates are extremely low for women. Adult literacy for females continues to be significantly lower than that for males in spite of considerable progress achieved since independence. Concerted efforts are required to improve female participation rates at all levels. Other countries have tried well-targeted subventions and incentives to promote increased participation and retention of the girl child especially at the primary level. Kenya should draw upon these experiences to enhance gender parity in education.

G. Gender and Health

1. Health Services and Practices

Kenya's progress in the health sector has been quite favourable as compared to other countries in sub-Saharan Africa. At independence, the Government's policy was to provide free medical treatment all over the country. Both males and females have benefited from these efforts. The specific health needs of women are related to their reproductive roles, responsibilities as health providers of the family, and to their subordinated position in the family and society. In 1994, the main causes of death among women were anaemia and intestinal infection whereas those for men were tuberculosis and respiratory infections. Maternal mortality accounted for between one-quarter to one-third of deaths among women of child-bearing age. Violence against women is another important cause of female morbidity and mortality in the country.

Traditional beliefs, taboos and cultural practices in the field of health and nutrition have a negative impact on women. Some of these have been disappearing while others persist. For example, the cultural practice of female circumcision continues in many communities in spite of the risk of serious damage to the girls' and women's health. Traditionally it is seen as a rite of passage for a girl to enter adulthood. Although the health risks of the practice are increasingly recognised, it continues to exist in many communities in the country. The social pressure to continue the practice is strong in the communities and also among women. Government efforts in 1985 to curb the practice through an education campaign had limited success. Recently, several national and international women's organisations have started awareness campaigns against the practice.

Some of the health issues affecting women are inadequate facilities and poor services. The physical set up of any health facility determines patient flow and is also linked to the issue of privacy. Most of the facilities in public hospitals are rundown and privacy of patients, especially in the maternal labour wards, is not observed. Overcrowding and congestion, which increase the risk of infection are common features. The facilities also do not have either adequate basic equipment or most of the equipment available is non-functional. The necessary supplies such as protective clothing, cotton wool and surgical gloves are inadequate. Since women have special health needs in relation to reproduction, the health system should provide for essential first referral level services in relation to pregnancy, delivery, fertility and infertility. Also, there is need to improve rural health facilities so that the majority of women in rural areas could easily access their services.

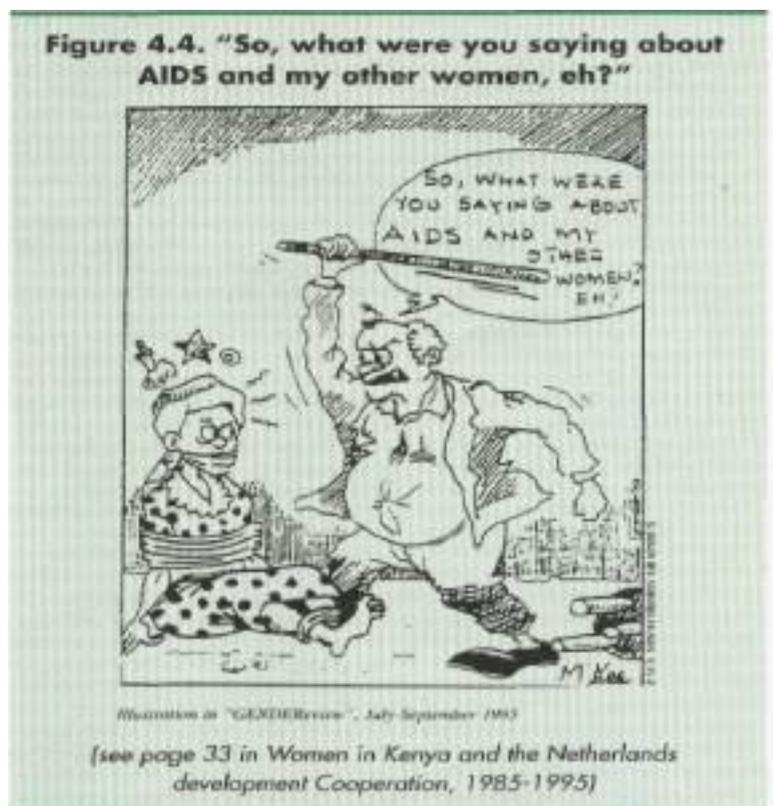
Recent studies have shown that women are the major users of health services. They are also the main providers and promoters of preventive and curative health care. However, they do not make optimal use of the existing health services. The factors contributing to this include the inadequate quality and quantity of services, increasing cost, long distance to the medical facilities, negative attitude of medical personnel, the need to obtain the husband's permission, and lack of time and heavy workload. Cultural factors and lack of knowledge on the availability and importance of the health services are also important factors (see also next Chapter for a discussion on other aspects of the health services).

2. Gender and HIV/AIDS

The incidence of HIV/AIDS in Kenya is on the increase. The number of people infected with HIV/AIDS rose from 629,313 in 1992 to 1.4 million in 1997, with the national prevalence rising from 3% to 9% during the period. The overall incidence of HIV/AIDS is largely uniform among men and women and across income classes. However, women account for

a majority of the reported HIV/AIDS cases in the 15 to 19 age group (77%) and the 20 to 29 age group (60%) although they are only 47% of the overall number of reported cases. The impact of the pandemic on women, particularly poor women, and children is devastating. Infected women transmit the disease to their offspring in childbirth. In 1997, the reported HIV/AIDS cases for the 0 to 4 age group accounted for 7% of the total (see next Chapter for a discussion on other aspects of HIV/AIDS in Kenya).

The prevailing socio-economic and cultural conditions put women at greater risk than men. The subordinate position of women and the lack of communication and discussion on sexuality within the family and with health staff make women more vulnerable. Anecdotal evidence indicates that rural women hesitate to use condoms because they may be accused of being HIV/AIDS positive and branded as promiscuous. At the same time, women cannot protect themselves from contracting the disease from promiscuous husbands because of fear of violence against them (see Figure 4.4). The campaign to arrest the



spread of HIV/AIDS should pay particular attention to the vulnerable situation of women, their reproductive role in transmission of the disease and their special needs.

H. Conclusions

In an attempt to address issues that inhibit the pursuit of gender equity, the government, in collaboration with other development partners has instituted a number of initiatives. The Women's Bureau, a division in the Ministry of Home Affairs, National Heritage, Culture and Social Services, was established to co-ordinate the integration of gender concerns in development. In addition, several gender desks have been established in key ministries to ensure that gender becomes an integral part of all development activities. However, despite these efforts progress on gender mainstreaming is slow.

More efforts are needed to relax the stranglehold of traditions, customs and cultural practices on women, which impede the achievement of gender equity in all spheres of national life. Education, awareness raising, and enforcement of laws that forbid discrimination against girls and women are all impor-

tant in bringing about favourable changes in these traditions, customs and practices. Incorporation of gender concerns in the school curricula from the pre-primary and primary levels is necessary. Political and economic empowerment of women should be important thrusts. Increasing the access of women to education and health services is a must. It may be necessary to put in place affirmative actions/measures to remedy some of the more glaring inequities. Curbing violence against women should be of high priority. Men in positions of power and other opinion makers should set a positive example in their personal behaviour. At the same time, more women role models should be nurtured and involved in the education campaigns.

This also calls for strengthening the capacities of women's organisations and other civic groups to empower women and enable them to play a greater role in national development. They should include both advocacy and education groups as well as grassroots organisations that mobilise and implement development projects in such areas as civic education, social mobilisation, education, health, water, sanitation, and economic and political development.

Chapter V. Social Services For Human Development

The importance of basic social services - basic education/literacy, primary health care, safe water and sanitation and shelter - to human development is widely recognised. Access to social services in Kenya is determined increasingly by income and geographical location, with better health and education services being available to the non-poor compared to the poor, and some regions having higher agro-ecological potential receiving increased access to state resources. Some of the trends in the provision of education, health and other basic social services and their impact are discussed in the following sections.

A. Education

1. Introduction

Education plays an important role in human development through the process of empowering people to improve their wellbeing and to participate actively in nation building. Early on, Kenyans have recognised the importance of education in promoting human development and arrived at a consensus to give education a high priority in their development programmes. Investing in basic education greatly contributes to overall economic and social development through higher labour productivity, improved nutritional status, and enhanced partnerships in national development. Moreover, mainstreaming of gender in education in general and girls and women's education in particular is the most positive investment that Kenya can make for its future development.

The main pillars of the national education policy are:

- every Kenyan child, irrespective of their socio-economic status, has a right to ac-

cess basic welfare provisions including education; and

- the Government is obliged to give a chance to all Kenyans to participate fully in the economic development of the country, and to achieve a decent standard of living. Education and training are, therefore, fundamental to human development and crucial for the enhancement of the quality of life of Kenyans.

In an effort to improve the quality of education and training, the Government has had five national educational commissions since 1963, and is currently undertaking further reforms. The two complementary goals of the current reform process are to improve the quality and internal efficiency of the education system at all levels. Before the current commission started its work the Government had just completed a *Master Plan for Education and Training to the year 2010*, which addresses some of the critical issues in education. The process of formulating the Master Plan was adequately consultative. The current *Educational Commission* also involves all groups of Kenyans. The two processes should enable Kenya to avoid some of the past mistakes in educational reforms. In the process of the review, special attention should be paid to relevance, access, affordability, and gender disparity aspects. The management of institutions and resources should, also, receive adequate attention.

Kenya adopted the 8-4-4 system (i.e. 8 years of primary school, 4 years of secondary school and 4 years of college) in the mid-1980s. Four broad categories constitute the formal education system in Kenya. These are (i) early childhood education, (ii) primary education,

(iii) secondary education, and (iv) tertiary education. A number of other education programmes have been designed to cater to the needs of specific groups including out-of-school children, youth, adults and the handicapped. The progress and problems in these areas are discussed in the following.

2. Early Childhood Education

Early childhood education (ECE) caters for children under five years old who form 20% of Kenya's population. ECE aims to assist children acquire basic skills and knowledge in numeracy, literacy, and expression of ideas in words, pictures, and through visual presentations. Although it is not a Government policy to have all children pass through ECE institutions in order to qualify for entrance into primary school, it is increasingly becoming a *de facto* requirement for Standard One admission. The number of ECE institutions has grown from 15,469 in 1989 to 23,344 in 1997.

Enrolment in this sub-sector increased by about 29% from 801,369 pupils in 1989 to 1,003,367 pupils in 1996. Girls and boys formed 48.9% and 51.1% respectively. Although there is low gender disparity at this level, there are major regional disparities with ASAL areas and urban slums recording very low participation rates for both sexes that are well below the national average of 35%. This is partly because parents have to shoulder a large share of the costs of ECE and the traditions and cultural values as well as the nomadic nature of the livelihoods in ASAL areas are not conducive to ECE. As a result, ECE has been largely accessible and affordable to children from non-poor families. The number of ECE teachers has grown significantly to reach 36,129 in 1997 with a pupil-teacher ratio of 31:1. However, about 65% of ECE teachers are untrained and there are large disparities between the different types of schools and regions. In addition, there is a shortage of learning materials, qualified teachers and physical facilities in many schools.

Following the rapid expansion of ECE, the Government has established a National Centre for Early Childhood Education (NACECE) to co-ordinate curriculum development and teacher education for ECE personnel, research, evaluation, inspection, and to mobilise local communities to support and participate in early childhood development programmes. Centres for ECE have also been established at the district level to co-ordinate the activities.

The *Master Plan for Education and Training to the year 2010* has laid down policy guidelines and strategies that will enhance access and participation, quality and relevance, as well as management and financing of ECE. The objective is to improve the quality of life of and cognitive and social skills of children from birth to five years. It is hoped that the current efforts will ensure harmonisation and expansion of training programmes for teachers, trainers, and caregivers, and encourage close linkages between pre-primary and primary schools. This is to be pursued through in-service training of lower primary teachers on ECE and strengthening the management of ECE programmes from community to national levels. The issues of access and affordability of ECE to children from poor households and those in disadvantaged areas need greater attention.

3. Primary Education

Recent studies indicate that investments in primary education in developing countries yield higher social returns than those in any other level of education. The study results show social returns of 26% for primary, 17% for secondary and 13% for higher education. In countries where real rates of return on industrial and infrastructure projects are modest, the returns from investment in primary schooling appear to be highly attractive. In countries where a large part of the working population depends on farming, and where rates of illiteracy are high, primary schooling provides an investment opportunity that de-

serves priority attention on economic grounds. Recognising the benefits of primary education, the Government abolished direct fees for the entire primary cycle between 1974 and 1978.

The gross enrolment rate in primary schools increased from 50% in 1963 to 95% in 1989. However, as indicated in Chapter IV, the gross enrolment rate has dropped to 77.5% in 1996. This puts the goal of universal primary education by the year 2000 in jeopardy. One of the factors contributing to this decline is the introduction of cost sharing in primary schools where the Government's contribution is limited largely to payment of teachers' salaries while parents have to provide for school uniforms, stationery, supplies and books and contribute, usually through *harambees*, to other school related costs such as construction and maintenance. The *Education Master Plan* and WM5 II show that the average expenditure on schooling (for all children and not per pupil) by all households at Ksh. 4,730 (with Ksh. 3,728 in rural areas and Ksh. 10,415 in urban areas). This is equivalent to more than four months' income for a poor rural household and seven months' income for a poor urban household. As a result, primary education has become increasingly unaffordable for children from poor households. The Government has been implementing some programmes such as free milk for primary school children and the school feeding programme, as well as boarding schools for children in the ASAL areas to assist children in disadvantaged areas.

The number of primary schools has increased from 14,691 in 1989 to 17,080 in 1997 and the number of primary teachers has also increased from 173,090 in 1991 to 186,590 in 1996. The Government devoted 60.2% of the education recurrent budget to the primary sub-sector, 97% of which was absorbed in teachers' salaries in 1996/97. Dropout rates have increased both for boys and girls with more girls dropping out in Standards 7 and 8 due to early marriages and pregnancies. The overall com-

pletion rate has increased from 43.6% for the 1981-88 cohort to 46.4% for the 1985-92 cohort, but it declined to 42.6% for the 1993-95 cohort. This indicates that more than half the students enrolled in Standard 1 never complete primary school. It is a phenomenal waste. It is paradoxical that the performance of the sector is on the decline although the resources in terms of number of schools and teachers has been increasing. Factors inhibiting the growth of the sub-sector include the high cost of education, crippling poverty, traditions and socio-cultural values, and early marriage and pregnancies (in the case of girls). The *Education Master Plan* focuses on some of the issues with its primary emphasis on improving the internal efficiency of the education system in the delivery of quality education. However, a detailed examination of the demand for and affordability of primary education, and educational achievement and impact is necessary. Also, urgent measures are needed to make primary education more accessible and affordable to children from poor families. The current *Education Commission* should expand its work to include a review of these aspects and recommend appropriate remedial measures to increase the enrolment rates and ensure higher completion rates.

Most school-age children in Kenya drop out after the primary level of education. Data from 1996 indicate that the transition rate from primary to secondary education is only about 45.2% (46% for boys and 44.3% for girls). Most of those who do not go to secondary schools end up in the labour market, youth polytechnics or in informal sector businesses. Given the high number of primary school leavers entering the labour market improvement of the quality of primary school education is urgently needed to enhance their contribution to national development.

4. Secondary Education

Secondary education facilitates middle and high-level human resource development. Demand for secondary education has led to

active participation of communities in financing and maintaining educational institutions. Since 1965, communities have been able to cost-share in providing secondary education through *harambees*. Thus, a recent classification of secondary schools indicates that about 60% are *harambee*, 14% Government-maintained (public) and the rest (20%) private.

In 1996, the secondary participation rate at the national level was a mere 26.5% with 24.5% for girls and 28.4% for boys. Access to secondary education has been constrained by the availability of places in secondary schools. For example, in 1996 at least 226,870 (or 56%) of the 420,238 candidates who sat for the *Kenya Certificate of Primary Education (KCPE)* missed Form One places. The reason for this was that even though Form One places increased by 2.2% from 189,187 in 1996 to 193,368 in 1997, the number of KCPE candidates rose by 5.1%. As a result, only 45% of the Standard Eight leavers joined Form One as compared to 47% in 1996. National schools admitted 1,564 students; provincial schools increased enrolment by 12.5% to 32,893 students; district schools marked a 2.6% drop in enrolment achieving a total of 135,742 students; while private schools admitted 23,169 students, which was a 3.9% rise compared to 1996. The number of places available for girls went up by only 10%. Most of those who join secondary schools do complete. The national average completion rate is 77.1%, with 76.2% for girls and 78.2% for boys.

There has been a rise in total secondary school enrolment from 629,100 in 1989 to 687,473 in 1997. Also, the number of secondary teachers increased from 35,097 in 1991 to 44,378 in 1997. However, the secondary participation rate has been declining over time, from 30.8% in 1989 to 26.5% in 1996. Some regions are faring poorly as compared to the low national averages. In addition, serious gender disparities are evident in several districts. The Government has set up the secondary school bursary scheme to help poor families, and established a ceiling on direct fees for secondary schools.

The basic factors behind the current problems include the high cost of secondary education, limited number of places in secondary schools, inadequate supply of teaching/learning materials, not enough qualified teachers, especially for mathematics, sciences and technical subjects, and lack of school management capabilities. Major issues of concern in the secondary education sub-sector include low and declining enrolment rates, declining quality of education, and limited relevance of the present curriculum to the world of work.

The current *Education Commission* is looking into some of the issues. However, more concerted efforts are necessary to address the declining trends in the sub-sector. There is need to raise the secondary school participation rates to above 50% in the next few years if Kenya's dream of acquiring a newly industrialised country (NIC) status by the year 2020 is to be realised.

5. Tertiary Education

Tertiary education encompasses teacher education, national polytechnics, technical training institutes, institutes of technology and other post-secondary sectoral training institutions, and university education. The current Government policy is to improve the quality of tertiary education both at middle level training institutions and universities.

a) Teacher Training

The current pupil-teacher ratios stand at 30:1 at the primary and 16:1 at the secondary levels. These are low as compared to those in neighbouring countries. The Ministry of Education feels that there are enough teachers to provide quality education. However, a major problem is in the distribution of teachers throughout the country, with most teachers, mostly female, being urban-based.

The teaching profession has been the largest and the fastest growing employment sector in Kenya's economy. The profession, with

around 231,000 teachers in service in 1997, accounts for about 45% of public sector employment. Teachers' salaries consume the largest proportion of MOE's recurrent expenditure and the largest share of all Government salaries and allowances. Given the mounting financial constraints the country faces, the Government is finding the burden of teacher's salaries increasingly hard to cope with. This, coupled with the increasing levels of poverty will continue to pose a serious challenge to the national education system in Kenya.

b) Technical and Vocational Education

With the introduction of the 8-4-4 system of education, the Government introduced technical and vocational components in the formal school system. The rapid expansion of the labour force and the growing importance of the *Jua Kali* (informal) sector in the national economy have brought about a growing demand for technical and vocational education (TVE). This demand has led to the mushrooming of technical and vocational training institutions, many of which lack enough qualified staff and adequate training facilities. The Ministry of Research and Technology (MRT) has been mandated to co-ordinate and harmonise all TVE and industrial training functions as well as *Jua Kali* programmes.

There are about 600 youth polytechnics, 17 institutes of technology, 20 technical training institutes, four national polytechnics and one technical teachers training college. However, even with the expansion of training facilities, a wide gap exists between available facilities and the demand for quality skills training. The problem is compounded by the rising costs of skills training, which puts it out of reach for many poor families. Consequently many of the people entering the job market are trained on-the-job, most of the time, by trainers who have no formal skills training.

As indicated in the Eighth National Development Plan, Kenya's skills training regime at

the post-secondary level shows signs of a mismatch between the supply of trained labour from the skills training institutions and the demand for the skills from the industrial sector. This mismatch manifests itself in unemployed graduates from the education institutions co-existing alongside serious shortages of certain skills in industry. Skills shortage is obvious in textiles, building and construction and in the food processing sub-sectors. The skills training imparted by the TVE system also appears to be weak as graduates from training institutions often cannot compete with those trained on-the-job in the informal sector. This was one of the concerns raised in the *Education Master Plan*.

c) University Education

The demand for university education has risen rapidly due to the ever-growing numbers of students completing secondary schools. The high demand for university places has been compounded by the constant closures of public universities, leading to a serious backlog in admissions. The long waiting periods between the time one finishes secondary school and admission into university create many social problems and frustrations especially for girls.

