Learning from the Poor: A Participatory Poverty Assessment in Kenya

Deepa Narayan
David Nyamwaya

May 1996
# Environment Department Papers

## Participation Series

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Copies are available from the World Bank's Environment Department, Social Policy & Resettlement Division.
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Deepa Narayan
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### Acronyms and Abbreviations

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<th>Description</th>
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<tr>
<td>AMREF</td>
<td>African Medical and Research Foundation</td>
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<tr>
<td>CBS</td>
<td>Central Bureau of Statistics (Government of Kenya)</td>
</tr>
<tr>
<td>NGO</td>
<td>Nongovernmental Organization</td>
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<tr>
<td>PPA</td>
<td>Participatory Poverty Assessment</td>
</tr>
<tr>
<td>WMS</td>
<td>Welfare Monitoring Survey (Government of Kenya)</td>
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<td>SARAR</td>
<td>Self-esteem, Associative Strength, Resourcefulness, Action Planning and Responsibility</td>
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Acknowledgments

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Kenya PPA Study Team

The World Bank
Deepa Narayan, Study Director

AMREF (African Medical & Research Foundation)
David Nyamwaya, Country Coordinator
Robert W. Morgan
Justus I. Mwanje

UNICEF
Alfred Okinda Ogwande & Conny Nyatta

District Study Teams

Bomet District
Katua K. Munguti, Supervisor
Margaret Chepngetich
Evalyne Kalya
Mary Kandie
Wesley Kirui

Busia District
Hellen Odido, Supervisor
John Kennedy Alumasa
Ezekiel Esipusi
Robert Wamoka
Beatrice Wandera

Kisumu District
Richard N.O. K'Okul, Supervisor
Caroline Adhiambo Adell
Zakary Ndege Njoga
Fred Otieno Ojuang
George Achieng Okinda
Omolo Okuthe
Dan Oruko

Kitui District
Katua K. Munguti, Supervisor
Josephine Musyoka
Janet Mwinzila
Catherine Ndinda
Julius Ngundo

Kwale District
Violet Kimani, Supervisor
Zena Juma
Kairachi Marimba
Faith Mbai
Ali Shufa

Nyahira District
Charity Kabutha, Supervisor
Veronica Bosire
Janet Mang'era
Kenneth Nyangena
Edna Omwenga

Mandera District
Ismail Abdirahman, Supervisor
Mohamed Nur Adan
Mohamud Abdalla Hassan
Mohamud Maalim Issak
Robert Owino
Abdikarim Suleman
Idi Abdi Suleman

Urban Nairobi
Mary Kabuka, Supervisor
Bathsheba Kerubo
Maria Musomi
Executive Summary

Reducing poverty is the overriding objective of the World Bank. Data on poverty are essential for policy formulation. In the past, the primary type of data gathered about poverty by the World Bank was quantitative, with heavy reliance on pre-structured household questionnaires.

To complement the conventional approach, the World Bank now supports the use of more open-ended, interactive and qualitative data collection methods to understand poverty, particularly from the perspective of the poor. This approach is called the Participatory Poverty Assessment (PPA). PPAs pay special attention to process. The aim is to engage a range of stakeholders in the study process to generate involvement, to maximize local ownership and to build commitment to change. Each PPA is different, reflecting the country context, the time available and the information needs of policymakers.

Objectives of the Study

A Participatory Poverty Assessment (PPA) was undertaken by the Government of Kenya and the World Bank during February-April 1994 to complement statistical studies of poverty in Kenya. The Kenya PPA had three primary objectives: first, to understand poverty from the perspective of the poor and those providing services to them; second, to start a process of dialogue between policymakers, district-level providers and the poor; and third, to address the issue of the "value added" of the PPA approach to understanding poverty.

Methodology

Since the primary purpose of the PPA is to ensure that findings are relevant to policy-making and have credibility, the methodology used in Kenya evolved in consultation with key stakeholders both in-country and in the Bank. To take maximum advantage of information that was already available and to narrow the focus of the study, key stakeholders were asked to specify what questions they wanted answered by the PPA.

