Social Policy in Kenya

Social policy is viewed from a narrow, sectoralist and often 'managerialist' perspective focused on the administration of social welfare and social security, or from a more holistic and transformational perspective of social development.

Social policy is thus seen as 'the set of systematic and deliberate interventions in social life…, to ensure the satisfaction of basic needs and the well being of citizens. It is an expression of socially desirable goals through legislation, institutions and administrative programs and practices in accordance with specific development objectives' (Aina 1999:73)

Since independence in 1963, Kenya has pursued various development paradigm models aimed at generating sustainable real growth in the economy. This policy has always assumed that the rate of economic growth would outpase population growth, thereby increasing income and raising employment.

However, although the development policies of the period result in GDP growth averaging 6.6 annually during 1964-73, that growth was not sustained. Several reasons account for this, including an increase in population growth rates, economic emergencies such as droughts and oil shocks, and inefficient government agencies. Consistently high inflation, widespread unemployment was high, especially among young people, and under employment all contributed to unprecedented high levels of poverty as shown on table **1.1**

Indication	**1995**	**1996**	**1997**	**1998**	**1999**
1.Population (in millions)	27.5	28.2	28.9	29.9	28.7
Population growth	2.7	2.6	2.5	2.4	2.4
2. Real Gdp Growth (%)	4.8	4.6	2.3	1.8	1.4
3. Inflation (Annual Average)	1.6	9.0	11.2	6.6	8.7
4. Gross domestic Investment (% GDP) at Mkt Prices	21.8	20.4	18.4	17.0	16.9
5.Per capita income (In US dollars)	278	284	283	282	279

Sources: central Bureau of statistics, Central Bank of Kenya and human Resources Devt, 2000

The broad objective of the social sector is to reduce poverty and narrow inequality through employment, empowerment and improving access, affordability and quality of social services.

According to the Kenya economic Recovery strategy 2003-2007, the government intends to rehabilitate, expand and properly maintained physical and infrastructure sectors.

But despite all the efforts of trying to improve social sector, poverty still shows rising. Three national surveys conducted in the 1990's provide valuable information about welfare levels, poverty and other household and individual characteristics. Several poverty profiles have been constructed spanning 1991/92, 1994 and 1997. The surveys are, however out of date and not fully comparable. Nevertheless, it is estimated that the proportion of the population living in poverty has risen from about 48.8 percent in 1990 to 55.4 percent in 2001. The proportion is estimated to have risen to more than 56 percent in 2003. Poverty increased sharply during the early 1990s, declined during the mid 1990s, and rose steadily since 1997 (from 14.4 million in 1997 to 17.1 million in 2001).

Kenya: poverty reduction strategy paper published by IMF Jan 2005, Illiteracy rate increased as enrolment rates in primary school declined during the 1990s. Life expectancy declined from 57 years to 47 years between 1986 and 2000, while the situation in infant and child mortality and HIV/AIDS worsened. Preliminary results of the Kenya Democratic and Health Survey conducted in 2003 indicate that Infant mortality increased from 62 per thousand in 1993 to 78 per thousand in 2003, while under five mortality rose slightly from 96 per thousand births to 114 per thousand in the same period. Trends in nutritional status of children under age three show that the percent of stunned children (short of their age) increased from 29 percent in 1993 to 31 percent in 2003. Similarly, the percent of children aged 12-23 months who were fully vaccinated dropped from 79 percent in 1993 to a dismal 52 percent in 2003.

Estimates on unemployment also indicate an increasing trend over the last two decades. In 1978 the urban unemployment rate was approximately 7 percent. By 1986, it had increased to 16 percent and continued to rise to 25 percent by 1999. the unemployment rate in the rural areas for the same period was less acute at 9.4 percent, while Kenya as a whole it was estimated at 14.6 percent.