In order to expand opportunities for those seeking university education, the Government invested heavily in the expansion of public universities. There are five fully-fledged public universities and one constituent college. The total enrolment in these institutions has fluctuated around 40,000 through out the 1990s. There are also 12 private universities operating in Kenya with a total enrolment of 3,379 students. The stagnation in university enrolment is likely to continue due to rising poverty, which has made university education unaffordable for many middle and low-income families.

The critical and urgent issues in tertiary education are relevance, access, gender disparities and financing. While examination of the

relevance aspects will require a longer time for consultations between the industries and the universities issues of affordability including financing and gender disparities need immediate action. On financing there is need for more clarity on cost sharing. This in turn calls for agreement between all stakeholders on what it costs to produce a graduate in the various degree programmes and who meets what portion of the costs.

In an attempt to assist candidates from middle and low-income families to access university education the Higher Education Loans Board (HELB) has been setup to provide loans for those who could not afford to raise money for fees. Unfortunately the amount of money given to HELB is too small to meet the needs of those seeking help. In addition, HELB only gives loans to those admitted into public universities thus leaving out many deserving candidates admitted to private universities and other tertiary institutions. As a result, HELB has not and may not be able to assist some of the most desperate cases especially from those wishing to join skills training programmes in middle level colleges such as National Polytechnics.

6. Other Education Programmes

To meet the needs of special groups the Government has designed education programmes to target specific groups of Kenyans. These include programmes for out-of-school children, adult and continuing education, youth polytechnics programme for youths in search of marketable skills, other non-formal education programmes, and special schools for the handicapped. Adult and continuing education remains the weakest sub-sector in the entire education system. This arises from the fact that there is a lack of effective co-ordination between literacy, post-literacy and continuing education programmes. Also, high unit costs and low effectiveness are important factors.

In addition to the literacy programmes that fall under the Ministry of Home Affairs, National Heritage, Culture and Social Services, there are several other adult and continuing education programmes. These include the Youth Polytechnics programme under MRT, the many informal schools established by NGOs especially in urban areas such as in the Mukuru slums in Nairobi. The MOE has established a non-formal education desk to coordinate and strengthen the non-formal education (NFE) activities in the country.

7. Financing Education

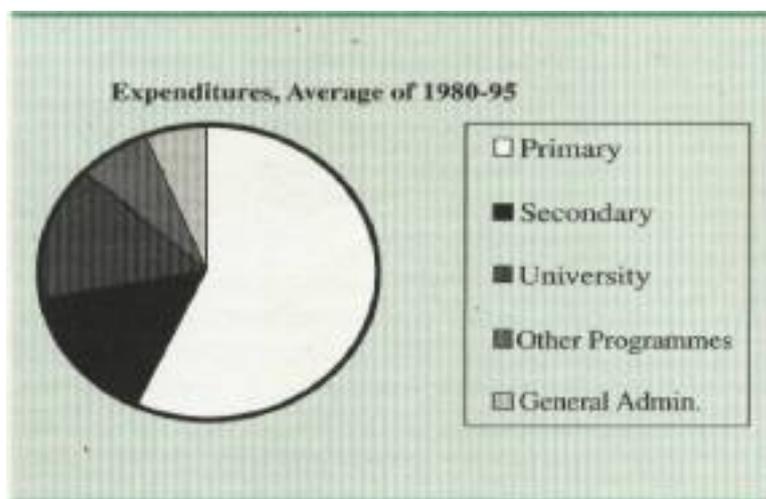
Since independence, the development of education and training has been financed under a partnership that allowed for cost sharing between the Government, parents and the communities, non-governmental organisations (NGOs), the private sector and donors. In this partnership, the Government is responsible for policy and curriculum development, administration and supervision of education and training institutions, paying teachers' salaries in public schools, managing national examinations, and initiating and managing special schemes. Parents and local communities are responsible for establishing physical infrastructure, while parents provide teaching and learning materials and other direct and indirect costs. Historically, physical infrastructure is built through the *harambees*, with parents contributing most of the resources. However, due to growing poverty, many parents are increasingly unable to meet their share of the direct costs of education. The result is that communities are called upon to contribute towards the purchase of books for local public schools and to pay fees for children of the poor, especially in secondary schools and universities.

Government expenditure on education accounted for about 6.9% of GDP, with the Ministry of Education and Human Resources Development (MOE) taking 95.6% of the to-

tal expenditure.²¹ The distribution of expenditure by different levels and activities is presented in Chart 5.1. Primary education received the largest share (average for 1980-95) while secondary and university education received equal but smaller shares. Several other ministries, for instance the Ministry of Research and Technology (MRT) and the Ministry of Home Affairs, National Heritage, Culture and Social Services (MHCSS) have educational programmes within their mandates. A close scrutiny of the MOE's recurrent budget reveals that over 90% went into teachers' salaries. This high level of expenditure on salaries inhibits the provision of adequate learning materials and operation and maintenance of equipment-

Government expenditures on education declined from 20% of the total budget to 14% in 1993. Compared to other developing countries in the region Kenya seems to be allocating an adequate share of national resources to education. Kenya's expenditure as a proportion of GNP as well as Government budget exceeds the average of comparable ratios for most other English speaking sub-Saharan African countries. However, Kenya devotes a high proportion of the expenditure on schooling with the lion's share going to teachers' salaries. As a result, the impact of the expenditures is less than that achieved in other countries in the region.

While the past financing modalities have worked to some degree, it is becoming increasingly obvious that something has to be done to establish more effective means of mitigating the negative effects of increasing poverty. Without a comprehensive mechanism for addressing the needs of children from poor families, many school-age children will be unable to access education.



8. Conclusions

That the Government recognises education as the vehicle towards achieving national development goals is evident. This emerges from the fact that education in Kenya has developed rapidly since independence, and that the growth of qualified human capital has been impressive. This achievement can be attributed to the existing partnerships between all stakeholders (Government, parents and communities, private sector, NGOs and other civil society organisations and donors) in initiating, financing, establishing and monitoring the development of education at all levels.

Despite the successes achieved, the national education system faces major constraints and challenges. The downward trend in primary and secondary participation and completion rates are alarming. The adverse impact of cost sharing arrangements on the access to education for children from poor families, especially for girls, is of serious concern. The Government, through the MOE, is looking for a long-term strategy to address some of the challenges facing the education sector through

²¹The rest is allocated among the Ministries of Research and Technology and Home Affairs, National Heritage, Culture and Social Services.

the recently concluded *Master Plan for Education and Training to the year 2010* and the ongoing work of the *Education Commission* to review the education system. The Master Plan takes into account a number of the problems highlighted above. However, as we enter the new millennium, the challenges facing the education sector in general and poor girls and boys in particular need more serious attention. The critical issues include efficient and effective use of available resources and exploring avenues to increase the allocations to basic education (primary education and literacy). At the same time, improvements in the quality and reach of services and achieving gender parity should receive priority. More concerted efforts are needed to reach the goal of universal primary education by at least 2010.

B. Health

1, Overview of Health Policy

Good health constitutes the physical, mental and social wellbeing of people. Its achievement is critical in enhancing human development. A sound health care delivery system, good nutritional status, food security and the absence of epidemic diseases, are the conditions that produce healthy people capable of participating in a country's economic, social and political development. Furthermore, all human beings have the right to the highest attainable standard of physical, mental and social wellbeing.

Kenya recognises that good health is a prerequisite to the socio-economic development of the country. Therefore, policies and strategies are aimed at reducing the incidence of disease and improving the health status of Kenyans as indicated by increases in life expectancy, reduction in mortality rates and improvement in the nutritional wellbeing of the general population and of children in particular.

The *1994 Health Policy Framework* identified the problems of the health sector as inadequate

funding, under-staffing, lack of supplies and poor management. To address these problems, the health delivery system is being restructured and the service delivery points decentralised with emphasis on preventive and promotive health care services. There is also a shift in the financing of curative services through cost sharing.

2. Life Expectancy, Mortality and Morbidity

Life expectancy, infant, child and maternal mortality and morbidity rates are basic indicators of a country's health and socio-economic situation and quality of life. Rates of childhood mortality will also vary over-time in relation to changes in epidemiological risks (exposure to disease), nutritional deficiencies (susceptibility to disease and death), and the extent to which a country's health and social services sectors prevent and mitigate these threats to health and survival.

a) Life Expectancy at Birth

Life expectancy at birth for males increased from 46.9 years in 1969 to 52 years during the 1969-79 decade and to 57.5 years during 1979-89. Expectation of life at birth for females increased from 51.2 years in 1969 to 55.1 years during the 1969-79 decade and to 61.4 years during 1979-89. The national average (for men and women) life expectancy was 59.5 years in 1989. The underlying factors leading to increased life expectancy include improvements in the health care system, reduced rates of mortality, increased earnings and higher levels of education. Significant variations in life expectancy across districts is evident. All districts in Coast (except Taita Taveta), North Eastern, Nyanza and Western (except Bungoma) provinces had life expectancies below the national average. The highest life expectancy recorded during 1989 was 69.8 years in Nyandarua District while Turkana district recorded the lowest life expectancy of 44.7 years. However there has been a rapid rise in the rate of adult deaths, especially young and

middle aged Kenyans since AIDS became one of the major causes of death. This may significantly reduce life expectancy in the coming years. In fact, the crude death rate, which declined from 17 per 1,000 population in 1960 to 10 in 1992 has begun to rise reaching 12 per 1,000 population in 1995 (see Table 5.1)

b) Infant, Child and Maternal Mortality

Data on infant, child and maternal mortality and crude death rates are presented in Table 5.1 and illustrated in Chart 5.2. The infant mortality rate (IMR) dropped from 119 per 1,000 live births in 1960 to 51 in 1992, while under-five mortality rate (U5MR) declined from 202 per 1,000 births in 1960 to 74 in 1992. However, both rates increased significantly thereafter reaching 74 and 112 deaths per 1,000 live births for IMR and U5MR respectively (see below for a discussion of causes). At the regional level, infant mortality was found to be highest in Nyanza Province. In 1989, for example Siaya and South Nyanza districts had IMR of 135 and 137 per 1,000 live births respectively. The IMR was lowest in Central Province, where Nyeri and Nyandarua dis-

tricts had IMR of 21 and 25 per 1,000 live births respectively. This translates into a ratio of one death in Nyeri to about six in Siaya and South Nyanza. Children in rural areas experience a 21 % higher risk of dying before age five than their urban counterparts. This is attributed to greater concentration of health facilities (70%) in urban centres as compared to rural areas and higher education among mothers in urban areas. Mothers with primary education only had higher infant and child mortality rates compared to those with secondary education and above.

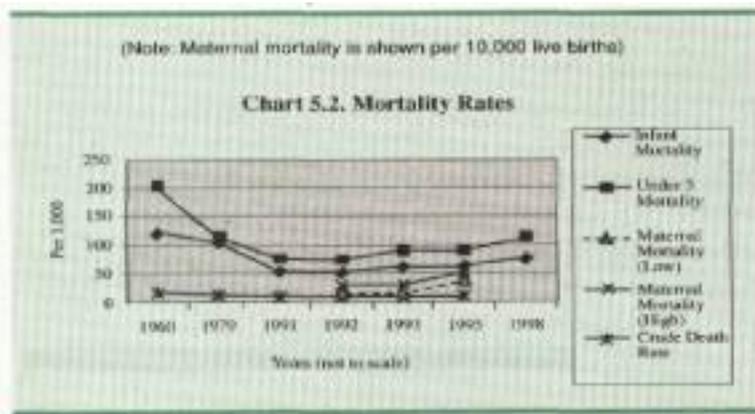
Maternal mortality poses a major threat to women of reproductive age in Kenya. Data on maternal mortality are scanty. It was estimated to range between 150 and 300 deaths per 100,000 births in 1992. The 1994 Baseline Survey by the Population Studies and Research Institute (PSKI) of the University of Nairobi estimated the maternal mortality rate at between 365 and 498 deaths per 100,000 births. This is a significant increase within a very short period. It was also found that there were geographical variations, which showed that Kwale had 2,221, South Nyanza 1,072 and

Table 5.1. Mortality Rates in Kenya, 1960-98

Indicator	1960	1979	1991	1992	1993	1995 1998
Infant mortality rate (per 1,000 live births)	119	104	52	51	60	61 74
Under 5 mortality rate (per 1,000 live births)	202	112	75	74	90	90 112
Maternal mortality rate (per 100,000 live births)	-	-	-	150-300	150-300	365-498 -
Crude death rate (per 1,000 population)	17	14	11	10	10	12 -

Source: 1989 Census Analytical Report, Vol. V - Baseline Survey Report, and 1998 KDHS Report.
(-) Data not available.

(Note: Maternal mortality is shown per 10,000 live births)



Busia 1,002 deaths per 100,000 births; which contrast sharply with the exceptionally low rates of 18 deaths in Nyeri and 137 in Embu. The Baseline survey also indicated that 47% of maternal deaths occur in hospitals. The percentage distribution of maternal deaths by cause were: abortion and related complications 4%, direct obstetric deaths 47%, indirect obstetric 25%, and others 24%.

In general, earlier reductions in mortality rates were due in part to health policies and programmes which focused on improvement of rural health services and adoption of primary health care (PHC) as a strategy of health for all. Secondly, reduction in IMR and U5MR is attributed to increases in child immunisation coverage. For the latter, community efforts were backed by various national programmes targeting children and mothers. These include the *Kenya Expanded Programme on Immunisation (KEPI)*, *Control of Diarrhoea Diseases*, *Traditional Birth Attendants (TBAs) training programme*, *Maternal and Child Health/Family Planning services* and improved nutrition.

The positive achievements in reducing mortality rates between 1960 and 1992 appear to have been reversed thereafter. This is confirmed by the 1998 Kenya Demographic Health Survey (KDHS) report which shows that the IMR has gone up from 51 in 1992 to 74 in 1998 per 1,000 live births. The U5MR has shot up from 74 in 1992 to 90 in 1995 and 112 in 1998 (Table 5.2). This is alarming as a significant portion of the gains made during

the first 25 years of independence were rapidly eroded in just six years. The underlying factors include a deterioration in the quality and quantity of health services and their reduced access to the poor following the introduction of fees, an overall decline in food availability and nutrition, decrease in immunisation coverage, increased incidence of HIV/AIDS and increasing poverty. Immunisation coverage has declined from 79% in 1993 to 60% in 1998. Nyanza Province with the highest IMR also has the lowest immunisation coverage of 40% as compared to Central Province with 65-70% coverage. These issues require urgent attention and concerted efforts to reverse these negative trends.

c) Morbidity

The major causes of morbidity and hospitalisation in Kenya have not changed over the past two decades. Malaria and acute respiratory infection account for almost half of the reported visits to outpatient facilities. Other diseases are skin infections, intestinal worms and diarrhoeal diseases. The five leading causes combined accounted for more than two-thirds of all cases reported. About 20% of all reported inpatient deaths are due to malaria, which is more prevalent around the Lake Victoria Basin and Coastal areas. Pneumonia is common in high altitude areas with high rainfall and low temperatures especially in the Rift Valley highlands and Central Province. The prevalence rates of diseases could be reduced substantially if appropriate public health measures are implemented at the grassroots level. Resources should therefore be directed towards safe motherhood programmes, control of infectious diseases especially malaria, diarrhoea, respiratory infections, HIV/AIDS and maternal antenatal care (ANC) and child health programmes.

d) Childhood Diseases

Malaria, acute respiratory infection, diarrhoea, and measles are the leading childhood diseases. In actual numbers, malaria cases

number more in the high prevalence areas, but the more virulent and dangerous forms of malaria, which strike sporadically and lead to numerous deaths occur in the highland areas. Malaria accounts for over 40% of all causes of illness. Provinces with high malaria prevalence among children include Nyanza, Coast and Western.

The second leading cause of childhood morbidity in Kenya is acute respiratory infection (ARI), which accounted for 30.2% of total morbidity during 1996. Though ARI affects people of all ages, children under-five are most vulnerable. ARI is more prevalent in the highlands, dry areas and densely populated urban slums. Diarrhoea and vomiting rank third among diseases affecting the under-five population, accounting for 13.3% of all causes of total morbidity in this group in 1994. Poor environmental conditions and unsafe water may have contributed to increased incidence of diseases. Through the *Kenya Expanded Programme on Immunisation*, the Ministry of Health in collaboration with UNICEF and NGOs, has improved immunisation coverage such that measles, which at one time was a major cause of death among children under-five, has decreased drastically. By 1996, illness from measles accounted for 1.7% of total childhood diseases. The impact of the HIV/AIDS pandemic on children is discussed in the following sub-section.

3. HIV/AIDS in Kenya

The onset of HIV/AIDS has had profound negative effects on the health of the population and the social and economic gains that Kenya had achieved over the years. AIDS was first reported in Kenya in 1984. Since then, the disease has grown into a pandemic of devastating magnitude. Estimates show that the number of Kenyans infected with HIV/AIDS rose from about 629,313 people in 1992 to 14 million in 1997, with the national prevalence rate increasing from 3.1% to 9% during the period (see Table 5.2). While the HIV/AIDS prevalence rate in urban areas appears to have

stabilised at about 12% since 1994, it has doubled since 1992 in rural areas and by 1997 it was around 8%. It is estimated that there are about 326,000 HIV-infected adults in urban areas and over one million HIV-infected adults in the rural areas.

By June 1998, about 80,000 cases of full-blown AIDS have been reported, which may be a fraction of the actual number of cases due to misdiagnosis and under-reporting (see Table 5.3). It is mostly adults in the economically productive age groups who are infected with HIV/AIDS. As a result, the number of HIV/AIDS orphans - HIV-negative children who lost both parents to the pandemic while still under age 15 - is growing. Also, the incidence of HIV/AIDS among children is increasing. Children with AIDS in the age group 0-4 accounted for more than 7% of all reported AIDS cases in 1997. The pandemic increases child mortality directly through the death of those infected and indirectly through impoverishment of AIDS orphans and affected families who cannot meet their basic needs. As infant and child mortality is directly related to maternal mortality, HIV-related mortality of mothers is an important factor in the rising rate of child mortality in Kenya. With the increase in HIV/AIDS, it is projected that U5MR will rise further from 112 per 1,000 live births in 1998 to 120-125 by the year 2005.

The data also indicate that AIDS prevalence has been high and continues to grow in Western Kenya especially in areas immediately north and south of Lake Victoria and along the road corridor to Nairobi. Nyanza Province accounted for 29% of the total reported AIDS cases in the country. Poverty seems to increase the incidence of the epidemic and the epidemic intensifies poverty.

The negative impact of the pandemic is devastating to those infected and their families. It is also catastrophic to the communities and the economy of the country. AIDS deaths result in reduced household incomes, which eventually lead to reduction of access to ba-

Table 5.2. HIV/AIDS Prevalence in Kenya

Item	1992	1993	1994	1995	1996	1997
National HIV Prevalence (%)	4.7	5.3	6.7	7.5	8.0	9.0
No. of HIV positive adults	588,879	678,524	890,723	1,031,627	1,134,567	1,415,000
Urban HIV positive (%)	8.5	10.5	12.7	13.2	12.2	12.4
No. of HIV infected adults in urban areas	176,492	229,128	290,262	317,131	305,897	326,000
HIV prevalence in rural areas (%)	4.0	4.2	5.5	6.3	7.1	8.3
No. of HIV infected adults in rural areas	412,386	449,396	600,461	714,496	828,670	1,089,000
Total number of HIV positive children under 15 years	40,440	46,597	61,169	70,845	77,915	91,000
Total population with HIV	629,319	725,121	951,892	1,102,473	1,212,482	1,506,000

Source: NASCOP, 1998

sic needs such as health care, schooling, food, clothing and shelter for the remaining members of the household. It is also evident that most women are infected with HIV/AIDS by the age of 15 years, peaking at 20-29 years, while men are infected from ages 20-29 years and peak between 30 and 49 years. The loss of young men and women in their produc-

tive ages through AIDS-related death reduces the labour force and affects agricultural and industrial progress. Most AIDS deaths occur at the age range 29 to 39, which is the age when an employee is expected to be most productive. In addition, HIV/AIDS increases labour costs in the work place because of absenteeism and increased health care expenditure.