Getting Consensus on the Issues

Choosing Methods, Establishing Credibility

The key questions that emerged were: What are the perspectives of the poor on poverty? What are their indicators of poverty? What are the long-term trends? What causes poverty? What is their expectation for the future? Are female-headed households poorer? If so, why? How do the poor cope with poverty? What roles do formal and informal groups play? What are the key problems and priorities of the poor? Do the poor have access to basic services, education, health and safe drinking water? Why do they not use services? What are the perspectives of the district officials regarding poverty?

Many community level studies are dismissed as anecdotal because the findings are not seen as generalizable beyond the particular community and thus are of little policy significance. To overcome this hurdle, sampling issues were discussed and communities selected in discus-
sion with senior officials from the Directorate of Planning and the Central Bureau of Statistics (CBS) of the Government of Kenya. The PPA was linked to the National Welfare Monitoring Survey (WMS) which used a sample of 12,000 people from the national cluster sampling framework. Based on findings from the just completed WMS, five of the poorest districts across Kenya were chosen. Within each district, five "clusters" were chosen randomly using maps available at the CBS. Two other districts -- Kisumu and Mandera in an arid area in the north -- were added at the last minute because of funds made available by UNICEF. The final PPA sample was 3,500 people from 35 clusters or villages from seven districts, and a small sample of female-headed households from two Nairobi slums.

To address specific issues, 11 different data collection methods were used. Several focused on the same issues to cross check information and to probe issues in depth. The methods were a combination of SARAR, Participatory Rural Appraisal and brief household level questionnaires. Methods included mapping, wealth ranking, seasonal analysis, trend and price analysis, focus group discussions, key informant interviews; visual card methods were used for problem identification, gender analysis, understanding health seeking behavior; and incomplete sentences were used to understand children's evaluation of education.

Each team also held a day long district level workshop to understand poverty from the perspective of the key decisionmakers and to brief officials about the nature of the study. The in-country work was financed by the British Overseas Development Administration (ODA) with a contribution from UNICEF. The study team was coordinated by the African Medical and Research Foundation (AMREF), an NGO. The field research team consisted of 35 researchers, primarily sociologists and anthropologists who could speak the local language of the district. Teams of five to seven people spent two or three days in each village. The urban team was comprised of three people. The study team was trained intensively for two weeks in instrument development and field testing.

Data Analysis

The primary methods for analyzing the data were systematic content analysis and gradual aggregation of data based on themes from the household, group, village, district and national levels.

Key Findings

What is Poverty? Who are the Poor?

Poverty as measured by wealth ranking was widespread in the seven districts studied. As defined by the study's participants, poverty had increased and become pervasive: estimates of the percentage of each district's population that was "poor" or "very poor" ranged from 54 percent to 85 percent.

In order to minimize risk and survive, the poor reported that they diversified their sources of income. The nature of their income-generating activities -- including small-scale subsistence farming, peddling, manual labor, illicit brewing, welding and cobbling, and small-scale business -- varied by region depending on the opportunities available. Many respondents spoke about the worsening situation over the past decade. A typical statement was that, "Ten years ago we had a crop in the field, well-stocked granaries, a cow. Today, because of land subdivision, inflation, drought, the high price of seeds and fertilizers, we have small and patchy yields, the granaries are empty, the cows have been sold, and sometimes to survive, we depend on government relief food."

Comparison of Findings

Between PPA and WMS

Statistically, the findings of the PPA and the 1992 WMS based on an established poverty line were strikingly similar. In three of the five districts in which cluster sampling was used, the results are nearly identical. In two districts, the PPA method recorded much higher levels of poverty than did the WMS; however, the
two districts in question had both been severely affected by a drought which had occurred since the WMS. It is possible that the level of poverty in these two districts increased as a result.

Perceptions of the Poor
Village residents and the poor had no problem identifying who was poor and the reasons for their poverty. When people were asked to list the major problems they faced, more than three-quarters of the poor reported that their most important challenge was either lack of food (46%) or lack of money (30%).