According to Kenya economic recovery for strategy for wealth and employment creation 2003-2007,the main objective of health is to ensure provision of a basic health package to all Kenyans and increase coverage of quality health care for the poor. This would be expected to provide affordable health care to all Kenyans, reduce infant mortality and immunization coverage raised to 65 percent. But unfavourable distribution of health care services continues to widen with observed

disparities in access and affordability across the country. Currently, only 42% of the population has access to health facilities within 4 kilometres and 75% within 8 kilometres.health expenditure in rural areas account for 30% while urban areas (where only 20% of the population live) account for 70% of the health expenditure. Disparities also exist in the distribution of medical personnel. There is only one doctor for every 33,000 of the rural population compared with one doctor for every 1,700 urban residents. In addition to this unfavourable distribution, retention of medical personnel in the public health facilities has remained a major challenge due to poor remuneration. (**National development plan 2002-2008: Effective management for sustainable Economic Growth and Poverty Reduction by the Government of Kenya)**

The 2003 Demographic and Health Survey (DHS) shows that fertility increased over the past five years. This reverse a decade of outstanding progress in family planning. The Total Fertility Rate (TFR) in 2000-2002 was 4.9 children per woman, up from 4.7 in 1995-1997. The DHS also shows that after decades of improvement, child mortality rates increased by 28% from the late 1980s to the present. Of 1,000 births in Kenya, 114 children died before age five during the 1998-2002 period, up from 89 deaths per 1,000 births over the 1984-1988 period.

Education on the other hand, is a key determinant of earnings and therefore an important exit route from poverty. According to Kenya Economic Recovery Strategy For Wealth and Employment Creation 2003-2007,the broad objectives of education sector interventions are to achieve 100 percent net primary school enrolment and reduce the disparity in access and quality of education. Secondary objectives are to improve access and quality and to reduce disparities at all levels of education. The first challenges direct costs of schoolings, which have kept a significant proportion of the poor away from school. According to the 1997 Welfare, Monitoring and Evaluation Survey (WMES), 30.7 percent of the poor children who were out of school were unable to attend due to affordability.

World Bank paper Published: 3-15-1995, says Kenya has distinctly more favorable social indicators than most countries in the region. However, the distribution of the benefits from better health and education is uneven and is related to income. The bottom expenditure decile has a net primary school enrollment rate of only 62 percent, compared to 82 percent for the top decile. The inequality is worse for secondary education; the bottom decile has an enrollment rate of only 2 percent compared to 20 percent for the top decile. Child status indicators vary by the education of the mother, a partial proxy for income. For example, the rate of stunting is 21 percent among children with mothers who have the secondary education in contrast to 37 percent for the children of mothers who

have no education. Infant and child mortality rates are about 50 percent higher for children born to uneducated mothers. There is also a strong urban bias. Rural secondary school enrollment rates are half those of urban areas; the rate of stunting is 60 percent higher and infant mortality is 43 percent higher. There is no evidence of gross discrimination against females in human capital investment. Nevertheless, the school completion rate is lower for females, and, in times of economic stress, female students are more likely to drop out of primary school. Girls from poor families in rural areas typically do not attend secondary school at all.

Are many Kenyans living under poverty line?

Poverty is a major concern of governments all over the world, and countless poverty-alleviation programmes and campaigns have been developed over time and across regions. Yet poverty continues to be a key impediment to human development and economic progress. Despite the advances over the last five decades in social and economic well-being, disease eradication, the Green Revolution, and technology and information, a large number of people in the developing world remain desperately poor (OECD 2000).

2.1 Definition of poverty

Despite years of effort in fighting poverty, misconceptions remain about the poor, why they are poor and what is needed to help them lift themselves out of poverty. Poverty is a multidimensional fact of life (World Bank 2000a), and it manifests itself in various forms. Hence, no uniform standard is available for measuring it, even though it is widely viewed as the lack of sufficient income. Some groups in the population often face a combination of the predicaments associated with poverty—low income, illiteracy, premature death, early marriage, large families, malnutrition, and illness and injury— which locks them into unacceptably low standards of living.

Poverty may be defined in absolute or relative terms (GoK 1998a). Absolute poverty is a state where one cannot raise the income required to meet the expenditure for purchasing a specified bundle of basic requirements. Relative poverty is when one cannot purchase a bundle of basic needs available to a reference social group, such as people within a median income level.
Various reports (GoK 1997, 2000a) define poverty in Kenya in the absolute sense—as a situation where individuals cannot raise the income required to meet a given level of basic needs, usually over a period of one month.

Before we discuss the poverty situation in Kenya, we need to define the poverty line.

http://www.answers.com/topic/poverty-line defines the **poverty line** as the level of income below which one cannot afford to purchase all the resources one requires to live. People who have an income below the poverty line have no discretionary disposable income, by definition.