In the health sector, it is estimated that by the year 2000, AIDS patients will occupy 50% of all hospital beds. This will increase the public health budget for HIV/AIDS treatment and probably reduce the resources available for other health expenditures. It calls for urgent action to mobilise different stakeholders to help tackle not only the preventive aspects but also the amelioration of the impact on victims, families and communities. Recognising the gravity of the problem, the Government prepared and adopted a national policy on AIDS in *Sessional Paper No. 4 of 1997 on AIDS in Kenya*. Full implementation of the plan and programmes in the *Sessional Paper* in partnerships with all stakeholders including donors should receive the highest priority.

Table 5.3. HIV/AIDS Cases by Age and Gender

AGE	Female (%)	Male (%)	Total Number
0 - 4	44	58	5,380
5 - 14	48	52	736
15 - 19	77	23	2,565
20 - 29	60	40	2,033
30 - 39	40	60	2,590
40 - 49	29	71	8,025
50 - 59	24	76	2,217
60+	25	75	644
Unspecified	46	54	13,584
Total	47	53	76,744

Source: NASCOP/MOH, 1997

4. Health Sector Infrastructure

At independence, Kenya inherited a three-tier health system in which central government provided services at district, provincial and national levels; missionaries provided health services at sub-district levels; and local government provided services in urban areas. This system operated until 1970, when the government established a system of comprehensive rural health services in which the health centre became the crucial point from which preventive, promotive and limited curative services are delivered. Today, alongside government services, missionaries and NGOs provide health services at delivery points that range from dispensaries to hospitals. The government's health care delivery system is pyramidal, with the national referral facilities at the Kenyatta National Hospital and the Eldoret Teaching Hospital forming the peak, followed by provincial, district and sub-district hospitals, with health centres and dispensaries at the base.

a) Health Facilities

In 1998, Kenya's health sector infrastructure had 4,303 facilities of which 51% were administered by the Government and 49% by the private sector including NGOs. Of these facilities, hospitals constitute 5%, health centres 17%, dispensaries 59%, clinics 11%, and others including nursing homes and medical training colleges 8%. At the provincial level, more than 50% of the health facilities in Nairobi and Eastern and Nyanza Provinces are administered by the private sector including NGOs. The facilities are unevenly distributed within the districts with some districts having a good number of dispensaries but inadequate health centres and hospitals. This has resulted in the congestion of provincial and district hospitals because of a lack of essential basic services in health facilities at lower levels. Utilisation of services in the North Eastern, Coast, Rift Valley and Eastern Provinces was affected by the long distances and/or the high transport costs to reach the health

facilities. According to national estimates, there were 15 health facilities per every 100,000 Kenyans in 1998. However, there are significant variations across provinces with the Western Province having only 8 facilities per 100,000 people.

b) Hospital Beds and Cots

The number of beds and cots in health facilities increased fourfold from 11,344 in 1963 to 50,792 in 1994. While the majority of health sector facilities are health centres, they contain only 16% of the beds and cots available. Most of the beds (65%) are in hospitals, with 16% in health centres and 17% in nursing and maternity homes. Overall, Kenya has approximately two beds and 1.3 hospital cots per 1,000 residents, with large disparities between urban and rural areas. Nearly half of the beds and cots (45%) are in urban centres and dispensaries. Although the proportion of beds in the North East (at 3%) and Coast (at 8%) Provinces appear to be low (as compared to those for other Provinces), the number of beds per 10,000 population is close to or above the national average in the two Provinces.

The government manages more than one-half of all beds and cots in the country while the remainder are distributed between the private sector and NGOs. Whereas health facilities are equipped with a reasonable number of beds and cots, the condition of the beds and bedding, especially in government-owned health facilities, is unsatisfactory. In most public hospitals where bed occupancy is high the number of beds and cots is inadequate and patients share beds,

c) Health Sector Personnel

In 1965, Kenya had 710 doctors, 26 dentists and 148 pharmacists. This is equivalent to a ratio of 7.8 doctors, 0.3 dentists and 1.6 pharmacists for every 100,000 people. By 1996, there were 3,855 doctors, 655 dentists and 1,357 pharmacists. This reflects an improvement in the ratio to 14.7 doctors, 2.6 dentists, and 5.2

pharmacists per 100,000 persons. Poor remuneration and low morale in the civil service seem to force doctors to seek better opportunities elsewhere. The situation is of concern as most government facilities in the rural areas face an acute shortage of doctors and middle-level personnel. The estimates show that there is only one doctor for every 33,000 rural residents as compared to one for every 1,500 to 2,000 urban residents.

The 1994 survey on health personnel showed that 56% of health sector personnel worked in urban areas. The distribution of health personnel by province indicates that one-quarter of health personnel are employed in Nairobi. This is attributed to the large number of major hospitals such as the Kenyatta National Hospital, Aga Khan Hospital, Nairobi Hospital and Mater Misericordiae Hospital. Western and Coast provinces have higher concentrations of health personnel in urban centres (63% and 52% respectively). This implies that communities living further from urban centres have limited access to health services. Overall, there is an imbalance in the distribution of health personnel with inadequate numbers in the provincial, district and sub-district hospitals. The distribution of medical personnel by gender shows that there are fewer women doctors than men and nursing staff are predominantly female while technical staff in service departments such as laboratory and radiology are predominantly male.

5. Utilisation of Services

Dispensaries and health centres are the first contact facilities for people seeking medical care. Hospitals also serve as primary care institutions for many in their respective catchment areas. About 16% of those who need health services in rural Kenya use the public hospitals, 25% use public health centres and dispensaries, 26% use traditional or self-administered treatments and 15% cannot afford care and therefore do not seek it. The rural poor rarely use hospitals and depend largely on health centres, dispensaries and mission

facilities. Analysis of access to the different categories of health facilities indicate that utilisation of services is affected by three factors: (i) the absolute access to service which is determined by the distance travelled or cost incurred to reach the service facility; (ii) the relative access to service due to the crowding and therefore waiting time at the service delivery point; and (iii) the availability of a medical service that is essential at any given level. Also, introduction of user fees in the late 1980s has put additional burden on the poor putting the services beyond their reach.

In general the level of utilisation of various health facilities varies significantly with some district hospitals being overcrowded while others are under-utilised as a result of lack of essential services. Most of the hospitals are burdened by patients with illnesses that can be treated at the health centre level. There is therefore need for improvement of basic service delivery at the lower level of health facilities through the provision of adequate supplies and health personnel. This calls for rationalisation of service delivery by the provision of a basic minimum package of health care at every level.

6. Health Care Financing

Health services and programmes in Kenya are financed from three main sources: the government through the exchequer both directly to the Ministry of Health (MOH) and indirectly to other sectors with health-related functions (for example, the National Council for Population and Development and the Ministries of Water and Home Affairs, National Heritage, Culture and Social Services), donors who fund MOH programmes, the private sector and NGOs. The proportion of their contribution is shown in Table 5.4. It is estimated that Government financing of health expenditures are about 60% of what is required to provide minimum health services. This implies that health care delivery in Kenya is under-funded, a fact which is accentuated by the inefficiency of the sys-

Table 5.4. Sources of Financial Contributions to Various Types of Health Services (%)

Category of Financier Type/Level of Service	Government	Private (individual) spending	Donors	Total
Community Services	4.1	2.9	0.6	7.7
Preventive Programmes	8.1	5.4	6.6	20.2
Curative Health Care	40.2	8.1	23.9	72.1
Total	52.4	16.4	31.1	100

Source: MOH Reports

tern including the lack of cost-effectiveness in service delivery.

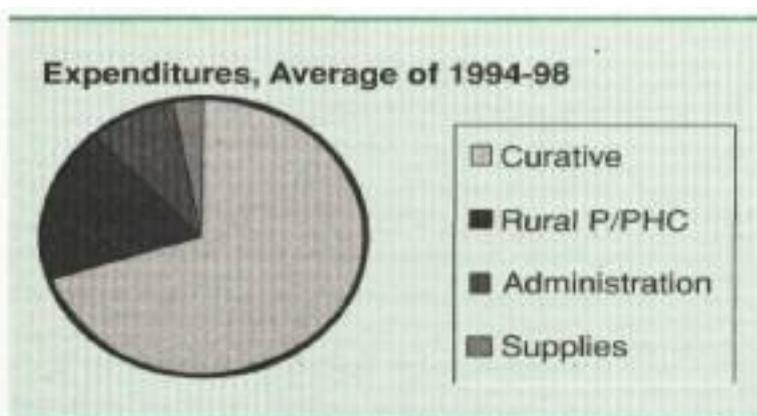
The 1998/99 printed budget estimates indicate that the recurrent expenditure on-health is wholly financed by the Government although there are some donors who provide drugs through development votes. The spending pattern for the recurrent budget is illustrated in Chart 5.3.

Private and mission health facilities and public hospitals are important sources of health services for the non-poor in Kenya, while health centres in rural areas and urban slums are the mainstay for poor patients. Therefore, improvements in rural and basic urban health facilities would be more beneficial to the poor. However, analysis of the recurrent budget for health indicates that about 70% of the resources go to curative services (mainly hospitals) while only about 18% go to promotive and preventive health care (P/PHC) including rural health centres. Out of the amount allocated to P/PHC, about 80% of the expenditure is estimated to go to personnel which indicates that very little is left for running costs. The impact of this pattern of funding manifests in poor quality of services and frequent shortages of essential inputs (including drugs) to health delivery. Failure to adequately fund preventive and promotive services such as immunisation, maternal and child health (MCH), vector control, water and sanitation, and health education in a sustainable

manner implies that the existing facilities will continue to be burdened with illnesses that could have been averted.

The development vote constitutes about 40% of the MOH budget and is mainly donor funded (92% in 1998). There is however no consistent pattern in total spending as donor funding often fluctuates. However, the expenditures in the development budget are weighed towards rural preventive and promotive health care, which accounted, on average, for about 60% of the total during the past five years.

Increasingly, patients are expected to pay for health services. In December 1989, cost sharing in health services was introduced as part of a comprehensive health financing strategy. However, during September 1990, outpatient user fees were suspended because of concern over declining utilisation of health services



to public hospitals. In 1991, with the *USAID-funded Health Care Financing Project*, cost sharing was reintroduced with a system to strengthen fee collection and management. Cost sharing has, since then, been implemented in hospitals and health centres. Total cost-sharing funds collected in 1998 accounted for approximately 18% of the non-personnel recurrent budget (or less than 5% at total) and are expected to rise to over 30% in the next five years. However, the fee rates seem regressive with health centre users (often the rural poor) paying 20% toward their care while hospital patients (the majority of whom are non-poor) pay only 7.6% of the cost of care.

In order to improve the allocative efficiency of health sector resources, the *Kenya Health Policy Framework* advocates a shift towards increasing financial resources to community programmes and preventive measures which are more cost effective in reducing disease incidence and burden. Although the process of the shift is slow from the Government side, donor funding under the development vote has been shifted to promotive and preventive health services. However, the volume of resources allocated by the Government is only 60% the requirements. The proposals in the *Health Sector Reform Programme* to decentralise resource mobilisation and decision-making for health care delivery to the district level is commendable. However, there is a real risk that poor districts and poor people would suffer even further due to reduction in and reduced access to services because of the inability to mobilise resources to finance the health facilities.

7. Food Security

Over the past decade, the incidence and intensity of hunger and malnutrition has increased significantly and food insecurity remains a national threat because food availability has not kept pace with the rapidly growing population. Per capita supply of the main staples has been declining since the early 1980s. According to food balance sheets, per

capita supply of cereals, which provide most of the calories, declined from 140.9 kg per year during 1979-81 to 115.7 kg per year in the 1992-94 period (FAO, 1996). Maize is the primary staple food and is most important in terms of food security, as it accounts for over 80% of the total cereals produced in the country. Other important food crops are millet, sorghum, wheat, rice, potatoes, cassava and pulses.

The steady decline in per capita food supply is translated into a decline in the calorie availability, FAO estimates that the calorie availability per person increased between 1982 and 1986 but declined steadily from 2,010 calories per capita per day during 1987-89 to 1,916 calories during 1992-94. The available calories per capita from vegetable origin (e.g., cereals and pulses) declined from 1,810 to 1,672 during the period. 1

The food production and demand projections show that serious food deficits and further deterioration in nutritional status will be experienced at the beginning of the next millennium unless greater efforts are made to address the food security situation.

8. Nutritional Status

The nutritional status of children can be summarised using anthropometric indices, which reflect past deprivation. Stunting (insufficient height for age indicating chronic under-nutrition) is an indicator of cumulative deficient growth linked to long term deprivation of both food and non-food requirements. Wasting (insufficient weight for height indicating acute under-nutrition) associated with short-term deprivations, changes rapidly and is sensitive to acute food deprivation and morbidity. Low weight for age indicates chronic and acute under-nutrition. In a well-nourished population, 2.3% are expected to fall below a cut-off point of minus two standard deviations (SD) of the well nourished reference population.

In Kenya, chronic under-nutrition is the most common form of malnutrition. It is mainly as-

sociated with insufficient dietary intake because households lack adequate resources (income) to secure basic food requirements. From 1982 to 1994, the nutritional status of children showed an uneven trend, although there was marginal improvement at the national level. The rates of chronic under-nutrition measured by retarded growth appeared to be declining at a rate of one percentage point a year between 1982 and 1987. However, this trend reversed thereafter and the nutritional status deteriorated. In 1994, the prevalence of chronic under-nutrition among children under-five had risen to 34%, a level that is 15 times higher than that expected in a healthy, well-nourished population. The observed trend of under-nutrition at the national level corresponds with the decline in per capita food availability, declining economic performance especially in small-scale agriculture, and rising levels of poverty.

Chronic under-nutrition does not affect all children uniformly in the country and the national estimates mask regional variations. Although the nutritional status appeared to be improving during the decade, the prevalence of stunting among children remained high in Coast, Eastern, Nyanza and Western provinces.

9. Nutritional Status in Districts

Data for the 47 districts surveyed in 1994 indicated that 27 districts had chronic under-nutrition with rates above the national average (CBS, 1994). Children in Kwale and Kilifi in Coast Province and Makueni, Kitui and Machakos in Eastern Province were the most vulnerable, with half the children suffering from chronic under-nutrition. Other districts with high rates of under-nutrition were Migori, Homa Bay and Kisii in Nyanza Province, Bungoma and Kakamega in Western Province, and West Pokot, Narok, Samburu and Nakuru in Rift Valley Province. A comparison of the 1982 and 1994 survey results indicates that there has been little improvement in the status of nutrition in these districts.

Acute under-nutrition was low in Kenya and was estimated at 4% in 1987. However, with drought in 1993, the proportion of wasted children doubled to about 8% in 1994. Children in North Eastern Province were the most vulnerable to acute under-nutrition with 25% of the under-fives being wasted, which is three times the national average. In general, children in the ASAL are at high risk of acute under-nutrition. Pockets of high levels of acute under-nutrition occur in the districts of Garissa (33%), Mandera (28%) and Wajir (16%) in North Eastern Province; Tana River (17.5%) in Coast Province; Marsabit (13%) and Machakos (11%) in Eastern Province; Kajiado (9%), Baringo (11%), Samburu (30%) and Turkana (15%) in Rift Valley Province. Such high levels of wasting during drought periods put children at high risk since studies have shown that wasting is highly correlated with infant and child mortality.

Anaemia assumes greater significance in Coastal, Nyanza and Western provinces, where poverty, malnutrition and infections are widely prevalent and coexist. Studies have shown that there is a strong link between malaria and chronic under nutrition. In addition, results from KDHS, 1993, showed that 38% of all deaths of under-fives are associated with malnutrition. Areas with high proportions of chronically under-nourished children coincide with high IMRs. However, the causal paths of under-nutrition anaemia have not been clearly identified, although poverty is the root cause and morbidity an aggravating factor. Provinces with high prevalence of under-nutrition were also food-poor.

Approximately 15 million Kenyan children under-five years old were chronically under-nourished in 1994. There is little reason to expect that this situation has improved since then and may have actually deteriorated. Increasing poverty and declining access to basic health care seem to be the main causes for this situation. Therefore, improvements in basic health service delivery, increased food production and poverty reduction should go

hand-in-hand in order to stem the increase in infant mortality and morbidity and the prevalence of poor nutrition among children.

10. Conclusions

The health situation of Kenyans has improved progressively since independence to 1990. The policies and programmes had achieved commendable results. However, there appears to be a reversal in the direction of change in the health status of the population in the 1990s as reflected by the increases in mortality and morbidity indicators. The health situation of women and children seems to be rapidly worsening. Increasing poverty is the major cause and also a consequence of this trend. The factors include a decline in per capita food availability, deteriorating quality of and poor access (due to the introduction of user fees and other factors) to health services, increased incidence of HIV/AIDS, and limited budget allocations.

The devastating impact of the HIV/AIDS pandemic on the infected, their families and communities and the economy of the country are increasingly recognised. The plight of women and children is of serious concern. Full implementation of the strategies and programmes in the *1997 Sessional Paper on HIV/AIDS* should be pursued actively in partnership with all stakeholders including donors.

The internal and external efficiencies of the health delivery system need considerable improvement. Public expenditure on health services was only 60% of the requirements. The bulk of public resources are devoted to curative services with rural preventive and promotive services receiving less than 20% of the total expenditure. The non-poor seem to be the major beneficiaries of the system. The resource allocation in the sector needs to shift from the current emphasis on curative services to promotive and preventive health care, particularly in the rural areas. Introduction of macroeconomic reform measures including user fees in the late 1980s has adversely

affected the access and affordability of government health services to the poor. The fee structure seems to be regressive with the poor paying a larger proportion of the cost of service as compared to the non-poor.

The *Health Sector Reform Programme* proposes to address the problems through improvement of efficiencies and decentralisation of both decision making and resource mobilisation to the districts. This needs to be supported. At the same time, it is necessary to re-examine how decentralisation would impact on the poorer districts and poor people, as their capacity to mobilise resources to fund the costs of health services delivery is limited.

Food availability and security have direct links with nutrition and health status of the population. Food availability per capita has declined significantly during the past decade and the near term prospects do not seem favourable. The damaging impact on children is reflected by increases in malnutrition, stunting, morbidity and mortality. Improving productivity and production in the small-scale agriculture sector may be one of the most effective ways of reversing this trend.

C. Public Utilities and Shelter

1. Water

Clean water is a basic need and a foundation for improvement of the wellbeing of individuals and communities. Water is used for domestic, irrigation, livestock, wildlife and hydropower generation purposes. The *1992 National Water Master Plan* projected the water demand for Kenya to the year 2010 and highlighted significant shortfalls in water supply for domestic and agricultural uses. Poor quality of water is identified as a problem in both rural and urban areas, and water collection remains a significant burden for women.

The 1994 Welfare Monitoring Survey (WMS II) revealed that only 45% of Kenyans had

access to safe water, with 93% of the urban population in planned areas, 54% of the population in planned urban slums, and only 33% of the rural population having access.²² The main sources of water supply are as follows: piped water - 30%, rivers - 25%, and springs - 15%. In rural areas, the main sources are rivers (30%), springs (18.2%) and piped water (17.3%). Disparities in access to piped water between urban and rural areas are glaring. Regional data show that more than half of the population in Coast Province, and nearly all the population in Nairobi had access to water. The worst affected districts were Kitui, Makueni, Mandera, Wajir, Homa-Bay, Migori and West Pokot, where less than 20% of the population had access to safe water. About 34% of rural households spend on average between 16 to 30 minutes per day fetching water²³ The task is estimated to absorb about 15% of the women's time. Many households in the ASAL areas cover long distances searching for water and queuing at water points used by people and livestock. Often, women and children are the ones involved in this activity and in some cases children are withdrawn from school and other activities in the search for and collection of water.