Perceptions of District Officials
In many districts, sharp differences were noted between the district leaders' understanding of the intensity and spread of poverty in their areas and the perceptions and experiences of village people and the poor. District officials linked poverty with illiteracy, whereas village people said the poor were often educated and they did not associate poverty with illiteracy. The negative stereotypes most commonly used by district officers were that the poor are lazy, idle, drunkards, criminals, prostitutes, poor thinkers and uncaring about the future. Village people by contrast described the poor as religious and hardworking, deeply worried about their security and future. While a few villagers viewed the poor as lazy, the majority said a poor person who is lazy is unlikely to survive and, in fact, has to combine multiple survival activities "to barely keep afloat."

This gap in perception was seen by the poor as an important factor in blocking programs which might otherwise be helping them. While interviews with village people showed a high degree of awareness about poverty and who the poor are, district leaders tended to give textbook descriptions of poverty, and the poor were viewed as an amorphous group.

How the Poor Perceive their Future
In every village, households that were identified as poor by the community at large were interviewed in privacy. The last question dealt with their vision of the future. Overall 85% of the poor felt that their situation would get even worse in the future. The percentages went up to 97% in some villages.

How Does Someone Become Poor?
The process of impoverishment is understood by villagers as having two dimensions. First, almost everywhere poverty is seen as an inter-generational phenomenon: "Poverty is inherited. If you are born to a poor father, he cannot educate you and cannot give you any land or very little land of poor quality; every generation gets poorer."

But becoming poor is also understood as a process that can happen to anyone over time. Primary factors cited include land subdivision, soil erosion, low productivity, rising prices, reduced government services and having many children. Sickness, physical disability, old age (no energy and inability to work, no children) and being orphaned were other routes through which families or individuals plunged into poverty.

Inflation
In all districts, people linked growing poverty with increasing prices, and compared current prices to those of 10 and two years ago. Accordingly to village people, prices have risen substantially on a continuous basis over the past decade, and dramatically so in the past two years. During the period 1984-1992, for example, prices of sugar and cooking oil, two basic commodities, increased 20-25 percent per year on average in all districts. In the past two years, these increases have averaged 100-150 percent per year, indicating a significant acceleration in the trend.

Cost-Sharing
Cost-sharing over the past 10 years has been credited with bringing about slow improvements in Kenya's educational and health systems. At the same time, cost-sharing is slowly depriving the poor of education and
health care, as this study shows. Under the cost-sharing program, while the government provides teachers, parents must maintain the schools and provide blackboards and chalk, desks and chairs, roofs and walls, and playgrounds. However, in most schools visited, parents have simply not been able to afford to pay the escalating fees to do this. According to reports by the study team, Kenya's educational infrastructure -- from buildings to materials to teachers themselves -- seems to be giving out all at once. Study participants recommended bursaries targeted to the poor to assist them in meeting their cost-sharing payments.

Analysis of household data showed that (depending on the district) between 32 and 63 percent of poor households had one or more children who had dropped out of primary school. When poor parents had to make a choice about who would stay in school and who should be withdrawn, daughters were almost always the first to go. Overall, 60% of the poor felt that girls should be withdrawn from school before boys.

**Access to Water**

While the WMS did not identify access to drinking water as a significant problem, the PPA found that access to water was a major challenge facing the poor. In particular, the study found that: in all districts except one, poor people reported access to safe water as a problem; in all districts the water problem became acute during the dry season; where demand was high and community groups had the capacity (skills, technical and business management), local groups were managing simple water systems effectively without government support; and successful water user groups branched into income production activities, some of which fed back into water systems to expand the system or for repairs.

**Access to Health**

The study found that the poor are health conscious and engage in a variety of health maintenance strategies. However, the poor visit government health facilities only as a last resort when they are desperate. This is not because they do not believe or respect the curative powers of health providers, but because their experience with health facilities has been so dismal over the past few years. Problems cited by the poor included distance, "unofficial fees," lack of drugs and rude health personnel.