The actual monetary value of the poverty line differs from place to place but is usually near some fixed value within a country. The actual value of the poverty line differs because the resources needed for living have different prices in different places. Even within a country, the poverty line can be markedly different between cities and farming towns, between areas of cold and warm climate, and so forth.

Almost all societies have some of their citizens living in poverty. The poverty line is useful as an economic tool by which to measure such people and consider socioeconomic reforms such as welfare and unemployment insurance to reduce poverty. It is not in a society's interest to have a large percentage of its citizens living below the poverty line as they have no disposable income and thus adversely affect economic growth. A baseline goal for a progressive government is to have all of its constituents possess an income level at least that of the poverty line.

Determining the poverty line is done by considering the essential resources that an average human adult consumes in one year and then summing their cost. The largest of these resources is typically the rent required to live in an apartment, so historically, economists have paid particular attention to the real state market and housing prices as a strong poverty line affecter.

Other factors are often thrown in to handle various circumstances, such as whether one is a parent, elderly, a child, married, etc. Some analysts also prefer to factor in "value of life" resource costs, such as entertainment, in societies where merely surviving is considered a little below the true poverty line.

A poverty line is an arbitrary indicator, in the sense that having an income marginally above it is not substantially different from having an income marginally below it: the negative effects of poverty tend to be continuous rather

than discrete, and the same low income affects different people in different ways. It has been defined in several ways:

- Social security benefit based: if a government guarantees to make income up to some particular level then being below that line is presumably being in poverty - the problem is that if a government becomes more stingy, then poverty may appear to decrease;
- a relative income line, related to some fraction of typical incomes: the European Union uses 60% of national median equivalised household income;
- a relative figure fixed in time and only adjusted for inflation -- thus avoiding the possibility that if income inequality increases, then poverty may otherwise also increase;
- needs based, where an assessment is made of the minimum expenditure needed to maintain a tolerable life: this was the original basis of the poverty line in the United States which has since been uprated for price changes.

A poverty line does not have to measure income alone. It could measure expenditure, or take into account material deprivation, showing a lack of what are judged to be necessities.
Poverty line is also based on the performance of local and federal government. This occurs when government makes bad decisions regarding types of jobs that will set up in an area.

According to the Central Bureau of Statistics,Kenya Ministry Of Planning and Natioanl Development, News release on 14th October 2003, Pockets of high poverty incidence—relatively small areas with a very high proportion of the population falling under the poverty line—are not concentrated in any one region of Kenya. There are 34 Districts in Kenya that have at least one Location with more than 70% of the population living below the poverty line and a total of 248 Locations (12% of the total number of Locations captured in this analysis) demonstrating this unenviable statistic.

Poverty density 'hotspots'—relatively small areas with very high numbers of poor people—also occur in many areas of Kenya: 60% of the rural poor are found in 35% of the 422 Division and in 31% of the 2,070 Locations included in this analysis.

PROVINCIAL ROUND-UP

Central Province, with roughly one million poor people, ranks as the least poor Province, with most Locations having a poverty incidence of less than 40%. One District, Thika, accounts for 43% of the urban poor in the Province; a second, Nyeri, accounts for another 21%; while one Division in Maragua District accounts for 40% of the District's poor population.

Nairobi has 880,000 people living below the poverty line. Poverty rates range from 32% in Westlands to 59% in Makadara across Divisions, and, perhaps not surprisingly, from 8% in Nairobi West to 77% in Makongeni across Locations.

Coast Province has a rural poor population of roughly 909,000 people. Two-thirds of the rural poor are found in two districts—Kilifi and Kwale. In the impoverished District of Kilifi, there is a high depth as well as incidence of poverty: three-quarters of the population falls below the poverty line in 24 out of 34 Locations and the Location-level poverty gap ranges from 27 to 44%.

Eastern Province: Of the 2.5 million rural poor in Eastern Province, 64% (1.6 million people) live in four Districts: Kitui, Machakos, Makueni and Meru North.

Nyanza Province: With a rural poor population estimated at 2.4 million, Nyanza Province has very high poverty rates across most Divisions and Locations. Poverty gaps are also very high here. South Asembo Location in Bondo District, for example, has a poverty gap of 34%, meaning that the average adult below the poverty line would require an additional Kshs.421 per month to get out of poverty.