Urban slum dwellers depend to a large extent on water vendors and communal water points. Only 12% of the plots in Nairobi slums have water connections and the residents depend on a few communal water points and vendors, who charge more than ten-times the rate charged by the water utility. (Many of the vendors may be getting the water by tapping the urban water supply system illegally thereby robbing the water utility of revenues.) More than 85% of the households in the slums buy water from kiosks at more than five-times the rate charged by the water utility. It is indeed expensive to be poor! In spite of the high

cost, the water quality may be compromised. Other countries (e.g., the Philippines) have resolved the problems by legalising and metering the illegal connections and increasing the community standpipes in the urban slums. As a result, the price of water in the slums has come down to more reasonable levels. Kenya should consider the adoption of a similar approach in the urban slum areas.

Although more than 50% of Kenya's households had no access to safe water in 1994, the Government had set an ambitious goal of providing safe water to every Kenyan by the year 2000. It is necessary to establish a more realistic goal for provision of safe water for all and pursue it vigorously in partnership with all stakeholders. Rural water systems with community responsibility for operation and maintenance have been working reasonably well in Kenya and other countries. These should be expanded. For urban areas, an avenue worth exploring is the gradual privatisation of the part of the public water systems that are or will generate adequate revenues to be self sustaining; and for the Government to concentrate on those parts that are under-served or not served and the communities that are unable to pay the charges for safe water.

2. Sanitation

Adequate sanitation is a prerequisite for the prevention of environmental pollution as well as water-borne and other infectious diseases and contributes significantly to better living standards. The Ministry of Health (MOH) estimated the coverage of adequate sanitation at 45% in 1990 and 46% in 1997. However, the 1994 WMS II results indicate that 80% of the population had access to adequate sanitation, which was defined as the population with reasonable access to sanitary means of excreta

²²The urban data relate to planned and incorporated areas only. This overestimates the access since a large proportion of the poor urban residents in Kenya live in informal, unplanned and unincorporated areas that are either under-served or unserved by the public utilities.

²³Government of Kenya and UNICEF, *Situation Analysis of Children & Women in Kenya 1998, Nairobi, July 1998*.

and waste disposal including pit latrines. The WMS II data largely relied on the existence of pit latrines and, unlike the MOH data, did not take into consideration the effective means of disposal. According to WMS II, 97% of the urban population had access to sanitation while three quarters (76%) of the rural population had access. Planned urban areas are better served than rural areas, slums and squatter settlements. Kiambu and Nyandarua districts had 100% access; and Marsabit, Mandera, Wajir, Narok, Samburu, Turkana and West Pokot districts had less than 30% access. The 1994 WMS II also indicated that one-fifth of the non-poor and one-third of the poor did not have access to safe sanitation.

The main victims of poor sanitation in urban areas are the residents of slum and squatter settlements and especially children in these areas where the incidence of illness was estimated to reach as high 76% (UNICEF, 1994). Almost three-quarters of the illnesses in slum and squatter settlements are related to overcrowding and poor sanitation.

Collection of solid waste in urban areas is inadequate. For example, while 800 to 1,000 tons of refuse is generated in Nairobi only a quarter of it is collected. The situation is much worse in the slums and squatter areas where the refuse is disposed of in the open. This becomes a fertile breeding ground for insects, rodents and other disease causing vectors, which adversely affect the health and quality of life of the residents.

Data on sanitation for households with piped water show that 62% use pit latrines and 26% have water closet plus flush. It should be noted that sewage systems in major urban areas are breaking down and local authorities seem to lack the capacity to maintain them. Unless proper mechanisms are put in place to rehabilitate and maintain these systems, the percentage of the urban population with access to sewage systems will drop significantly.

The situation can be improved only with in-

creased investments and better education of the client population. The current use of schools for hygiene education should be strengthened and expanded. Successful examples and best practices in Kenya and elsewhere should be adapted to suit the specific circumstances of target communities. Such measures are crucial not only for improving sanitation but also for reversing the negative trends in health indicators.

3. Shelter

Adequate shelter and housing are basic needs of human survival. To facilitate achievement of the goal of providing decent housing, the Government has undertaken studies of the short and long-term housing needs in Kenya. These studies have resulted in the initiation of various public, private and donor-funded housing programmes through the Ministry of Works and Housing, Local Authorities, National Housing Corporation, Housing Finance Company of Kenya, Savings and Loan, commercial banks. Co-operatives and private developers. Although the programmes undertaken by these institutions have helped in reducing housing shortages, rapid urbanisation has increased the demand for shelter and housing. As a result, the gap between demand and supply of housing in urban areas is widening.

The results of the 1989 Census show that 73% of the population lived in owner-occupied housing while 27% occupied rented dwelling units. However, in urban areas, 80% of the population live in rented houses, while only 20% live in owner-occupied units. The 1994 WMSII findings are consistent with the census results and show that about 77% of the population lived in their own dwellings while 17% lived in rented houses. Trends in ownership of dwellings in urban areas show that the proportion of those renting houses declined from 80% in 1989 to 68% in 1994.

The 1994 WMS II indicated that 64% of households in the country lived in houses with one-

to-two rooms. It is considered that housing units with three persons or more per habitable room is over-crowded. The national average is 2.2 persons sleeping in the main house, which has an average of 2.3 rooms. However, anecdotal evidence indicates that it is not uncommon for a low-income urban household to live in a one-room tenement. Overcrowding is also a major problem in slums and squatter areas. This is confirmed by the annual rent surveys conducted by CBS, which indicates that most dwelling units in low-income areas are overcrowded.

Mobilising the private sector to provide services to those that could afford to pay should release public resources, which could be devoted to expansion of services to the poor and disadvantaged. Also, serviced land in urban areas should be developed and made available to the poor at affordable terms.

B. Basic Social Services and the 20/20Compact

The World Summit for Social Development (WSSD) recommended the adoption of the 20/20 Compact for mobilisation of resources for financing basic social services. The basic social services include primary education and adult literacy, basic healthcare, safe water and sanitation. These services are considered essential for combating the worst manifestations of poverty and deprivation and for improving human development (see the 1991 global HDR and the Report on the World Summit for Children, 1990). The Compact calls for devoting at least 20% of public expenditures (government budget) and 20% of ODA to providing basic social services. With assistance from UNDP, the Government of Kenya has undertaken a study of its budget expenditures to assess the proportion devoted to basic social services.²⁴ The results of the study are discussed in the following.

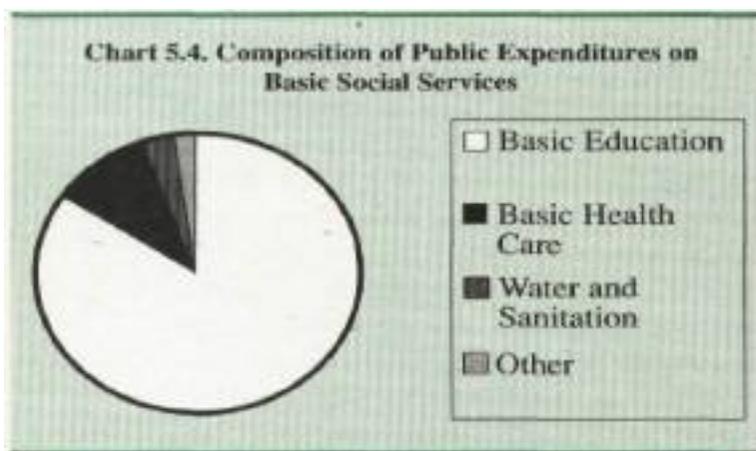
Public expenditure on basic social services (BSS) declined from around 20% of Government budget in 1980 to about 13% by 1995.²⁵ About 11% of the Government budget was devoted to primary education. In the health sector, Government expenditures on basic health services accounted for 14% of the budget. Also, Government expenditure on water declined from 2.4% to 0.4% of the budget and that on sanitation from 0.6% to 0.3% during the fifteen years. This is a disturbing trend especially when the demand for these services has been on the increase and the ability to pay for the services is either limited or non-existent among almost half the Kenyans. The share of Government expenditures on BSS in GDP declined from 5% in 1980 to around 4.5% in 1995. The decline in the ratio has been moderated because total Government expenditure increased faster than GDP while the expenditure on BSS grew at a slower pace than total Government expenditure.

The composition of public expenditures on basic social services in 1995 is shown in Chart 5.4. Basic education accounted for 84% of the total followed by basic health care at 10% and water supply and sanitation at less than 4%. The other category includes expenditures on administration, reproductive health and family planning and nutrition programmes, which together accounted for about 2% of the total. The data show that basic health care and water and sanitation are grossly under-funded as compared to basic education. While it is necessary to increase the funding for all the services, a larger increase in the funding for basic health care and water supply and sanitation is called for to bring a better balance among the sectoral expenditures on basic social services.

More effective utilisation of existing resources for the delivery of BSS should be given first priority. At the same time, it is necessary to

²⁴Republic of Kenya, *Public Expenditures on Basic Social Services in Kenya, draft report by consultants, July 1998.*

²⁵See draft report on *Public Expenditures on Basic Social Services in Kenya, Nairobi, July 1998.*



restore the share of the allocations to these services to 20% of the Government budget in accordance with the agreements reached on the 20/20 Compact at the World Summit for Social Development. An option worthy of consideration in this context is debt swaps to increase the provision of basic social services to the poor, women/girls, and other vulnerable groups.

On the donor side, the share of ODA to Kenya allocated to basic social services has increased from 18% in 1989 to 20% in 1995 with significant fluctuations in the ratio in the intervening years (e.g., it was 12% in 1990 and less than 7% in 1992 and 1993).

Kenya is spending a significant share of GDP and government budget on basic social services, but the poor Kenyan's access to these services is declining. This is due in part to the fact that the lion's share of the expenditures are absorbed in personnel costs/salaries leaving very little for complementary inputs (e.g., text books and medicines) and for operational expenses. Also, inefficiencies in the service delivery systems and leakages have further compounded the problems. Overall, the internal efficiency of the systems needs substantial improvement. On the demand side (external efficiency) introduction of cost sharing and user fees in an environment of increasing poverty put the poor in double jeopardy. It is necessary to increase the within sector allocations to complementary inputs and operational expenses, curtail leakages and improve the internal efficiency of the systems. At the same time, avenues need to be explored to ameliorate the direct and indirect cost burden on the poor and enhance their access to and utilisation of the services. Further, efforts should be made to increase the budget allocations to basic social services to at least 20% within the next few years. Donors should also ensure a more consistent flow of ODA resources to the provision of these services.

Chapter VI. Human Development Indicators

The economic, poverty, gender and social dimensions of human development in Kenya are presented in the preceding Chapters. A set of human development indicators have been developed to capture some of these dimensions. The indicators include the human development index (HDI), the gender development index (GDI), the gender empowerment measure (GEM) and the capability poverty measure (CPM). The indices are estimated for each of the districts and provinces as well as the nation utilising the methodologies presented in the 1997 global HDR. The results are discussed briefly in the following and the details are presented in the Appendix.

A. Human Development Index (HDI)

The human development index (HDI) is a composite index derived from the simple average of three component indices namely life expectancy at birth, educational attainment and income. To assess the level of human development the HDI uses a scale of zero to one. The level of human development is higher the closer the value of HDI to one.

Data on the HDI and its components are presented in Appendix Table 1. The national HDI value is estimated at 0.504. This is significantly higher than the HDI estimate of 0.463 (1995) in the 1998 global HDR, where Kenya was ranked 137th among 174 countries. The discrepancy in the HDI values is explained by the differences in the values of the component indices and the years covered. The estimates in this Report use district-specific indicators of life expectancy from the 1989 census; and adult literacy and combined primary, secondary and tertiary gross enrolment ratios and district-specific per capita income from the 1994 WMS II.

The HDI values for the Provinces range from a high of 0.573 for Central to a low of 0.311 for North Eastern (see Table 6.1 in text and Appendix Table 1). Nairobi has the highest HDI value of 0.721 while the values of the Index for Mombasa and Kisumu are 0.537 and 0.444 respectively. The HDI values for Central and Eastern provinces are above the national average while those for Rift Valley, Western, Coast, Nyanza and North Eastern are below. Districts with high HDI values include Tharaka-Nithi, Uasin Gishu, Embu, Nakuru, Meru, Laikipia, and all five districts in the Central Province. Districts with low HDI values are Turkana, Samburu and West Pokot in Rift Valley, Marsabit in Eastern Province, Tana River in Coast, and all three districts in the North Eastern Province. A majority of the districts with low HDI values are in the Arid and Semi-Arid Lands (ASAL).

A comparison of the ranking of provinces and districts by HDI values and the GDP per capita index does not show a strong correlation. However, there appears to be a better association in the rankings at the district level with a relatively good match between the more extreme observations.

The above results are generally corroborated by the findings from WMS II, which indicated that Nairobi and Central province have a relatively low incidence of poverty, better social indicators (life expectancy and literacy rates), and higher per capita income; while North Eastern Province has the highest incidence of poverty, low social indicators and low per capita income. (However, it is necessary to remember that the provinces with a low incidence of poverty have on average a large proportion of the poor and the opposite is true for the provinces with a high incidence of

Table 6.1. Human Development Indicators

Area	HDI	GDI	CPM	GDP Index (International)	Rural Poverty (% population)	Urban Poverty (% population)	Share in National Poverty
A. Kenya	0.504	0.501	26.5	0.504	47.2	29.0	100.0
B. Provinces							
Central	0.572	0.571	14.4	0.165	31.9		14.1
Eastern	0.521	0.517	26.7	0.140	57.8		19.1
Rift Valley	0.495	0.491	30.8	0.191	42.9		24.8
Western	0.474	0.470	31.7	0.140	53.8		13.4
Coast	0.450	0.441	34.8	0.218	55.6		6.9
Nyanza	0.447	0.443	29.5	0.182	42.2		19.3
North Eastern	0.311	0.301	45.3	0.210	58.0		2.4
C. Selected Cities							
Nairobi	0.721	0.728	14.0	0.649		25.9	7.1*
Mombasa	0.537	0.535	21.5	0.305		33.1	2.0*
Kisumu	0.444	0.440	20.0	0.174		47.8	3.0
D. Selected Districts							
1. High							
Tharaka-Nithi	0.582	0.578	15.5	0.143	46.2		1.6
Uasin Gishu	0.562	0.561	20.1	0.232	33.5		1.6
Embu	0.550	0.546	24.7	0.130	62.9		1.6
Nakuru	0.549	0.546	30.0	0.218	36.6	30.0	4.0
Meru	0.542	0.539	22.8	0.156	30.6		4.1
Laikipia	0.542	0.538	24.1	0.139	45.6		1.0
2. Low							
Turkana	0.246	0.231	58.3	0.090	73.8		0.7
Samburu	0.298	0.287	44.6	0.093	84.1		0.6
West Pokot	0.335	0.328	50.3	0.157	48.5		1.1
Marsabit	0.289	0.279	51.8	0.074	88.2		0.6
Tana River	0.378	0.368	53.5	0.176	71.8		0.7

Note: Poverty data are for 1994 except for those marked with * which are for 1992.

poverty.) Overall, high incidence of poverty, low social indicators and low HDI seem to go together. Thus, the regions with higher HDI values have better access to social and economic services including education and health facilities, water, sanitation, shelter and credit. This implies that reduction of income poverty and improvement of social indicators should receive high priority for improving human development in all districts.

B. Gender Development Index (GDI)

The gender development index (GDI) has been designed to measure gender disparities in the level of achievement in human development. Gender discrimination in access to economic and social opportunities and services contribute to disparities in the GDI. Detailed esti-

mates of GDI values are shown in Appendix Table 2. Most of the underlying sources of data are the same as those for the HDI. In addition, national estimates of employment rates are taken from the *1989 Population and Housing Census* and the national ratio of female to male wage in the modern sector is based on the *1994 Annual Enumeration of Employees and Self-employed Persons* (excludes domestic servants).

The national GDI value of 0.501 is significantly higher than the GDI estimate for Kenya (0.459) for 1995 presented in the 1998 global HDR. The discrepancy in the GDI values is explained by the same factors as those underlying the discrepancies in the HDI values (see preceding sub-section). The computed GDI values for Kenya and its provinces and districts are

very close to the corresponding HDI values (see Table 6.1 and Appendix Table 2). This is surprising given the relatively disadvantaged situation of women in Kenyan society. A more detailed examination of the data utilised in computing the GDI and other related factors is necessary to explain this phenomenon.

C. Gender Empowerment Measure (GEM)

Gender empowerment measure is the relative empowerment of men and women in political and economic spheres. GEM has been developed to help address the inherent discrepancy in political and economic empowerment, participation and decision making by both men and women in society. The range of values for GEM are 0 to 1. The national GEM is estimated at 0.3750 indicating the substantially disadvantaged position of women in Kenya.

Gender disaggregated data on the relevant variables to estimate GEM by province and district are not available.

D. Capability Poverty Measure (CPM)

The Capability Poverty Measure (CPM) is a multidimensional index of poverty based on capabilities, namely, a life free of avoidable morbidity (as measured by percentage of births unattended by trained health personnel) being informed and educated (female illiteracy) and proper nourishment (underweight children under age five). The estimated CPM values are presented in Appendix Tables 3 and summarised in Table 6.1 in the text.

In interpreting the CPM, it is important to remember that a low value for the index denotes low poverty. The lowest CPM value (14.0%) is recorded for Nairobi, which is in consonance with the HDI and GDI values. However, the congruence between the CPM and the HDI or GDI values is not as strong as that between the latter two indices. For ex-

ample, Nyanza Province has a lower CPM than Rift Valley, Western and Coast Provinces although the HDI and GDI values for the latter provinces exceed those for Nyanza. Similarly, Meru district has a lower CPM than Embu and Nakuru although the latter two Districts are ranked higher than Meru in terms of HDI and GDI values (see Table 6.1 in text and Appendix Table 4). Also, the correspondence between the CPM values and the poverty incidence rates in rural and urban areas on the one hand and the share of national poverty on the other appears to be not fully consistent because of a number of rank reversals among provinces and districts (see Appendix Table 5 for a ranking of Provinces and Districts). A more detailed analysis is recommended to identify the factors contributing to these inconsistencies in ranking.

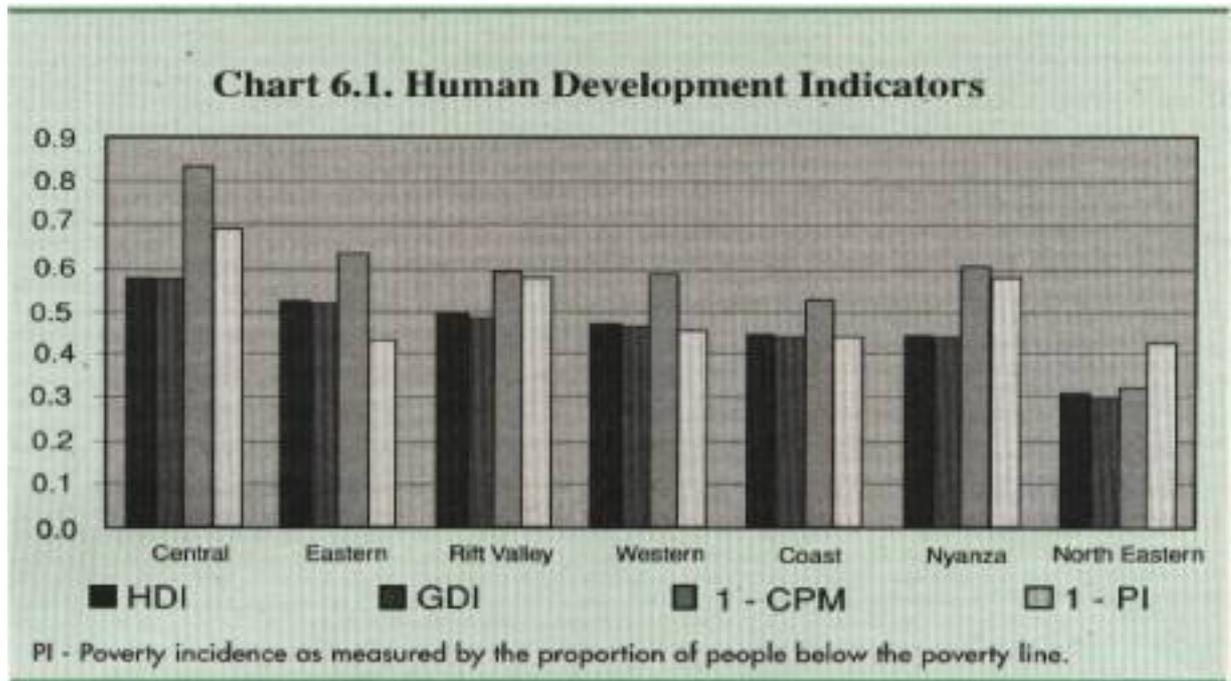
E. Conclusions

The HDI values vary significantly between provinces (ranging from 0.311 to 0.572), cities (0.444 to 0.721), and even more widely among districts (0.246 to 0.582). The GDI values are very close to the HDI values for the provinces, cities and districts. This is at odds with reality given the relatively high degree of discrimination against women in and outside the household in Kenya. It is necessary to undertake a thorough analysis of the data utilised in computing the GDI. In the process, efforts should be made to compile the data necessary for estimating the GEM.