**Poverty and Female-Headed Households**

For the purposes of this study, people defined female-headed households as those in which there was no adult man living with the woman or supporting her from another location. At the conclusion of the social mapping and wealth ranking exercises which were conducted publicly in 35 villages, people were asked to mark all of the female-headed households on a map. Overall, while 25% of the study population was categorized as very poor, there were over twice as many female-headed households (44%) as male-headed households (21%) in this group. While 59% of the male-headed households were categorized poor or very poor, this was true for 80% of the female-headed households. The pattern of greater poverty among female-headed households was true for every district and for all 35 villages. In Kitui and Busia, more than 95% of the female-headed households were classified as poor or very poor.

In every district, women identified food as the most immediate and pervasive problem. In some villages, female heads of households consistently limited the number of meals eaten to cope with the ever-present lack of food. One-third of the female-headed households in Elugulu village had one meal per day (the remaining two-thirds had two). Some women resorted to begging for food, others relied on brewing changaa and ajono, despite being harassed by police. Women often traded their labor for food. In Emuramia, community members observed that "most of the people who worked on the farms of the well-to-do in exchange for food were women."
Executive Summary

ity of women to survive on very little in the face of starvation was reflected in every district.

Women's limited control of land was an issue in all districts. Despite the fact that legally women have access to land, when divorce or death of the husband occurs, customary law takes over and women are generally deprived of land. The issue of ownership and rights to land -- which has important implications for targeting poverty alleviation programs -- was not captured by the WMS.

The Role of Harambee and Indigenous Networks

The poor, and especially the very poor, are difficult to reach through centralized government services, particularly when the quality of service is inadequate and when cost-sharing is involved. Like all societies, Kenya has indigenous social networks which form the basis of resource and labor exchanges and reciprocity. In every village visited, there were at least 5, and sometimes as many as 17, associations. This suggests that nationwide, there are between 200,000 and 300,000 groups in the rural areas. The social capital embodies in these informal networks binds a group of people together and fuels development. Under normal circumstances, these informal associations play a disproportionately important role in the lives of poor people who are constrained in every way except by their labor. In addition, the PPA study found in particular, that:

- The self-help system of "Harambee" is stressed, and the informal safety nets of the poor are breaking down in the absence of timely support from the outside.
- There is a large number of strong indigenous self-help groups; the majority either do not reach the poor or are under capitalized and therefore cannot meet the needs of their potential clients.
- NGOs and church groups, with a few exceptions, are providing welfare support to the poor, rather than supporting the poor in building strong self-help groups.
- The potential of women's organizations as income producing groups is large untapped.

Lesson Learned About Process

The PPA process is as important as the substance in ensuring use of findings. When PPAs are designed and conducted in a hurry, at some point the process is compromised with usually negative consequences.
1. Introduction: Methodology and Processes Used

This Participatory Poverty Assessment (PPA), conducted in 1994, was based on a sample of approximately 3,500 people living in 35 villages in seven rural districts across Kenya and one low-income area in Nairobi. The PPA was designed to complement and provide better understanding of the statistical findings regarding poverty in Kenya obtained in the December 1992 Welfare Monitoring Survey (WMS) of 12,000 households conducted by the Government of Kenya's Central Bureau of Statistics (CBS). The PPA study was coordinated in-country by the African Medical and Research Foundation (AMREF) and financed by the British Overseas Development Administration (ODA), UNICEF and the World Bank. This was the first time that the PPA methodology was applied to assessing poverty in Kenya.

This report, based on the Kenya study, was written to inform readers about the PPA process and findings. It deliberately does not make recommendations based on the findings. For those, see the following World Bank publication: "Kenya Poverty Assessment," Report No. 13152-KE, March 15, 1995. The Afterword highlights some process lessons learned.

What is Participatory Assessment?