Rift Valley has the largest population of Kenya's seven Provinces, with an estimated poor population of 2.7 million in the rural and 450,000 in the urban areas. Several of the Provinces' 18 Districts, with relatively low poverty according to District-level welfare estimates, exhibit huge spatial variability within them. Magadi Division is the poorest in Kajiado District, with 57% of the population living in poverty. But even within Ngong Division, its nine Locations have rural poverty rates ranging from 11 to 64%.

Western Province, with an estimated 1.8 million poor people, is fairly uniformly and deeply poor. There are no Divisions or Locations with poverty incidence

point estimates of less than 60% and poverty gaps are uniformly high, typically over 35%.

http://www.imf.org/external/np/prsp/2000/ken/01/#II

According to IMF on Interim Poverty Reduction Strategy Paper 2000-2003 rMajor characteristics of the poor include landlessness and lack of education. The poor are clustered in certain socio-economic categories that include small farmers, pastoralists in ASAL areas, agricultural labourers, casual labourers, unskilled and semi-skilled workers, female-headed households, the physically handicapped, HIV/AIDS orphans and street children. The poor have larger families (6.4 members compared to 4.6 for non-poor) while in general rural households are larger than urban. Geographically, North Eastern and Coast Provinces have the largest poor households. Nationally, poor women have a higher total fertility rate (rural 7.0 and urban 4.8) than non-poor women (rural 6.7 and urban 4.1). Studies in Kenya show that fertility rates decline with education while the use of family planning is higher among the non-poor.

on health status, the prevalence and incidence of sickness are similar for both the poor and non-poor. However, the response to sickness is markedly different. An overwhelming majority of the poor cannot afford private health care (76% rural and 81% urban) and rely on public health facilities. However, 20% of the urban poor and 8% rural poor found even public health charges unaffordable. Furthermore, 58% urban and 56% rural poor reported that they do not seek public health care because of the unavailability of drugs. A further indicator of disparity is that only 37% of poor mothers gave birth in hospital compared to 58% of the non-poor mothers.

The report further shows that 13% of the urban poor have never attended school at all while the comparative rural figure is 29%. Of the poor, only 12% of those in rural areas have reached secondary education while for the urban poor the figure rises to 28%. Dropout rates have risen, as have disparities in access, due to geographic location, gender and income. The main reason for not attending school is the high cost of education. Children are also required to help at home, while for girls socio-cultural factors and early marriage are significant factors.

Regardless of poverty, over 50% of Kenya's households do not have access to safe drinking water, although the proportion is higher for the poor. In urban areas, large populations living in informal settlements within the towns and cities have

no access to safe water. In rural areas there are large disparities between geographic areas where in North Eastern and Eastern Provinces less than 30% of the poor have access to safe water compared to some 60% in Western Province.

Certain occupations, such as subsistence farmers (46% poor) and pastoralists (60% poor), have a higher than average incidence of poverty. Subsistence farmers account for over 50% of the total poor in Kenya. While the poor cultivate, on average, more land and have more livestock than the non-poor, the non-poor earn more than two and one half times the income from cash crops and more than one and one half times the income from livestock sales. This pattern can be partly attributed by differences in the fertility of land and the affordability of inputs to improve productivity. For livestock, cultural factors and the lack of high-grade stock and poor access to markets could account for low sales among the poor.

References:

Central Bureau of statistics, central Bank of Kenya and Human Resources Devt, 2000.

Poverty Reduction Strategy Paper published by IMF Jan 2005

Kenya Economic Recovery for strategy for wealth and employment creation 2003-2007

National Development Plan, 2002-2008, Effective Management for Sustainable Economic Growth and Poverty Reduction by the Government of Kenya

World Bank Paper, published 3-15-1995

Welfare, Monitoring and Evaluation survey (WMES) 1997

http://www.answers.com/poverty/topic/poverty-line

Central Bureau of Statistics, Kenya Ministry of Planning and National Dvelopment, news release on 14th October 2003.

http://www.imf.org/external/np/prsp/2000/ken/01/#II

Akin Tade, Chachage L. seithy and Annan_Yao Elisabeth, "Globalisation and Social Policy in Africa. Published by CODESRIA 2004