The lack of a strong congruence between the HDI/GDI and the CPM is surprising given the high incidence of poverty (see Chart 6.1). Again, a careful examination of the data utilised in estimating the indicators is necessary. The significant disparity in the ranking of districts by the intensity of poverty incidence (i.e., proportion of poor people in total population) in the district and the share of the district in national poverty (ratio of number of poor people in the district to total number of poor people in the country) may provide some clues.

The high degree of variation in human development indicators among provinces and districts points to wide geographic inequities in income, access to social services and overall quality of life. It would be instructive to also examine variations among income classes (e.g., poor and non-poor) and within a sam-

ple of districts and cities that have large concentrations of poor people. A more detailed examination is necessary to identify the causes and recommend strategies and remedial measures to tackle the problems. Kenyans from all walks of life should participate in such an exercise.



Chapter VII. Human Development in a Global Context

A. From Basic Needs to Basic Rights

Kenya espouses the ideals of enhancing the well being of her children, youth, women and men through the achievement of a range of development goals. The latter include access to education, good health and nutrition, food security, safe water and sanitation, a sustainable environment, eradication of poverty, good governance and gender equity. To strengthen and guide its programmes Kenya, as a member of the United Nations (UN), is a signatory to most of its legally binding international conventions on basic rights.

During the 1990s, the UN conventions have been converging in their approach shifting away from the welfare-based approach to a rights-based one. Both approaches recognise the importance of improving the welfare of all peoples. However, the rights-based approach treats people as not just (passive) beneficiaries of basic services but active participants in improving their own wellbeing and in community and national development. Thus, popular participation in all aspects of national life including in the political, social and economic processes is seen as a fundamental right and a building block for sustainable development. In particular, participation of women and the poor and disadvantaged in policy and strategy formulation, planning, design and implementation of development programmes targeted to them, and in assessment of all initiatives aimed at achieving their rights is seen as critical.

B. International Conventions

The first step in implementation of international conventions is to translate them into national laws through Acts of Parliament,

which are enforceable. Binding international instruments include the *International Convention on Economic, Social and Cultural Rights (1966)*, the *International Convention on Civil and Political Rights (1966)*, the *Convention on the Rights of the Child (1989)*, and the *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979)*. Other commitments include the *Nairobi Forward Looking Strategies for the Advancement of Women (1985)* and the *Beijing Platform for Action (1995)*, the *Earth Summit (Rio de Janeiro, 1992)*, the *International Conference on Population and Development (Cairo, 1995)* and the *World Summit for Social Development (Copenhagen, 1995)*. Kenya has been an active participant and a signatory to these international conventions and programmes of action. Some attempts have been made to meet some of these obligations including those on the rights of the child, CEDAW, and the Programme of Action of the World Summit for Social Development. Much more needs to be done in virtually all the areas.

Kenya's Parliament has ratified a number of international conventions opening the door for introducing changes in local institutions, particularly in the legal system and in the overall management of public affairs. However, follow-up actions to fully implement the provisions of the Conventions have been slow. As a result, these had a limited impact on the country's performance in promoting sustainable and equitable human development. While adoption of international conventions is a measure of assessing the country's willingness, its commitment towards achieving quality human development goals requires effective follow-through and full implementation of the measures. The implementation status of some of the key agreements is discussed in the following.

1. Rights of the Child

Kenya ratified the Convention on the Rights of the Child in 1990. The convention provides for the rights of any person under 18 years and extends beyond the traditional basic concepts of survival, protection and development to cover civil, economic, social, cultural and political rights. The convention contains five articles devoted to the protection of the child against all forms of physical or mental violence, employment which is likely to be hazardous to their health or to interfere with their education and development, the use of narcotic and psychotropic drugs and from participating in their manufacture, sexual exploitation and abuse, including prostitution and involvement in pornography, abduction and sale in any form. The convention also reaffirms the right of the child to leisure, play and participation in cultural activities.

Kenya's constitution has no specific sections on the rights of the child, although it provides for protection of the child against abuse and discrimination. Most rights protecting children have not been implemented. For this reason, many girls are still denied access to education, especially in situations of limited resources. Children in custody are mixed with hard-core criminals and, in some communities, children born out of wedlock are discriminated against and denied their rights.

The Laws of Kenya have 64 statutes that refer to children, including some of the concerns raised by the Convention. However, existing child laws do not cover all the rights pertaining to the child. Also, the laws are scattered in a number of Acts of Parliament, many of them are remedial rather than preventive, and they are inadequately enforced and policed. In recent years, the process of review of the relevant laws and establishment of machinery for translating the laws into practice (that is, active policing and enforcement) has been initiated. Thus, the 1992 Task Force under the *Law Reform Commission* drafted a comprehensive Children's Bill, which was considered by

the Parliament and referred back for redrafting. The working group on the bill has re-examined the provisions of the Convention on the Rights of the Child, consulted with various stakeholders and reviewed the existing laws relating to the child with a view to identifying gaps and omissions. The redrafted Bill should be submitted to the Parliament in the coming months.

2. Eliminating Gender Discrimination

Both CEDAW and the *Beijing Platform for Action* oblige Kenya to take gender considerations into account in all aspects of national development (see Box 7.1 on Critical Areas of Concern from the Beijing Platform for Action). Eliminating discrimination against women is considered a priority because giving men and women equal opportunities in politics, social development, education and economic arenas is the path to achieving sustainable and equitable development. A recent report of the *International Federation of Women Lawyers (FIDA-Kenya)*, indicated that despite its commitment to CEDAW, the country had done very little to ensure that Kenya's domestic law(s) conformed to international standards with respect to women's rights. "Although the Constitution of Kenya guarantees citizens certain rights, when it comes to the crucial area of personal law, mainly matters governing property, i.e., inheritance of property and succession, and burial, the Constitution allows for discrimination... the discrimination is mainly against women never men" (Wachira Maina & Wanjiku Mbugua, 1996).

Persistence of gender disparities in opportunities for Kenyan men and women has prompted the Government, as the policymaker, to initiate reforms geared towards the creation of an environment conducive to gender equity. Besides establishing the *Task Force for Review of Laws Relating to Women* in 1993, the Government has set up gender desks in several Ministries including Education, Home Affairs, National Heritage, Culture and Social Services and Planning and

Box 7.1. Critical Areas of Concern from the Beijing Platform for Action

Governments, the international community and civil society, including non-governmental organisations and the private sector are called upon to take strategic action in the following critical areas of concern for the advancement of women.

1. The persistent and increasing burden of poverty on women
2. Inequalities and inadequacies in and unequal access to education and training
3. Inequalities and inadequacies in and unequal access to health care and related services
4. Violence against women
5. The effects of armed or other kinds of conflict on women, including those living under foreign occupation
6. Inequality in economic structures and policies, in all forms of productive activities and in access to resources
7. Inequality between men and women in the sharing of power and decision-making at all levels
8. Insufficient mechanisms at all levels to promote the advancement of women
9. Lack of respect for and inadequate promotion and protection of the human rights of women
10. Stereotyping of women and inequality in women's access to and participation in all communication systems, especially in the media
11. Gender inequalities in the management of natural resources and in the safeguarding of the environment
12. Persistent discrimination against and violation of the rights of the girl child

National Development. Issues relating to gender and women's empowerment have been accepted, in principle, by the Government and the public; yet the practical reality is that women are still marginalised and discriminated against. Long entrenched traditions, customs, culture, orientation and practices seem to impede the effectiveness of most initiatives. Notwithstanding, NGOs, gender activists and donor partners continue to call for practical and sustainable gender responsive policies and programmes. The effectiveness of the initiatives will be determined by the implementation of practical measures (including sensitisation and education) taken to empower women and men to participate actively, equally and directly in development.

The process of gender mainstreaming has largely failed to receive the attention it deserves because of the persistence of traditional views about the roles of women and men. A motion calling for affirmative action to enhance women's political participation was recently defeated in the male-dominated Par-

liament. The latest FIDA report on Kenya's track record regarding women's rights, titled *Second Class Citizenship*, details cases of violation of women's human rights. The report observes that the Constitution is yet to fully recognise women's rights as human rights. The report focuses on civil and political rights and notes a rising incidence of violence against women and girls.

Addressing children's rights and gender issues through implementation of international conventions has been slow, and in some cases stagnant. Emphasis should be placed on developing mechanisms for effective implementation, monitoring and evaluation of international conventions. As the country moves forward into the 21st century, the challenge for Kenya is to reconcile the conflicting views on the rights of women in traditional family laws and customs of the various communities and national laws. The experiences of other countries, which successfully domesticated and implemented the conventions, should be drawn upon in this exercise.

3. Poverty, Employment and Social Integration

The themes of the 1995 World Summit for Social Development (WSSD) are poverty eradication, reduction of unemployment and expansion of productive employment, and promo-

tion of social integration. Kenya has been an active participant in the Summit where President Moi addressed the Plenary and endorsed the Copenhagen Declaration and the Programme of Action. The salient goals and time-bound targets agreed to at the Summit are summarised in Box 7.2.

Box 7.2. World Summit for Social Development Goals and Targets

1. Poverty Eradication Policies and Strategies

Formulate or strengthen as a matter of urgency, and preferably by the year 1996 or thereafter, national policies and strategies geared to substantially reducing overall poverty in the shortest possible time, reducing inequalities and eradicating absolute poverty by a target date to be specified by each country in its national context.

2. Education

	By Year
a) Universal access to basic education	2000
b) Completion of primary education by at least 80 per cent of primary school-age children	2000
c) Closing of the gender gap in primary and secondary school education	2005
d) Universal primary education	2015

3. Health

a) Life expectancy of not less than 60 years	2000
b) Reduction of mortality rates of infants and children under five years of age by one third of the 1990 level or 50 to 70 per 1,000 live births, whichever is less	2000
Infant mortality rate below 35% per 1,000 live births and under five mortality rate below 45% per 1,000	2015
c) Reduction of maternal mortality rate to one half of the 1990 rate	2000
Further reduction of maternal mortality rate to one half of the rate in 2000	2015
d) Reduction of severe and moderate malnutrition among children under five years of age by half of the 1990 level	2000
e) Primary health care for all	
f) Reproductive health to all individuals of appropriate ages	2015
g) Reduction of malaria mortality and morbidity by at least 20 per cent from their 1995 levels in at least 75 per cent of affected countries	2000
h) Eradicating, eliminating or controlling major diseases constituting global health problems, in accordance with paragraph 6.12 of Agenda 21	2000

4. Resource Mobilisation and Allocation for Basic Social Services (20:20 Compact)

Agreeing on a mutual commitment between interested developed and developing country partners to allocate, on average, 20 per cent of official development assistance (ODA) and 20 per cent of the national budget, respectively, to basic social programmes.

Source: United Nations, World Summit for Social Development, *Report of the World Summit for Social Development (Copenhagen, 6-12 March 1995)*, (A/CONF.166/9), 19 April 1995, pages 13, 50, 51 and 83.

As a follow-up to WSSD, Kenya has prepared a National Poverty Eradication Plan (NPEP) with assistance from UNDP and DFID (see sub-section F3 in Chapter III for a discussion of the main elements of the Plan). Also, with UNDP and UNICEF support, the Government has undertaken a review of public expenditures on basic social services within the framework of the 20/20 Compact (see Section D in Chapter V for a discussion of the findings of the review). These are important first steps. It is necessary to fully implement the action programmes in the NPEP and the recommendations in the study on public expenditures on basic social services.

Since the Summit ILO undertook two studies for Kenya in collaboration with local researchers, which focussed on exploring the means for expanding employment and strengthening the institutions and the database within the prevailing macroeconomic framework. However, the current structure of production in Kenya is highly weighted towards capital including intermediate inputs with labour accounting for less than 20% of the total. A detailed examination and analysis of the production structure and the policies and incentives needed to adjust it to generate a more labour-absorbing growth is urgently needed.

Systematic efforts on the promotion of social integration in the country are lacking although pilot experiments are being tried out mainly by civil society organisations including NGOs, some with donor support. Unfortunately, civil strife in the form of ethnic clashes and violence in the household and in communities continues, often tearing apart the social fabric. The liberalisation of the political processes during the past 18 months has been a good beginning. It should be extended to the social arena so as to promote social integration and enable women, the poor and disadvantaged and those left out, to participate in mainstream Kenyan society.

C. Globalisation and Human Development

The integration of trade, investment and financial markets (or globalisation) has opened new opportunities and challenges. The flow of goods, capital and information (communication) has reached unprecedented levels. Kenya has benefited only to a limited extent from trade liberalisation, flow of foreign direct investment (FDI) and the information-communication revolution. The burden of adjustment to globalisation is being borne by a few producers in both the agriculture and industrial sectors. These would require temporary assistance to improve their competitiveness and/or move on to other activities. Kenya can take advantage of the opportunities only if it improves its competitiveness in the international market, promotes good governance and manages the economy along a sound growth path. At the same time, the Government's accountability for economic management may be shifting to international donor institutions and investors in Europe, the Far East, North America and South Africa. As a result, wrong policies and inappropriate actions may bring quick and drastic penalties including substantial capital flight.

Globalisation has also integrated consumer markets including the urban consumer markets in Kenya. Conspicuous consumption by the urban elite is evident in Nairobi and other cities. Many products are available and are affordable for only a few but are visible to many. At the same time, almost half the population is being marginalised and unable to fulfil their basic consumption needs. This degree of inequality does not bode well for economic growth, social harmony and political stability, and overall human development.

The revolutionary changes in information and communication offer excellent opportunities for Kenya to enhance human development through increased access to education (e.g.,

use of computers in schools), technology, trade and communication. Urgent efforts are necessary to assess the ways in which the inno-

vations in information and communication could be utilised for enhancing human development in Kenya.

Chapter VIII. The Way Forward

A. Overview

During the first twenty-five years after independence, Kenya achieved considerable progress in human development as measured in terms of improvements in social indicators. The trend has been reversed during the 1990s to the detriment of women and the poor. The situation in terms of income poverty has continued to deteriorate from the late 1970s largely due to increasing inequalities in the distribution of income and rapid population growth. Also, the position of women (including girls) in Kenyan society has not advanced in consonance with the overall development of the country. A major thrust to reverse the declining trend in the economic and social indicators is imperative in order to stop further erosion of the hard fought gains and redirect the efforts to a growth path that enhances human development. Some of the specific recommendations are summarised in the following.

B. Economic Growth

Small-scale agriculture and the informal sector are the backbone of Kenya's economy accounting for the majority contribution to GDP. The two sectors together account for more than two-thirds of total employment. The majority of poor Kenyan women and men eke out a meagre subsistence in these sectors. Improving the productivity of people in these sectors through increased investment, improved technologies, enhanced access to support services including credit, better physical infrastructure (e.g., rural roads and serviced plots and kiosks for *Jua Kali* enterprises) and a more enabling environment for development are necessary.

The industrial sector accounts for about 13% of GDP and is highly capital intensive with labour accounting for less than 20% of the gross cost of production.²⁶ Its capacity to generate jobs is extremely limited. While industrialisation should continue to receive attention, it may be premature to see this sector as the primary engine of Kenya's economic growth and for the country to achieve the ambitious goal of becoming a NIC by the year 2020. A re-examination of the medium and long-term development strategy is needed. It should explore avenues to adjust the production structure to be a more labour absorbing and job-intensive system.

C. Good Governance

The recent initiatives to improve political governance are a good start. The processes should be nurtured and the participation in it expanded to more stakeholders. Also, it is necessary to expeditiously implement agreements and legislation so that the progress on paper gets translated into actions and impact on the ground. Good political governance is encouraged and facilitated when the decision-making processes and institutions are responsive to the needs and aspirations of all stakeholders and involve their full participation.

Significant beginnings in improving macroeconomic management have been made drawing upon the advice of the IMF and the World Bank as well as other donor partners. However, attention to gender inequality and poverty eradication seem to be either missing or considered largely as areas requiring remedial action. Economic liberalisation and state divestiture of productive enterprises (especially the loss making ones) should con-

²⁶In fact, the share of wages in the value of Kenya's manufacturing sector output averaged at a bare 3.24% during 1993-97 and that of value added at a mere 9.13% (see *Economic Survey 1998, Table 11.1*).

tinue. At the same time, it is necessary to integrate poverty reduction and gender into the mainstream of economic strategies, plans and programmes. Kenya's development could be sustained only if the creative and productive potentials of all its people including women and the poor (who are the majority) are mobilised and effectively utilised. This is a valuable lesson that Kenya could learn from the East/South East Asian NICs.

The ongoing civil service reform is addressing some of the efficiency and effectiveness aspects. Improved transparency and accountability require a further fillip. Also, the orientation of the civil service to poverty reduction and gender equity, and responsiveness to client needs should receive priority. This will require considerable strengthening of the capacity of a leaner civil service.

The processes and structures of Kenyan society need to be moulded to facilitate popular participation in the economic, social and political spheres- Such participation is a cornerstone for good governance. Laws, regulations, rules and practices that impede individual and community participation should be dismantled. Decentralisation of decision-making to the people and their communities and strengthening their institutions should be undertaken.

Kenya has been rich in resources (particularly trained people), systems (including a traditionally competent and effective civil service), and workable economic and financial institutions. Rejuvenating the systems and institutions, better utilisation of the resources including trained people, and redirecting the ingenuity of Kenyans to more productive purposes would yield handsome returns and promote human development.

D. Poverty Eradication

Although the economic performance of Kenya was respectable during the first twenty-five years after independence, the benefits were

not shared equitably. As a result, the incidence of poverty has increased. It was aggravated by rapid population growth. The situation seems to have deteriorated further during the last decade with the poor constituting almost half the population. It would be difficult for Kenya to achieve and sustain rapid economic growth without the full participation of its poor in these efforts.

The *National Poverty Eradication Plan (NPEP)* provides an overall framework and some workable approaches to involving the poor in the economic and social arenas to improve their own welfare on the one hand and to contribute to national development on the other. The *Charter for Social Integration* as well as the *Basic Needs are Basic Rights Charter* being developed by civil society organisations should be translated into appropriate legal instruments and incorporated in the revised Constitution of the country. Simultaneously, full implementation of the NPEP should commence in partnerships with the poor, their organisations, NGOs, the private sector and willing donor partners.

In particular there is a need to link closely governance and poverty eradication in that the people must be enabled to seek solutions to their development problems and exploit the opportunities. Kenya should create conducive political, social, economic and legal environments for the poor to mobilise their resources and potentials and build sustainable livelihoods and self-reliance.