Participatory research is a process of collaborative problem solving through the generation and use of knowledge. It is dynamic, demand-based and change oriented, and seeks to raise people's awareness and capacity by equipping them with new skills to analyze and solve problems. The "participatory" method differs from the traditional interviewer/respondent survey research procedure in several key ways. The distinguishing characteristics of the PPA are found in the participatory, interactive and sociological methodologies used which give "voice" to the poor and allow the exploration of issues in depth because of their open-ended nature. Participatory research embodies an approach to data collection that is two-directional - both from the researcher to the subject and to the researcher from the subject. To some extent, all persons involved in the study become the data gatherers, including the local leaders who are contacted, but most particularly the village residents and the poor people themselves.

Objectives of the Study

The study had two primary objectives: first, to understand poverty from the experience and perspective of the poor and those providing services to the poor; and second, to begin a process of dialogue between policymakers, district-level service providers and the poor.

Questions explored during the PPA included the following:

- When do people consider themselves poor?
- What are the perceived causes of poverty?
- How do the poor cope in their difficult situations?
- What are the long-term trends? Is the situation improving or getting worse?
- What are the gender differences? Regional differences?
- What access do the poor have to basic social and agricultural services? When do they use these services?
• What is the perspective of district decisionmakers with respect to the poor? What contact do the two groups have?

To maximize local ownership and to initiate change, participatory techniques were used in defining the research agenda (including the sampling framework) and in the data collection process. The research agenda was defined in consultation with senior decisionmakers and staff in the Ministry of Planning and relevant sectoral ministries. The Central Bureau of Statistics helped in the selection of districts and defined the sampling clusters in the chosen districts. In each district, meetings were held with local officials and some NGOs. At the end of the field work, immediate feedback was given to district officials where possible.

The findings were discussed at a national workshop hosted by the Government of Kenya and AMREF in the summer of 1995. The workshop was attended by 80 government officials across sectors, NGOs, university staff and donor representatives. This was followed by a half-day meeting to discuss institutionalization of the PPA process within the CBS while depending on the private sector, NGOs and universities for expertise in participatory methods.

**Research Methods Used**

Eleven different data collection methods were used. Several methods focused on the same types of issues to allow cross-checking of information and probing of issues with different groups of people.

1. **Mapping.** Groups were asked to draw a map of their community on the ground, marking the key features of the village and drawing in individual households. If it was raining, the activity was conducted on poster paper using markers.

2. **Poverty characteristics and wealth ranking.** Once trust was established, people were asked to identify the characteristics of different wealth groups, ranging from “very poor” to “rich.” When consensus was reached, the groups used colored stickers to classify households as belonging to one of these categories and marked them on the map.

3. **Seasonal analysis.** The lives of poor people dependent on agriculture change with the rhythm of the seasons. People were asked to draw a matrix on the ground, with the months written across the top on the horizontal axis and activities or resources on the vertical axis. The discussion focused on how people cope at different times of the year and the periods of greatest stress in their lives.

4. **Trend and price analysis.** Groups plotted changes in their lives over the past 10 years and during the past two years. Prices of commodities considered important were collected. Trends related to school fees,

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**Box 1: Ranking of Household Status**

Participants determined wealth categories of households in their community. In six of the eight study areas, people used four categories: “Very Poor,” “Poor,” “Medium,” and “Rich.” In Mandera, the large nomadic district in extreme northern Kenya, three categories emerged: “Very Poor,” “Poor,” and “Non-Poor.” Residents did not classify any households in these villages as “Rich.”

In urban Nairobi, a fifth classification, “Sub-Human,” was suggested by Father Mario Porto to describe some 1,000 persons living under plastic sheets on a vast mountainside of garbage known as Mukuru, adjacent to the Mathare Valley and Korogocho slums. Speaking of the people who are turned out of overcrowded households in rural homes, many of whom end up in the Nairobi slums, Father Mario said: “When they are too poor to live in Mathare, they move to Korogocho. When they are too poor to live in Korogocho, they move to Mukuru. This is the end of the line in Kenya.”
Box 2: Dynamics of the Visual Exercises in the Villages

In most of the villages, use of visuals as part of the research techniques was the high points of the study. They generated excitement and laughter, sometimes pain and a great deal of information. Because each team could spend only three days in each village, an unexpected problem caused by these exercises was that the shouts and laughter generated by the visuals would sometimes draw participants away from a focus group session or some other activity that was happening simultaneously.