E. Gender and Women's Empowerment

It seems that Kenyans are yet to fully appreciate women's rights and embrace gender equality. Simultaneous prevalence of a multitude of traditional laws and practices alongside statutory laws makes the identification and enforcement of women's rights difficult. The ingrained orientation of men on the traditional roles of women in Kenyan society needs to be changed through education and

sensitisation. A massive campaign of education and awareness raising on gender throughout the country and particularly in rural areas should be mounted. Gender awareness and equity should be incorporated in school curricula. The print and audio-visual media should be mobilised to get the message across to the different corners of the country. Enforcement of existing statutory laws prohibiting discrimination and violence against women and girls should be strengthened. Civic and political leaders and opinion makers should set role model examples in their personal behaviour promoting gender equity.

Gender inequality is the surest way to transmit poverty to future generations of men and women. Therefore, reducing inequality and enhancing women's productivity should be integral elements of the country's development strategy. Women's increased ownership of assets and enhanced access to economic and social services, productive resources and remunerative jobs should receive priority support, possibly through affirmative actions.

Female participation rates in education at all levels should be increased. Successful experiences from other developing countries should be drawn upon and adapted to suit the conditions in Kenya. Health facilities that serve the specific needs of women need considerable improvement. Maternal and child health services are critical not only for mothers but also the children (boys and girls). Resource allocation to these services should be augmented. Women are at greater risk from the HIV/AIDS pandemic than men because of their subordinate position within the household. The campaign to arrest the spread of HIV/AIDS should pay particular attention to the vulnerable situation of women, their reproductive role in transmission of the virus to children, and their special needs.

The agreements arrived at in the Inter-Parties Parliamentary Group (IPPG) providing for gender equality in the nomination of MPs should be faithfully implemented. Voter edu-

cation, particularly among women, on the benefits of increased representation of women in elected positions should be supported. The 1998 draft *National Policy on Gender Equity and Sustainable Development* should be finalised, adopted and implemented. Similarly, the report of the 1993 Task Force that reviewed all the laws affecting women should be finalised and the recommendations should be implemented.

F. Social Services

1. Education

The downward trend in primary and secondary participation and completion rates is alarming. The adverse impact of cost sharing arrangements on the access to education for children from poor families, especially for girls, is of serious concern. These negative trends should be reversed and the transition rates from primary to secondary level should be increased. The *Education Master Plan* emphasises improvements in the quality of education and in the delivery of services. A detailed examination of the demand for and affordability of primary education, and educational achievement and impact is necessary. Also, a comprehensive mechanism for addressing the needs of children from poor families (particularly girls) is needed to make primary education accessible and affordable to them.

The critical and urgent issues in tertiary education are relevance, access, gender disparities and financing. The mismatch between the skills acquired by graduates from the technical and vocational education (TVE) institutions and the skills required by the industrial sector should be corrected. Also, the quality of skills training in the TVE system should be improved to enable graduates to compete with those trained on-the-job in the informal sector. The stagnation in university enrolment is likely to continue due to rising poverty, which has made university education unaffordable for many middle and low-income families. Co-

ordination between literacy, post-literacy and continuing education programmes should be strengthened.

Kenya seems to be spending more on education than its neighbours but the benefits/impact appear to be less. The salaries of personnel (including teachers) are absorbing over 90% of the resources leaving very little for complementary supplies such as teaching/learning materials. This imbalance needs to be corrected. Other critical issues requiring attention include efficient and effective use of available resources and exploring avenues to increase the allocations to basic education (primary education and literacy). At the same time, improvements in the quality and reach of the services and achieving gender parity should receive priority. Concerted efforts are needed to reach the goal of universal primary education by at least 2010.

2. Health

The positive achievements in reducing mortality rates between 1960 and 1992 began to be eroded thereafter, which is alarming. The underlying factors include a deterioration in the quality and quantity of health services and their reduced access to the poor following the introduction of fees, an overall decline in food availability (from 2,010 calories per capita per day during 1987-89 to 1,916 calories during 1992-94) and nutrition, decrease in immunisation coverage, increased incidence of HIV/AIDS and increasing poverty. A strategy to stop the decline and put the system back on a positive course should be formulated and implemented.

While the HIV/AIDS prevalence rate in urban areas appears to have stabilised at about 12% since 1994, it has doubled since 1992 in rural areas reaching around 8% by 1997. Children with AIDS in the age group 0-4 accounted for more than 7% of all reported AIDS cases in 1997. As infant and child mortality is directly related to maternal mortality, HIV-related mortality of mothers is an important

factor in the rising rate of child mortality in Kenya. Poverty seems to increase the incidence of the epidemic and in-turn the epidemic intensifies poverty. Full implementation of the strategies and programmes in the 1997 *Sessional Paper on HIV/AIDS*, with particular attention to mothers and children, should be pursued actively in partnership with all stakeholders including donors.

Introduction of user fees has made the basic health services less affordable to the poor. Also, the fee rates seem regressive with health centre users (often the rural poor) paying 20% toward their care while hospital patients (the majority of whom are non-poor) pay only 7.6% of the cost of care. A detailed examination of the fee structure and its impact on the poor should be undertaken with a view to evolving a more equitable sharing of costs and making the services affordable to the poor.

The volume of resources allocated by the Government to the health sector is only 60% the requirements. Also, the bulk of these resources go to curative services leaving less than 20% for rural, preventive and promotive health care (P/PHC) services which are most used by the poor. Out of the amount allocated to P/PHC, about 80% of the expenditure is estimated to go to personnel which indicates that very little is left for running costs. The impact of this pattern of funding manifests in poor quality of services and frequent shortages of essential inputs (including drugs) to health delivery. Ways and means should be found to increase the overall budgetary allocations to the health sector. Simultaneously, the within sector allocation of resources should be adjusted in favour of rural, P/PHC services.

3. Public Utilities and Shelter

It is necessary to increase the access to safe water and sanitation in rural areas in tune with the targets set out in the *National Poverty Eradication Plan*. Involvement of rural communities including women and the poor in the ru-

ral water supply and sanitation schemes should be a must. Access to piped water for urban slum and squatter residents should be made more affordable through expansion of community standpipes as well as plot connections. Support to community groups in urban slums and squatter settlements for improving sanitation and solid waste disposal as well as overall hygiene should receive priority. Use of the school system for hygiene education should be expanded.

The private sector should be mobilised to provide services for those who could pay. The Government should concentrate its efforts on the hitherto under-served and unserved groups and areas in regard to water supply, sanitation, serviced land in urban areas and housing.

G. Basic Social Services and the 20/20 Compact

Government expenditure on basic social services should be restored to 20% of the budget, which was the rate prevailing in 1980. It is also compatible with Kenya's undertaking at the World Summit for Social Development. Donor support for basic social services should be put on a more firm footing with assured flow of resources with no strings attached. The feasibility of debt swaps to augment the Government's allocation of resources to basic social services should be explored.

H. Human Development Indicators

The human development index (HDI) values for provinces, cities and districts show considerable variation reflecting the geographic inequality. Further analysis should be done to assess the variations within districts and across main income classes. The close corre-

spondence between the HDI and gender development index (GDI) values with a low value for the gender empowerment measure (GEM) and the lack of congruity between the values for HDI/GDI and the capability poverty measure (CPM) are surprising. More detailed analysis of the data is necessary to identify the factors that contribute to these consistencies/inconsistencies between the estimated values for different indicators.

I. Human Development in a Global Context

The global community is increasingly moving from a welfare approach to development to a rights approach where people become the central actors in improving their welfare. Popular participation is seen as the building block for good governance and sustainable development. Kenya has made efforts to translate the global conventions, agreements and action plans into laws, strategies and policies. However, many of these have remained largely on paper. Implementation of these should be a high priority. Legislation on children's and women's rights should be expedited and enforced. Implementation of NPEP should begin immediately.

Virtually all the human development indicators show a negative trend during the past decade. It should be a matter of serious concern to every Kenyan. Increasing globalisation is opening new opportunities and challenges. It is up to the people, their institutions and the Government to discuss and agree upon a pragmatic and progressive path that leads to popular participation, increased economic prosperity and sustainable human development. Development partners should help Kenyans in progressing in this direction.

Appendix

METHODOLOGICAL NOTES

A. Computing the Human Development Index (HDI)

HDI is a composite index derived from the simple average of three equally weighted components: literacy and educational attainment, life expectancy at birth, and income per capita. For each of the three indices, a maximum and a minimum value has been used:

	Minimum	Maximum
a) literacy and educational attainment	0%	100%
b) life expectancy		
(i) overall	25 years	85 years
(ii) males	22.5 years	82.5 years
(iii) females	27.5 years	87.5 years
c) per capita income	\$100 PPP	\$6,040 PPP

The average world income per capita is taken as \$5,711 in purchasing power parity (PPP). However, any income above the world average is discounted to give a PPP of \$6,040 as the maximum adjusted real GDP per capita.²⁷

The HDI is estimated for each province and district. The income component was derived using the product of the national income per capita and the ratio of the provincial average expenditure to the national average expenditure. Since Kenyan incomes do not exceed the world average, it is not necessary to discount provincial incomes obtained from various sources. Therefore, real GDP per capita at the provincial and district levels is used.

For each component of the HDI, individual indices are computed according to the general formula: (actual value minus minimum value) divided by (maximum value minus minimum value). The minimum and maximum values refer to the global figures, and the composite HDI for each province and district is therefore estimated in relation to the global HDI. Appendix Table 1 shows the data on the components and estimates of the HDI at national, provincial and district levels. The estimation of HDI at the national level is illustrated in the next paragraph.

At the national level, life expectancy for both sexes was 59.5 years, the literacy rate was 74.8% and the combined primary, secondary and tertiary gross enrolment ratio was 65.4%. The life expectancy index is obtained by the difference between Kenya's national life expectancy (59.5 years) and the global minimum (25 years) by the difference between the global maximum (85 years) and the global minimum (25 years). Therefore, the life expectancy index is $(59.5 - 25)/(85 - 25) = 0.5750$. The adult literacy index is obtained by dividing the difference between Kenya's national literacy rate (74.8%) and the global minimum (0%) by the difference between the global maximum (100%) and the global minimum (0%). Thus, the adult literacy index is $(74.8 - 0)/(100 - 0) = 0.7480$. The combined education enrolment index is obtained by dividing the difference between Kenya's national combined primary, secondary and tertiary gross enrolment ratio (65.4%) and the global minimum (0%) by the difference between the corresponding global maximum (100%) and minimum (0%). The resulting enrolment index is $0.6540 \{(65.4 - 0)/$

²⁷The discounting formula is: $W(y) = y^*$ for $0 < y < y^*$, where $y^* = \$ 5,711$ is the average world income, -which is equal to (i) $\{y^* + 2[(y-y^*)/2]\}$ for $y^* < y < 2y^*$. and (ii) y^* for $0 < y < y^*$. Any income below average world income (y^*) is not discounted.

(100 - 0)}. The overall educational attainment index is a weighted average of the adult literacy index (with a weight of two-thirds) and the enrolment index (with a weight of one-third). This is given by $[0.748 \times (2/3) + 0.654 \times (1/3)] = 0.7179$. The GDP index is computed by dividing the difference between Kenya's national per capita income in PPP terms (\$1,400) and the global minimum (\$100) by the difference between the global maximum (\$6,040) and minimum (\$100). Accordingly, the GDP index is given by $(1,400 - 100)/(6,040 - 100) = 0.21886$. Kenya's HDI is a simple average of the three indices - life expectancy index (0.5750), educational attainment index (0.7167) and the GDP index (0.2189) - or $\{(0.5750 + 0.7167 + 0.2189)/3\} = 0.5035$.

B. Computing Gender Development Index (GDI)

For gender-sensitive adjustment, a weighting formula is used that expresses a moderate aversion to gender inequality, setting the weighting parameter, 1 equal to 2. This is the harmonic mean of the male and female values. The **harmonic** mean is defined as the reciprocal of the arithmetic mean of their reciprocals, i.e. $1/H = 1/N * \text{Sum}(1/X)$, where H is the harmonic mean, N is the combined total of the sub-groups, and $1/X$ is the arithmetic mean of a sub-group. The harmonic mean is calculated by taking the reciprocal of the population-weighted arithmetic mean of the male and female achievements levels. The harmonic mean will be less than the arithmetic mean to the degree that there is disparity between female and male achievements. Like the HDI, the GDI is obtained as the simple average of the gender adjusted life expectancy, educational attainment and income indices.

The parameters for estimation of the GDI at the national level are the equally distributed indices of life expectancy, educational attainment and income. Computation of the equally distributed indices and the GDI are illustrated in the following:

Life expectancy: males: 57.5 years and females: 61.4 years
 Adult literacy: males: 82.8% and females: 67.3%
 Combined enrolment: males: 68.8% and females: 62.0%
 Life expectancy - males: $(57.5-22.5)/60 = 0.5833$
 females: $(61.4-27.5)/60 = 0.5650$
 The equally distributed life expectancy index is:
 $\{1/[(0.5/0.5833) + (0.5/0.5650)]\} = 0.5740$.
 Adult literacy - males: $(82.8-0)/100 = 0.8280$
 females: $(67.3-0)/100 = 0.6730$
 Combined enrolment - males: $(68.8-0)/100 = 0.6880$
 females: $(62.0-0)/100 = 0.6200$
 Combined educational attainment - males: $[2/3(0.8280) + 1/3(0.6880)] = 0.7813$
 females: $[2/3(0.6730) + 1/3(0.6200)] = 0.6553$
 The equally distributed educational index is:
 $\{1/[(0.5/0.7813) + (0.5/0.6553)]\} = 0.7128$.

The income variable uses two pieces of information: (i) ratio of the average female wage to the overall average wage in the non-agricultural sector, and (ii) the female and male percentage shares of the economically active population aged 15 and above. A rough estimate of the female share of income is then derived as the product of the ratio of average female wage to the overall average wage and the female percentage share of the economically active population. The female and male shares of income are calculated as the proportions of the female and male shares of the population. The average adjusted real GDP per capita is then discounted on the basis of gender disparity in the female and male shares of wage income in proportion to the female and male population shares.

Female and male income components are derived using the product of the province's income per capita and the proportional share of the province's female average wage income to the overall average. The results of the 1989 population and housing census showed that 66% of persons 10 years and above were economically active, which included "worked for pay" or profit, on leave or sick leave, "worked on family holding", no work, and seeking work. However, if we exclude "no work" and

"seeking work", the working population in gainful employment was 8.56 million, of which 52.41% are males and 47.59% are females. According to the Employment and Earnings data for reference year 1994, the average wage in the modern sector was Ksh. 4,809, with Ksh. 4,970 for males and Ksh. 4,386 for females, giving a ratio of female to male non-agricultural wage of 0.8825.

The ratio of female wage to average wage is the product of the proportion of females in total gainfully employed (0.4759) and the ratio of female to male non-agricultural wage (0.8825); while the ratio of male wage to average wage is the product of the proportion of male in total gainfully employed (0.5241) and the male non-agricultural wage (1.0000). The sum of the two ratios is the average wage, i.e., $[0.4759(0.8825) + 0.5241(1)] = 0.9441$. The ratio of female wage (0.8825) to average wage (0.9441) is 0.9348, while that for males is 1.0592 (male wage of 1.0000 divided by average wage of 0.9441). The female share of earned income is the product of the proportion of females in total gainfully employed (0.4759) and the ratio of female wage to average wage (0.9348), i.e., $(0.9348 \times 0.4759) = 0.4449$, while that of males was 0.5551 (product of proportion of males in total gainfully employed of 0.5241 and ratio of male wage to average wage of 1.0592). As the population distribution by sex is assumed at par (i.e., 50% female and 50% male), the female proportional income share is given by the female share of earned income (0.4449) divided by the proportion of females in total population (0.5000), or $(0.4449/0.5) = 0.8897$; and that of males is 1.1103 $(0.5551/0.5)$. The harmonic average of the male and female income shares is 1.0123.

The equally distributed per capita income for Kenya is given by dividing the per capita GDP (\$1,400 in PPP terms) by the harmonic average of the female and male income shares (1.0123), i.e., $(1400/1.0123) = \$1,383$. The equally distributed income index is the ratio of the difference between equally distributed income per capita (\$1,383) and the global mini-

imum income (\$100) and the difference between the global maximum (\$6,040) and the global minimum (\$100). Thus, the value of the *equally distributed income index* is: $[(1,383 - 100)/(6,040 - 100)] = 0.2160$.

The gender development index for Kenya is the simple average of the equally distributed indices for life expectancy (0.5740), educational attainment (0.7128) and income (0.2160); i.e., $[1/3(0.5740 + 0.7128 + 0.2160)] = 0.5009$.

C. Computing Gender Empowerment Measure (GEM)

To evaluate political and economic participation and decision making power by sex, three variables are used: weighted percentage shares of administrative and managerial and professional and technical positions; percentage shares of parliamentary seats; and an income variable to reflect control over income resources. For all three variables, the methodology used is the population weighted (1-1) averaging to derive the Equally Distributed Equivalent Percentage (EDEP) for both sexes. Each variable is indexed by dividing by 50%. The three indices are averaged to give the final GEM.

The EDEP for professional and technical positions is given by $\{1 / [(0.5/63.8) + 0.5/36.2]\} = 46.296$. Indexing professional and technical positions gives $46.296/50 = 0.9259$. The EDEP for administrative and managerial positions is given by $\{1 / [(0.5/86.7) + 0.5/13.3]\} = 23.041$. Indexing administrative and managerial positions gives $23.041 / 50 = 0.4608$. The average of the indices of administrative and managerial and professional and technical positions is $\{(0.9259 + 0.4608) / 2\} = 0.6934$.

In Kenya, there are currently eight women Members of Parliament out of a total 212 or 3.77% of the total. Since the overall composition of Kenya's population by sex remains more or less at par, the EDEP for parliamentary representation is given by: $\{1 / [(0.5/96.23) + 0.5/3.77]\} = 7.2569\%$. Hence indexing par-

liamentary representation is given by $7.2569/50 = 0.1451$.

The value of the equally distributed income index (see preceding subsection) is 0.2866. The GEM is the simple average of the three indices - representation in administrative and managerial and professional and technical positions (0.6934), parliamentary representation (0.1451), and the equally distributed income index (0.2866) - or $[1/3 (0.6934 + 0.1451 + 0.2866) = 0.3750$.

Gender disaggregated data are not available for provinces and districts. As a result, it is not feasible to estimate the GEM for provinces and districts.

D. Computing Capability Poverty Measure

The three variables in the CPM are taken as non-money metric measures of poverty, i.e. deficiency in nutrition and health for the population as a whole (as measured by underweight children), lack of access to reproductive health services and access to health services in general (as measured by unattended births), and educational poverty reflecting gender inequality in access to education (as indicated by female adult illiteracy for women aged 15 and above).

The threshold for underweight children is weight that is lower than two standard deviations from the median weight-for-age of an international reference group. This variable is taken to reflect failures in other capabilities: health services, safe water, sanitation, and adequate food. The percentage of unattended births is a reliable predictor of maternal mortality and a proxy for safe motherhood. Trained health personnel include physicians, nurses, mid wives, trained primary health care

workers, and trained traditional birth attendants (TBAs). Female literacy has a powerful multiplier effect on the well being of families and society in general as it contributes to a fall in fertility, and improves infant and child health, children's educational attainment, and nutritional and sanitary conditions in the household.

The source of data on underweight children is the *Fifth Nutrition Survey, 1994*. The survey was undertaken as a module within the Second Welfare Monitoring Survey and targeted children aged 0-60 months. It was the first time that a nation-wide survey covered Wajir, Mandera, Garissa, Isiolo, Marsabit, Samburu, and Turkana districts in the arid and semi-arid lands. At the national level, 22.5% of the children aged six to 60 months were underweight for their age, while 5.6% were severely underweight (below three standard deviations from the median of the reference population).²⁸

Information on unattended births is based on the 1994 Welfare Monitoring Survey (WMSII). The categories of personnel assisting during delivery included self, doctor, midwife, traditional birth attendant (TBA) and other. The global HDK recommends that attended births should include doctor, midwife and trained traditional birth attendants. The 1994 Welfare Monitoring Survey did not distinguish between trained and untrained TBAs.²⁹ The births attended by traditional birth attendants (TBAs), whether trained or untrained, are counted as attended births and may overstate the births attended by trained birth attendants. The respondents of a household-based survey are the mothers who gave birth. It is difficult to collect reliable data on whether the TBAs who assisted were trained or not as the beneficiaries (the mothers who gave birth) of such services may not know. The *1993 Kenya Demographic and Health Survey (KDHS)* distin-

²⁸The proportion of underweight children was highest in North Eastern Province (30.0%) followed by Coast (27.0%) and lowest in Central Province (13.9%), compared with the national average of 22.5%.