In one poignant episode reported in the study, a woman taking part in the Problem Identification exercise examined a picture of a husband beating his wife and suddenly shouted, "That's me! That's what they do to us here!". And she began to cry.

school dropouts, changes in water availability and other factors were also recorded.

5. Focus group discussions. In these discussions, men, women and youth met in separate groups usually numbering between 7 and 10 persons. Topics included characteristics of the poor, ways of coping with poverty and programs that address poverty.

6. Key informant interviews. Much of the information obtained through groups was also asked of key informants such as district and village leaders, teachers, priests, village elders, and officials of NGOs, relief agencies, men’s and women’s groups and work associations operating in the sampled communities.

7. Problem identification. To avoid introducing sectoral bias, a set of about two dozen drawings was developed depicting a variety of problems and issues. Blank paper was also provided so that participants could draw other local problems. Voting with stones, people ranked the five most important problems affecting their lives. These were then discussed in depth.

8. Gender analysis. Three large pictures of a man, a woman and a couple were placed on the ground. Smaller pictures of a variety of possessions and objects — such as a house, land, babies and young children — were then handed to the participants. The group was asked to place each card under the picture of the person who owns the object in a marriage. Once this discussion was complete, people were then asked what happens during divorce or separation, and finally what happens to the division of property if the husband dies.

9. Understanding health-seeking behavior. Participants were shown a picture of a health clinic, and then discussed the good and bad points of the clinic they visited. Cards depicting family members were used to elicit information about who received priority treatment in health care; other cards depicting common health center problems (such as lack of drugs and crowding) formed the basis for discussion about the quality of the local clinic.

10. Household questionnaires. Fifteen households ranked poor or very poor were sampled in each village. In the seven districts, a total of 514 (327 male-headed and 187 female-headed) households were interviewed. In addition to demographic data, the household surveys covered some of the same topics as the focus group discussions.

11. School questionnaires using “incomplete sentences.” These were administered to 6th-grade children to learn their level of satisfaction with their school experience.
Selection of the Study Sites

Based on the 1992 Welfare Monitoring Survey data, five districts shown to be among the poorest in Kenya were selected for the study. The final selection included consideration of the security situation in the country. In addition, because funding related to UNICEF’s special interests became available at the last moment, Kisumu and Mandera districts were added to the study. A small sample study of the poor in urban Nairobi was also included. The districts were as follows:

1. **Kwale District**, in Coast Province, extreme south-eastern Kenya bordering Tanzania, a semi-arid agricultural region.

2. **Kitui District**, in Eastern Province, some distance east of Nairobi, also a semi-arid agricultural region.

3. **Bomet District**, in Rift Valley Province, western Kenya, a higher rainfall agricultural region.

4. **Nyamira District**, in South Nyanza Province, western Kenya, a higher rainfall agricultural region.

5. **Busia District**, in extreme western Kenya bordering Uganda, a higher rainfall agricultural region.

6. **Kisumu District**, also in South Nyanza Province in western Kenya, a higher rainfall agricultural region.

7. **Mandera District**, in North-Eastern Province, a very dry, expansive and sparsely populated nomadic pastoral region bordering Ethiopia and Somalia.

8. **Urban Nairobi**. A small urban sample of 60 female-headed households was chosen from the adjacent slum areas of Mathare Valley and Korogocho.

Following selection of the seven rural districts, five clusters in each district were chosen by simple random sampling from the master list maintained by the Central Bureau of Statistics in its ongoing national surveys. Each cluster contained one village or part of a village, and these became the 35 sampled villages for mapping and inclusion in the PPA (five villages in each of the seven districts).

Teams visited the District Commissioner and district leaders (including district officers in health, water, education, agriculture, livestock and social services) upon first arriving in each study area. District officials were informed about the purpose of the study and an overview of the district was obtained. The District Statistical Officer then accompanied teams to locate clusters, and CBS enumerators assisted in locating the sample villages. Because of strict random sampling, the villages were representative of each district. In some cases, research teams were required to make extended journeys to reach their designated areas. On one occasion, a team had to cross into a neighboring district for a time because of limited road availability, and then re-cross into its chosen district to reach the correct villages. These distance and road factors are mentioned because they have special importance in the findings of the PPA.