²⁹The 1994 Welfare Monitoring Survey report refers to TBAs as trained birth attendants whereas the questionnaires do not seem to be designed to elicit a clear distinction between trained and untrained.

guished between trained and untrained traditional birth attendants, but its coverage is limited compared to the 1994 WMS. The 1993 KDHS results showed that more women were assisted by untrained than by trained TBAs.³⁰

The data on female illiteracy is based on the 1994 WMS II and includes all household mem-

bers aged 15 years and above. The survey did not test the respondents' ability to read and write. Literacy levels based on self-reporting will be higher than objective-test based rates. However, the data generated in WMS II are used in the absence of more reliable estimates. These may overestimate the literacy level or underestimate the illiteracy level.³¹

³⁰The reliability of the index of attended births is distorted by the fact that no distinction is made of births attended by trained and untrained TBAs. According to the 1993 Kenya Demographic and Health Survey, at the national level, births attended by untrained TBAs were about 50% higher than those attended by trained TBAs. The highest proportion of unattended births was recorded in Western Province (37.6%) and lowest in Nairobi (10.2%) and Central (17.4%) compared with the national average of 24.4%. The proportion of births attended by doctor/midwife in Nairobi (83.7%) was of the same order of magnitude as those attended by TBAs (trained or untrained) in Wajir (98.2%) and Samburu (80.4) Districts.

³¹Female illiteracy was highest in North Eastern Province (84.9%) followed by Coast (48.4%) and lowest in

Appendix Table 1. HUMAN DEVELOPMENT INDEX

District/ Province	Life Expectancy (1989)	Life Expectancy Index	Adult Literacy Rate (1994)	Primary School enrolment (1994)	Secondary School enrolment (1994)	Tertiary enrolment (1994)	Overall enrolment (1994)	Education index	Expenditure per capita (Annua	GDP Index (Local)	GDP Index (international)	HDI value	GDP less HDI value
NAIROBI	66.1	0.69	93.1	93.8	54.5	14.2	62.5	0.829	53,491	2.96	0.649	0.7210	(0.07)
CENTRAL	68.4	0.72	90.9	93.6	28.2	3.4	67.0	0.829	13,590	0.75	0.165	0.5725	(0.41)
Kiambu	67.9	0.72	92.9	89.8	44.2	4.6	63.1	0.830	14,597	0.81	0.177	0.5740	(0.40)
Kirinyaga	67.7	0.71	89.6	97.2	20.6	0.0	67.4	0.822	12,978	0.72	0.157	0.5637	(0.41)
Murang'a	68.3	0.72	89.1	97.0	17.8	1.1	68.6	0.823	12,895	0.71	0.156	0.5669	(0.41)
Nyandarua	69.8	0.75	90.9	86.9	18.1	0.0	65.4	0.824	12,384	0.69	0.150	0.5736	(0.42)
Nyeri	69.5	0.74	90.8	95.6	31.4	7.7	70.9	0.842	13,667	0.76	0.166	0.5830	(0.42)
COAST	56.5	0.53	65.4	75.5	20.7	5.0	51.1	0.606	17,966	1.00	0.218	0.4497	(0.23)
Kilifi	56.0	0.52	54.3	77.5	16.0	10.7	54.3	0.543	14,663	0.81	0.178	0.4125	(0.23)
Kwale	53.8	0.48	51.3	53.9	12.1	2.0	37.6	0.467	15,482	0.86	0.188	0.3784	(0.19)
Lamu	57.2	0.54	66.8	96.8	2.7	0.0	56.4	0.633	25,384	1.41	0.308	0.4927	(0.18)
Mombasa	58.6	0.56	87.1	79.7	40.4	3.8	49.8	0.747	25,134	1.39	0.305	0.5371	(0.23)
Taita-Taveta	60.0	0.58	78.0	114.2	21.5	2.9	76.3	0.774	12,198	0.68	0.148	0.5019	(0.35)
Tana River	55.5	0.51	47.2	56.7	19.9	4.3	40.4	0.449	14,538	0.81	0.176	0.3780	(0.20)
EASTERN	67.2	0.70	73.8	99.9	18.8	5.1	68.1	0.719	11,577	0.64	0.140	0.5209	(0.38)
Embu	69.6	0.74	82.0	93.0	19.7	1.2	68.4	0.775	10,743	0.60	0.130	0.5495	(0.42)
Isiolo	57.6	0.54	53.6	101.3	22.9	2.3	67.7	0.583	12,120	0.67	0.147	0.4245	(0.28)
Kiui	62.6	0.63	66.2	98.2	19.8	9.3	67.2	0.665	14,070	0.78	0.171	0.4876	(0.32)
Machakos	68.4	0.72	75.7	104.1	18.4	2.8	69.4	0.736	10,999	0.61	0.133	0.5309	(0.40)
Marsabit	60.6	0.59	18.5	33.8	1.3	0.0	22.8	0.199	6,113	0.34	0.074	0.2890	(0.21)
Meru	69.2	0.74	77.4	95.5	16.3	0.0	65.2	0.733	12,898	0.71	0.156	0.5421	(0.39)
Makueni	69.2	0.74	77.0	121.6	20.1	10.6	76.0	0.767	8,731	0.48	0.106	0.5364	(0.43)
Tharaka Nithi	69.2	0.74	90.5	104.4	25.5	10.1	79.0	0.867	11,799	0.65	0.143	0.5821	(0.44)
North Eastern	54.7	0.50	23.9	28.5	8.7	0.5	21.0	0.229	17,275	0.96	0.210	0.3113	(0.10)
Garissa	55.0	0.50	25.5	26.1	10.7	0.0	19.3	0.234	24,236	1.34	0.294	0.3427	(0.05)
Mandera	55.3	0.51	32.9	32.2	9.9	0.0	23.8	0.299	14,016	0.78	0.170	0.3246	(0.15)
Wajir	53.4	0.47	12.2	27.2	4.9	1.5	20.0	0.148	12,901	0.72	0.156	0.2593	(0.10)

Appendix Table 1. HUMAN DEVELOPMENT INDEX (continued)

District/ Province	Life Expectancy (1989)	Life Expectancy Index	Adult Literacy Rate (1994)	Primary School enrolment	Secondary School enrolment (1994)	Tertiary enrolment (1994)	Overall enrolment (1994)	Education index	Expenditure per capita (Annua)	GDP Index (Local)	GDP Index (international)	HDI value	GDP less HDI value
NYANZA	51.5	0.44	71.0	103.8	26.7	4.3	73.0	0.717	15,040	0.83	0.182	0.4469	(0.26)
Kisii	58.7	0.56	77.2	104.5	39.6	9.5	77.1	0.772	15,349	0.85	0.186	0.5065	(0.32)
Kusumu	49.0	0.40	75.6	104.6	38.0	3.1	76.0	0.757	14,366	0.80	0.174	0.4439	(0.27)
Siaya	48.2	0.39	62.7	103.7	21.1	0.5	71.9	0.638	13,088	0.73	0.159	0.4010	(0.24)
Homa Bay	49.0	0.40	65.7	110.5	1.2	2.6	72.3	0.679	15,947	0.88	0.193	0.4241	(0.23)
Migori	49.0	0.40	68.5	95.9	11.3	0.0	60.7	0.659	16,547	0.92	0.201	0.4199	(0.22)
Nyamira	49.0	0.40	75.4	100.3	44.7	9.5	76.8	0.759	15,495	0.86	0.188	0.4488	(0.26)
RIFT VALLEY	61.9	0.62	69.8	92.7	22.3	5.3	63.7	0.678	15,772	0.87	0.191	0.4946	(0.30)
Kajiado	63.3	0.64	57.8	71.0	19.9	1.7	51.2	0.556	24,398	1.35	0.296	0.4968	(0.20)
Kenicho	65.6	0.68	72.3	106.5	19.3	6.6	72.6	0.724	12,666	0.70	0.154	0.5181	(0.36)
Lakipia	68.1	0.72	82.7	86.7	17.4	3.9	64.8	0.767	11,439	0.63	0.139	0.5415	(0.40)
Nakuru	66.8	0.70	77.7	101.3	16.9	2.5	64.3	0.732	17,982	1.00	0.218	0.5491	(0.33)
Nandi	64.7	0.66	75.3	106.7	38.0	0.6	73.1	0.746	13,854	0.77	0.168	0.5251	(0.36)
Narok	63.0	0.63	51.3	69.4	10.5	1.4	49.5	0.507	16,354	0.91	0.198	0.4462	(0.25)
Bomet	65.6	0.68	73.8	102.5	35.1	14.1	74.1	0.739	11,255	0.62	0.137	0.5174	(0.38)
Baringo	59.0	0.57	76.7	102.8	32.1	10.7	71.8	0.751	16,584	0.92	0.201	0.5062	(0.30)
Elgeyo-Marakwet	61.5	0.61	73.8	122.4	29.6	5.2	79.8	0.758	14,885	0.82	0.181	0.5156	(0.34)
Samburu	58.9	0.57	21.9	39.7	4.0	2.2	27.2	0.237	7,649	0.42	0.093	0.2982	(0.21)
Trans-Nzoia	61.8	0.61	78.6	99.4	15.3	2.7	63.5	0.736	17,540	0.97	0.213	0.5205	(0.31)
Turkoma	44.7	0.33	29.1	53.5	8.1	3.9	37.1	0.318	7,459	0.41	0.090	0.2455	(0.16)
Uasin-Gishu	65.9	0.68	80.5	98.3	36.7	12.5	70.7	0.772	19,088	1.06	0.232	0.5619	(0.33)
West Pokot	49.6	0.41	44.4	62.3	8.1	4.6	42.7	0.438	12,925	0.72	0.157	0.3350	(0.18)
WESTERN	56.7	0.53	77.0	105.8	32.7	6.0	72.4	0.755	11,541	0.64	0.140	0.4743	(0.33)
Bungoma	59.8	0.58	81.2	109.5	41.0	3.1	76.8	0.797	11,395	0.63	0.138	0.5052	(0.37)
Busia	52.8	0.46	65.7	94.9	31.3	7.0	68.9	0.668	10,308	0.57	0.125	0.4187	(0.29)
Kakamega	56.6	0.53	75.6	109.4	37.8	14.3	77.1	0.761	12,629	0.70	0.153	0.4802	(0.33)
Vihiga	56.6	0.53	81.6	103.2	13.5	0.0	61.6	0.749	10,709	0.59	0.130	0.4687	(0.34)
KENYA	59.5	0.58	74.8	94.5	26.0	5.7	65.4	0.717	18,043	1.00	0.219	0.5035	(0.28)

Purchasing power parity (\$) 1,400

GDP index 0.22

Note: Meru and Tharaka-Nithi were one district in 1989, as were Homa Bay-Migori, Nyamira-Kisii, Kericho-Bomet, and Kakamega-Vihiga. Life expectancy among each of the pairs is assumed to be the same.

Appendix Table 2. Gender Development Index

District/ Province	Life Expectancy		Expectancy index		Adult Literacy Rate		Overall Enrolment		Education Index		EDEP Education	Income	GDI value
	M	F	M	F	M	F	M	F	M	F			
NAIROBI	65.3	66.8	0.713	0.655	95.9	90.2	66.9	58.4	0.862	0.796	0.683	0.6734	0.7280
CENTRAL	67.7	69.1	0.753	0.693	94.6	87.9	73.8	61.3	0.877	0.790	0.722	0.1585	0.5706
Kiambu	66.7	69.0	0.737	0.692	94.1	91.8	69.5	58.4	0.859	0.807	0.713	0.1715	0.5723
Kirinyaga	66.7	68.6	0.737	0.685	94.4	85.9	73.6	62.3	0.875	0.780	0.710	0.1506	0.5618
Murang'a	67.6	68.9	0.752	0.690	94.7	84.2	75.7	61.6	0.884	0.767	0.720	0.1496	0.5634
Nyandarua	70.1	69.5	0.793	0.700	95.7	87.2	68.9	62.8	0.868	0.791	0.744	0.1430	0.5713
Nyeri	69.3	69.6	0.780	0.702	94.7	87.9	79.8	63.6	0.897	0.798	0.739	0.1595	0.5810
COAST	55.8	57.2	0.555	0.495	80.0	51.6	55.5	47.0	0.718	0.501	0.523	0.2150	0.4428
Kilifi	54.3	57.6	0.530	0.502	76.9	35.0	62.5	47.6	0.721	0.393	0.515	0.1724	0.3987
Kwale	53.4	54.1	0.515	0.443	66.5	38.1	39.4	35.9	0.575	0.374	0.476	0.1830	0.3708
Lamu	57.6	56.8	0.585	0.488	83.5	51.7	61.0	52.4	0.760	0.519	0.532	0.3107	0.4867
Mombasa	57.4	59.8	0.582	0.538	92.7	80.6	53.6	45.6	0.797	0.689	0.559	0.3075	0.5353
Taita Taveta	60.2	59.8	0.628	0.538	85.4	71.2	75.2	77.4	0.820	0.733	0.580	0.1406	0.4981
Tana River	55.9	55.1	0.557	0.460	62.6	34.7	46.9	34.0	0.574	0.345	0.504	0.1708	0.3684
EASTERN	66.7	67.7	0.737	0.670	81.5	66.8	70.6	65.7	0.779	0.664	0.702	0.1326	0.5171
Embu	69.7	69.4	0.787	0.698	88.3	77.0	74.7	62.3	0.838	0.721	0.740	0.1218	0.5456
Isiolo	57.5	57.7	0.583	0.503	62.7	44.5	78.0	56.6	0.676	0.485	0.540	0.1396	0.4152
Kaji	61.6	63.6	0.652	0.602	76.1	58.2	71.1	63.7	0.744	0.600	0.626	0.1647	0.4850
Machakos	67.5	69.3	0.750	0.697	84.8	67.1	71.4	67.1	0.803	0.671	0.722	0.1251	0.5262
Marsabit	60.3	60.8	0.630	0.555	24.9	12.7	27.2	17.5	0.257	0.143	0.590	0.0621	0.2786
Meru	69.2	69.1	0.778	0.693	83.7	72.0	64.8	65.5	0.774	0.698	0.733	0.1496	0.5391
Makueni	69.2	69.1	0.778	0.693	84.4	69.6	78.8	73.2	0.825	0.708	0.733	0.0958	0.5304
Tharaka-Nithi	69.2	69.1	0.778	0.693	95.0	86.0	79.8	78.2	0.899	0.834	0.733	0.1354	0.5781
North Eastern	55.3	54.1	0.547	0.443	32.6	15.1	24.6	17.0	0.299	0.157	0.490	0.2061	0.3006
Garissa	56.1	53.8	0.560	0.438	28.3	22.3	24.3	13.6	0.270	0.194	0.492	0.2959	0.3378
Mandera	56.6	54.0	0.568	0.442	47.6	17.5	26.0	21.5	0.404	0.188	0.497	0.1640	0.3060
Wajir	54.9	51.9	0.540	0.407	20.2	4.9	23.6	16.1	0.213	0.086	0.464	0.1496	0.2455

Appendix Table 2. Gender Development Index (continued)

District/ Province	Life Expectancy		Expectancy index		Adult Literacy Rate		Overall Enrolment		Education Index		EDEP Education	Income	GDI value	
	M	F	M	F	M	F	M	F	M	F				
NYANZA	49.5	53.5	0.450	0.433	83.1	61.0	76.1	69.7	0.808	0.639	0.442	0.713	0.1772	0.4441
Kisii	56.5	60.8	0.567	0.555	88.5	66.5	79.4	74.6	0.855	0.692	0.561	0.765	0.1812	0.5022
Kisumu	47.2	50.7	0.412	0.387	85.9	66.4	77.9	74.0	0.832	0.689	0.399	0.754	0.1686	0.4405
Siaya	46.3	50.1	0.397	0.377	78.7	51.7	70.8	72.9	0.761	0.588	0.386	0.663	0.1521	0.4005
Homa Bay	46.9	51.1	0.407	0.393	77.8	57.0	83.0	60.4	0.795	0.581	0.400	0.672	0.1890	0.4201
Migori	46.9	51.1	0.407	0.393	82.3	57.2	62.7	58.3	0.758	0.576	0.400	0.654	0.1967	0.4169
Nyamira	46.9	51.1	0.407	0.393	81.4	69.6	80.1	73.2	0.810	0.708	0.400	0.756	0.1831	0.4462
RIFT VALLEY	60.9	62.8	0.640	0.588	76.9	62.9	66.6	60.7	0.735	0.622	0.613	0.674	0.1867	0.4911
Kajiado	61.9	64.6	0.657	0.618	64.6	50.8	60.3	41.8	0.632	0.478	0.637	0.544	0.2980	0.4930
Kericho	63.9	67.2	0.690	0.662	81.1	64.0	77.1	68.0	0.798	0.653	0.676	0.718	0.1466	0.5135
Laikipia	67.5	68.6	0.750	0.685	87.4	78.6	70.5	60.1	0.818	0.724	0.716	0.768	0.1308	0.5383
Nakuru	65.6	67.9	0.718	0.673	84.9	70.3	66.5	62.1	0.788	0.676	0.695	0.727	0.2152	0.5459
Nandi	63.1	66.2	0.677	0.645	82.4	68.4	71.3	75.0	0.787	0.706	0.660	0.744	0.1619	0.5222
Narok	61.0	65.0	0.642	0.625	55.2	48.0	51.4	48.3	0.539	0.481	0.633	0.508	0.1942	0.4453
Bomet	63.9	67.2	0.690	0.662	84.0	62.9	77.3	70.4	0.818	0.654	0.676	0.727	0.1284	0.5102
Baringo	58.8	59.1	0.605	0.527	80.7	72.3	76.5	66.2	0.793	0.703	0.563	0.745	0.1972	0.5018
Elgeyo-Marakwet	61.6	61.4	0.652	0.565	77.9	69.7	83.2	76.4	0.797	0.719	0.605	0.756	0.1752	0.5122
Samburu	56.9	60.9	0.573	0.557	28.3	15.3	33.9	18.7	0.302	0.164	0.565	0.213	0.0819	0.2865
Trans Nzoia	61.0	62.5	0.642	0.583	87.4	68.9	64.9	61.8	0.799	0.665	0.611	0.726	0.2095	0.5156
Turkana	44.1	45.3	0.360	0.297	41.5	17.3	41.4	31.8	0.415	0.221	0.325	0.289	0.0794	0.2311
Uasin Gishu	65.1	66.6	0.710	0.652	84.0	77.3	69.4	72.0	0.791	0.755	0.680	0.773	0.2295	0.5607
West Pokot	49.2	50.0	0.445	0.375	53.5	35.5	46.5	39.3	0.512	0.368	0.407	0.428	0.1500	0.3283
WESTERN	55.6	57.7	0.552	0.503	86.4	68.8	74.6	70.1	0.825	0.692	0.526	0.753	0.1321	0.4704
Bungoma	58.9	60.7	0.607	0.553	89.9	72.1	79.0	74.5	0.863	0.729	0.579	0.790	0.1302	0.4997
Busia	52.8	52.7	0.505	0.420	81.6	53.2	71.8	66.1	0.783	0.575	0.459	0.663	0.1162	0.4127
Kakamega	55.4	57.7	0.548	0.503	84.9	67.5	76.7	77.5	0.822	0.708	0.525	0.761	0.1461	0.4773
Vihiga	55.4	57.7	0.548	0.503	86.7	77.7	66.3	57.5	0.799	0.710	0.525	0.752	0.1214	0.4660
KENYA	57.5	61.4	0.583	0.565	82.8	67.3	68.8	62.0	0.781	0.655	0.574	0.713	0.2160	0.5009

Note: Pending a more reasonable estimation of female income share disaggregated by provinces and districts.

Appendix Table 3. CAPABILITY POVERTY MEASURE, 1994

	Underweight Children 6-60 months (%)	Female Illiteracy (%)	Attendant Assisting During Delivery (%)					Unattended Births	CPM Index
			Self	Doctor	Midwife	TBA	Other		
NAIROBI	22.0	9.8	3.4	47.6	36.1	6.1	6.8	10.2	14.0
CENTRAL	13.9	12.0	6.0	34.3	41.1	7.1	11.4	17.4	14.4
Kiambu	15.4	8.2	3.1	37.7	42.9	4.6	11.7	14.8	12.8
Kirinyaga	11.7	14.1	1.3	44.9	29.0	16.6	8.3	9.6	11.8
Murang'a	17.1	15.8	5.8	35.3	32.7	8.1	18.0	23.8	18.9
Nyandarua	14.1	12.8	19.6	15.9	48.9	7.4	8.2	27.8	18.2
Nyeri	10.1	12.1	1.8	37.3	49.4	3.0	8.5	10.3	10.8
COAST	27.0	48.4	11.0	12.5	21.4	37.0	18.0	29.0	34.8
Kilifi	35.0	65.0	-	6.0	29.3	64.0	0.7	0.7	33.6
Kwale	29.1	61.9	39.4	4.8	11.5	20.0	24.2	63.6	51.5
Lamu	15.4	48.3	2.2	13.0	23.9	57.6	3.3	5.5	23.1
Mombasa	27.3	19.4	10.4	31.3	31.3	19.8	7.3	17.7	21.5
Taita Taveta	18.8	28.8	1.7	23.7	22.0	34.7	17.8	19.5	22.4
Tana River	36.5	65.3	-	3.1	13.4	24.7	58.8	58.8	53.5
EASTERN	26.7	33.2	4.6	7.7	42.5	29.7	15.5	20.1	26.7
Embu	22.7	23.0	6.0	4.5	58.6	8.5	22.4	28.4	24.7
Isiolo	23.7	55.5	0.8	0.8	33.1	15.3	50.0	50.8	43.3
Kitui	28.3	42.0	0.7	6.9	26.5	56.4	9.5	10.2	26.8
Machakos	31.1	32.9	2.5	17.3	19.1	54.3	6.8	9.3	24.4
Marsabit	34.9	87.3	1.3	0.6	20.1	46.1	31.8	33.1	51.8
Meru	23.6	28.0	11.0	11.7	66.1	5.4	5.8	16.8	22.8
Makueni	22.3	30.4	2.4	10.2	19.3	46.4	21.7	24.1	25.6
Tharaka-Nithi	23.3	14.0	2.3	3.8	76.9	10.0	6.9	9.2	15.5
NORTH EASTERN	30.0	84.9	-	1.2	12.2	65.6	21.0	21.0	45.3
Garissa	41.4	77.7	-	3.2	37.6	17.2	42.0	42.0	53.7
Mandera	28.2	82.5	-	0.4	3.3	74.2	22.1	22.1	44.3
Wajir	29.4	95.1	-	0.6	1.2	98.2	-	0.0	41.5
NYANZA	20.0	39.0	9.4	9.7	30.8	28.9	20.2	29.6	29.5
Kisii	23.4	33.5	15.4	5.8	49.7	13.0	16.1	31.5	29.5
Kisumu	15.3	33.6	1.8	27.9	35.0	26.1	9.2	11.0	20.0
Siaya	15.8	48.3	9.9	7.0	40.1	20.4	22.5	32.4	32.2
Homa Bay	19.1	43.0	8.0	4.0	33.0	33.0	22.0	30.0	30.7
Migori	29.9	42.8	7.7	1.5	22.3	58.5	10.0	17.7	30.1
Nyamira	19.8	30.4	15.4	9.0	32.4	30.3	12.8	28.2	26.1
RIFT VALLEY	24.6	37.1	10.5	9.7	30.8	28.9	20.2	30.7	30.8
Kajiado	25.6	49.2	-	9.0	24.3	62.5	4.2	4.2	26.3
Kericho	17.7	36.0	-	15.2	35.2	20.8	28.8	28.8	27.5
Laikipia	24.9	21.1	12.0	10.1	40.6	23.0	14.2	26.2	24.1
Nakuru	27.0	29.7	3.4	2.2	48.9	15.7	29.8	33.2	30.0
Nandi	19.1	31.6	6.7	12.1	22.9	21.7	36.7	43.4	31.4
Narok	29.7	52.0	26.7	12.1	14.9	45.0	1.5	28.2	36.6
Bomet	17.5	37.1	7.0	13.2	13.2	37.7	28.9	35.9	30.2
Baringo	31.0	27.7	-	17.1	29.7	50.3	2.9	2.9	20.5
Elgeyo Marakwet	20.6	30.3	1.0	8.1	46.2	21.3	23.4	24.4	25.1
Samburu	46.2	84.7	2.0	6.9	9.8	80.4	1.0	3.0	44.6
Trans-Nzoia	23.7	31.1	21.9	1.2	35.5	18.9	22.5	44.4	33.1
Turkana	34.2	82.7	52.1	1.6	17.0	23.4	5.9	58.0	58.3
Uasin-Gishu	17.1	22.7	0.9	15.9	31.3	32.2	19.6	20.5	20.1
West Pokot	36.0	64.5	-	8.9	17.8	23.0	50.4	50.4	50.3
WESTERN	26.3	31.2	23.2	2.5	32.4	27.5	14.4	37.6	31.7
Bungoma	25.3	27.9	23.9	2.8	23.0	34.7	15.6	39.5	30.9
Busia	23.2	46.8	21.4	0.5	52.3	17.1	8.3	29.7	33.2
Kakamega	31.9	32.5	28.9	4.3	26.5	26.1	14.2	43.1	35.8
Vihiga	26.4	22.3	9.6	2.4	32.5	30.1	25.3	34.9	27.9
KENYA	22.5	32.6	8.6	15.0	34.6	25.9	15.8	24.4	26.5

Notes:

1. Proportion of underweight children and attendants are from the Fifth Nutrition Survey, 1994.
2. Female illiteracy data is from the 1994 Welfare Monitoring Survey I, Basic Report.
3. In this table, births attended by traditional birth attendants (TBAs) whether trained or untrained are counted under attended births.

Appendix Table 4. SUMMARY OF RESULTS

Province/ District	Life Expectancy (1989)		Adult Literacy Rate (1994)		Overall Enrollment (1994)		Per capita Income(1994)	HDI value (%)	GDI value (%)	Underweight Children (%)	Unattended Births (%)	CPM Index
	M	F	M	F	M	F						
NAIROBI	65.3	66.8	95.9	90.2	66.9	58.4	53,491	0.7210	0.7280	22.0	16.3	16.0
CENTRAL	67.7	69.1	94.6	87.9	73.8	61.3	13,590	0.5725	0.5706	13.9	24.5	16.8
Kiambu	66.7	69.0	94.1	91.8	69.5	58.4	14,597	0.5740	0.5723	15.4	19.4	14.3
Kirinyaga	66.7	68.6	94.4	85.9	73.6	62.3	12,978	0.5637	0.5618	11.7	26.2	17.3
Murang'a	67.6	68.9	94.7	84.2	75.7	61.6	12,895	0.5669	0.5634	17.1	31.9	21.6
Nyandarua	70.1	69.5	95.7	87.2	68.9	62.8	12,384	0.5736	0.5713	14.1	35.2	20.7
Nyeri	69.3	69.6	94.7	87.9	79.8	63.6	13,667	0.5830	0.5810	10.1	13.3	11.8
COAST	55.8	57.2	80.0	51.6	55.5	47.0	17,966	0.4497	0.4428	27.0	66.0	47.1
Kilifi	54.3	57.6	76.9	35.0	62.5	47.8	14,663	0.4125	0.3987	35.0	64.7	54.9
Kwale	53.4	54.1	66.5	38.1	39.4	35.9	15,482	0.3784	0.3708	29.1	83.6	58.2
Lamu	57.6	56.8	83.5	51.7	61.0	52.4	25,384	0.4927	0.4867	15.4	63.1	42.3
Mombasa	57.4	59.8	92.7	80.6	53.6	45.6	25,134	0.5371	0.5353	27.3	37.5	28.1
Taita-Taveta	60.2	59.8	85.4	71.2	75.2	77.4	12,198	0.5019	0.4981	18.8	54.2	33.9
Tana River	55.9	55.1	62.6	34.7	46.9	34.0	14,538	0.3780	0.3684	36.5	83.5	61.8
EASTERN	66.7	67.7	81.5	66.8	70.6	65.7	11,577	0.5209	0.5171	26.7	49.8	36.6
Embu	69.7	69.4	88.3	77.0	74.7	62.3	10,743	0.5495	0.5456	22.7	36.9	27.5
Isiolo	57.5	57.7	62.7	44.5	78.0	56.6	12,120	0.4245	0.4152	23.7	66.1	48.4
Kitui	61.6	63.6	76.1	58.2	71.1	63.7	14,070	0.4876	0.4850	28.3	66.6	45.6
Machakos	67.5	69.3	84.8	67.1	71.4	67.1	10,999	0.5309	0.5262	31.1	63.6	42.5
Marsabit	60.3	60.8	24.9	12.7	27.2	17.5	6,113	0.2890	0.2786	34.9	79.2	67.1
Meru	69.2	69.1	83.7	72.0	64.8	65.5	12,898	0.5421	0.5391	23.6	22.2	24.6
Makueni	69.2	69.1	84.4	69.6	78.8	73.2	8,731	0.5364	0.5304	22.3	70.5	41.1
Tharaka Nithi	69.2	69.1	95.0	86.0	79.8	78.2	11,799	0.5821	0.5781	23.3	19.2	18.8
North Eastern	55.3	54.1	32.6	15.1	24.6	17.0	17,275	0.3113	0.3006	30.0	86.6	67.2
Garissa	56.1	53.8	28.3	22.3	24.3	13.6	24,236	0.3427	0.3378	41.4	59.2	59.4
Mandera	56.6	54.0	47.6	17.5	26.0	21.5	14,016	0.3246	0.3060	28.2	96.3	69.0
Wajir	54.9	51.9	20.2	4.9	23.6	16.1	12,901	0.2593	0.2455	29.4	98.2	74.2

Appendix Table 4. SUMMARY OF RESULTS (continued)

Province/ District	Life Expectancy (1989)		Adult Literacy Rate (1994)		Overall Enrolment (1994)		Per capita Income(1994)	HDI value (%)	GDI value (%)	Underweight Children (%)	Unattended Births (%)	CPM Index
	M	F	M	F	M	F						
NYANZA												
Kisii	49.5	53.5	83.1	61.0	76.1	69.7	73.0	0.4469	0.4441	20.0	58.5	39.2
Kisumu	56.5	60.8	88.5	66.5	79.4	74.6	77.1	0.5065	0.5022	23.4	44.5	33.8
Siaya	47.2	50.7	85.9	66.4	77.9	74.0	76.0	0.4439	0.4405	15.3	37.1	28.7
Homa Bay	46.3	50.1	78.7	51.7	70.8	72.9	71.9	0.4010	0.4005	15.8	52.8	39.0
Migori	46.9	51.1	77.8	57.0	83.0	60.4	72.3	0.4241	0.4201	19.1	63.0	41.7
Nyamira	46.9	51.1	82.3	57.2	62.7	58.3	60.7	0.4199	0.4169	29.9	76.2	49.6
RIFT VALLEY												
Kajiado	60.9	62.8	76.9	62.9	66.6	60.7	63.7	0.4946	0.4911	24.6	59.6	40.4
Kenya	61.9	64.6	64.6	50.8	60.3	41.8	51.2	0.4968	0.4930	25.6	66.7	47.2
Laikipia	63.9	67.2	81.1	64.0	77.1	68.0	72.6	0.5181	0.5135	17.7	49.6	34.4
Nakuru	67.5	68.6	87.4	78.6	70.5	60.1	64.8	0.5415	0.5383	24.9	49.2	31.7
Nandi	65.6	67.9	84.9	70.3	66.5	62.1	64.3	0.5491	0.5459	27.0	48.9	35.2
Narok	63.1	66.2	82.4	68.4	71.3	75.0	73.1	0.5251	0.5222	19.1	65.1	38.6
Bomet	61.0	65.0	55.2	48.0	51.4	48.3	49.5	0.4462	0.4453	29.7	73.2	51.6
Baringo	63.9	67.2	84.0	62.9	77.3	70.4	74.1	0.5174	0.5102	17.5	73.6	42.7
Elgeyo Marakwet	58.8	59.1	80.7	72.3	76.5	66.2	71.8	0.5062	0.5018	31.0	53.2	37.3
Samburu	61.6	61.4	77.9	69.7	83.2	76.4	79.8	0.5156	0.5122	20.6	45.7	32.2
Trans-Nzoia	56.9	60.9	28.3	15.3	33.9	18.7	27.2	0.2982	0.2865	46.2	83.4	71.4
Turkana	61.0	62.5	87.4	68.9	64.9	61.8	63.5	0.5205	0.5156	23.7	63.3	39.4
Uasin-Gishu	44.1	45.3	41.5	17.3	41.4	31.8	37.1	0.2455	0.2311	34.2	81.4	66.1
West Pokot	65.1	66.6	84.0	77.3	69.4	72.0	70.7	0.5619	0.5607	17.1	52.7	30.8
WESTERN												
Bungoma	49.2	50.0	53.5	35.5	46.5	39.3	42.7	0.3350	0.3283	36.0	73.4	58.0
Busia	55.6	57.7	86.4	68.8	74.6	70.1	72.4	0.4743	0.4704	26.3	65.1	40.9
Kotomega	58.9	60.7	89.9	72.1	79.0	74.5	76.8	0.5052	0.4997	25.3	74.2	42.5
Vhiga	52.8	52.7	81.6	53.2	71.8	66.1	68.9	0.4187	0.4127	23.2	46.8	38.9
Kenya	55.4	57.7	84.9	67.5	76.7	77.5	77.1	0.4802	0.4773	31.9	69.2	44.5
KENYA												
	55.4	57.7	86.7	77.7	66.3	57.5	61.6	0.4687	0.4660	26.4	65.0	37.9
	57.5	61.4	82.8	67.3	68.8	62.0	65.4	0.5035	0.5009	22.5	50.3	35.1

Appendix Table 5. Ranking of Provinces and Districts by Human Development Indicators

Rank by HDI	Rank by GDI	Rank by CPM	Rank by Poverty Incidence
A. Provinces			
Central	Central	Central	Central
Eastern	Eastern	Eastern	Nyanza
Rift valley	Rift valley	Nyanza	Rift valley
Western	Western	Rift valley	Western
Coast	Nyanza	Western	Coast
Nyanza	Coast	Coast	Eastern
N. Eastern	N. Eastern	N. Eastern	N. Eastern
B. Districts			
Nairobi	Nairobi	Nyeri	Kajiado
Nyeri	Nyeri	Kiambu	Nyeri
Tharaka Nithi	Tharaka Nithi	Nairobi	Nairobi
Kiambu	Kiambu	Kirinyaga	East Marakwet
Nyandura	Nyandura	Tharaka Nithi	Narok
Murang'a	Murang'a	Nyandura	Kiambu
Kirinyaga	Kirinyaga	Murang'a	Lamu
Uasin-Gishu	Uasin-Gishu	Meru	Meru
Embu	Nakuru	Embu	Mombasa
Nakuru	Embu	Mombasa	Kisii
Meru	Meru	Kisumu	Nyandura
Laikipia	Laikipia	Uasin-Gishu	Uasin-Gishu
Mombasa	Mombasa	Laikipia	Migori
Makueni	Makueni	East Marakwet	Kirinyaga
Machakos	Machakos	Kisii	Nakuru
Nandi	Nandi	Taita-Taveta	Murang'a
Trans-Nzoia	Trans-Nzoia	Kericho	Baringo
Kericho	Kericho	Nakuru	Kwale
Bomet	East Marakwet	Nyamira	Nandi
East Marakwet	Bomet	Baringo	Laikipia
Taita-Taveta	Kisii	Vihiga	Tharaka Nithi
Kisii	Baringo	Nandi	Kisumu
Baringo	Bungoma	Busia	Bomet
Bungoma	Taita-Taveta	Siaya	Trans-Nzoia
Kajiado	Kajiado	Trans-Nzoia	Siaya
Lamu	Lamu	Makueni	Homa Bay
Vihiga	Vihiga	Bungoma	Taita-Taveta
Nyamira	Nyamira	Machakos	Nyamira
Narok	Narok	Bomet	Kakamega
Kisumu	Kisumu	Kakamega	Vihiga
Isiolo	Homa Bay	Kitui	Kitui
Homa Bay	Migori	Kajiado	Bungoma
Migori	Isiolo	Isiolo	Wajir
Busia	Busia	Migori	Busia
Kilifi	Siaya	Narok	Kericho
Siaya	Kilifi	Kilifi	Embu
Kwale	Kwale	West Pokot	Mandera
Tana River	Tana River	Kwale	Kilifi
Garissa	Garissa	Garissa	Machakos
West Pokot	West Pokot	Tana River	Tana River
Mandera	Mandera	Turkana	Turkana
Samburu	Samburu	Marsabit	Turkani
Marsabit	Marsabit	Mandera	Makueni
Wajir	Wajir	Samburu	Isiolo
Turkana	Turkana	Wajir	Samburu
			Marsabit

District rankings by decreasing values of HDI and GDI and increasing values of CPM and Poverty Incidence.

Note: Meru and Tharaka-Nithi were one district in 1989, as well as Homa Bay-Migori; Nyamira-Kisii; Kericho-Bomet, and Kakamega-Vihiga. Life expectancy is, therefore, assumed to be the same in each pair of districts.

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THE PURPOSE OF THIS FIRST NATIONAL HUMAN DEVELOPMENT REPORT (NHDR) FOR KENYA IS TO PRESENT AN OVERVIEW OF THE STATE OF HUMAN DEVELOPMENT IN THE COUNTRY AND THE ISSUES THAT MERIT CONSIDERATION BY ALL KENYANS AND THEIR DEVELOPMENT PARTNERS. THE NHDR PRESENTS BENCHMARK DATA AND LAYS THE GROUNDWORK FOR FUTURE REPORTS. IT IS MEANT TO INFORM, INSPIRE AND PROMOTE DIALOGUE AMONG KENYANS AND WITH THEIR DEVELOPMENT PARTNERS ON HUMAN DEVELOPMENT IN GENERAL AND POVERTY AND GENDER IN PARTICULAR.

THE PRIMARY FOCUS OF KENYA'S FIRST NHDR IS POVERTY AND GENDER. ACCORDING TO RECENT ESTIMATES, ALMOST HALF OF KENYA'S POPULATION IS POOR AND ITS PLIGHT IS NOT IMPROVING. PERTINENT ISSUES INCLUDE THE CAUSES AND CONSEQUENCES OF INCREASING POVERTY, THE INEQUITIES CONFRONTED BY WOMEN AND GIRLS, THE ACCESS OF THE POOR AND WOMEN TO SOCIAL SERVICES, AND THE LACK OF OPPORTUNITIES FOR ECONOMIC, SOCIAL AND POLITICAL PARTICIPATION. THE DOMESTICATION OF INTERNATIONAL CONVENTIONS AND THE IMPLICATIONS OF INCREASING GLOBALIZATION FOR POOR KENYAN WOMEN AND MEN ARE ALSO CONSIDERED. FINALLY, THE REPORT REFLECTS THE SIGNIFICANT DIFFERENCES IN ECONOMIC AND SOCIAL DEVELOPMENT ACROSS PROVINCES AND DISTRICTS, BETWEEN RURAL AND URBAN AREAS AND AMONG MEN AND WOMEN.

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