Each study team consisted of a senior anthropologist or social scientist as supervisor and four university graduates as research assistants. The project schedules called for teams to spend three days in each of the five villages (15 days) and a total of three days before and after the field work meeting with the district leaders (a follow-up debriefing meeting was held with leaders in each district). Despite the numerous exercises performed in each village, all teams were able to hold to this timetable (although a number of teams worked until 2 a.m. and arose at 6 a.m. in order to keep to this rigorous schedule).

Special attention was given to urban Nairobi in the study. Mathare Valley and Korogocho are among 14 identified “informal settlement” or slum areas in Nairobi that are often regarded as the areas in greatest poverty. The focus of the urban study was threefold: to understand the factors that triggered the arrival of women in the slums and their coping strategies once
there; to identify some of the formal and informal support systems found in urban Nairobi; and to examine the ways in which rural poverty contributes to urban poverty. A slightly modified set of research instruments was used in Mathare and Korogocho.

Nature of Data

The strength of the participatory method is that it permits exploration of topics in depth. Because all discussions are open-ended, one is not limited to pre-designed questions or answers.

Most data collected by participatory methods are inherently qualitative. When a family says that 10 years ago they had a sizeable crop in the field, a well-stocked granary and two cows, whereas today they have only small plots with poor soils and bad yields, no granary, no cows and must depend on relief food, then one can say that the situation has probably gotten much worse. While it is not possible to say how much worse with the precision deriving from quantitative data, an assessment can be made with respect to certain indicators, such as price increases of common goods reported by respondents over the past 10 years.

Through a process of content analysis, some of the data were converted to frequencies and percentages. In addition, a limited amount of quantitative data from a pre-coded household questionnaire was used.
2. What is Poverty? Who Are the Poor?

"Poverty lives here. Ten years ago we were rich, you could see it in the local markets which were functioning. Today there is nothing to sell, there are no markets anymore."

—A villager in Kitui

"Fifteen years ago we had animals, a granary and land. Today the animals are gone, the granaries are empty, the land is subdivided and our clothes are in tatters."

—A villager in Bomet

Poverty was widespread in the seven districts studied. As defined by the study's participants — poverty had increased and was pervasive; estimates of poverty in individual villages ranged from 33% to 91%. In Kitui district, the "very poor" and "poor" totalled 76%; in Busia, 68%; Kwale, 62%; Bomet, 64%; Nyamera, 54%; and Kisumu, 57%. Poverty was highest in Mandera, where more than 85% of the population of the villages was classified as very poor or poor. Thus the following profiles and descriptions of life for the poor of the seven districts apply to 50% or more of the total population in the study villages. It is interesting to compare the pattern of results obtained through the participatory wealth ranking methodology used in the PPA with the results of conventional expenditure surveys (Box 3).

Perceptions of Poverty

Respondents had no difficulty in describing in graphic detail the characteristics of different levels of wealth, and in making distinctions between the very poor and poor in their communities. Generally, their perceptions fell along the following lines:

- **Rich:** well dressed, clean, own large farms (of more than 20 hectares), have large herds of animals, send their children to high cost schools, can afford hospital bills and have expensive possessions such as household utensils and goods, cars and televisions.
- **Average:** own about 10 hectares of land, have a good semi-permanent house, send their children to school, can meet hospital bills, buy clothes from shops, are clean and are employed by the private or public sector.
- **Poor:** have a very small amount of land (not more than two hectares), do not have enough food (two meals a day), a bit clean, work through contracts or odd jobs, have a large family and have difficulty paying hospital bills and school fees.
- **Very poor:** have inadequate food and shelter, no land, no livestock and tattered clothing; they may abandon their children, are destitute, often beg and may steal. They may go for days with one meal a day and sometimes just starve. Sometimes "they move like dogs from place to place" — a practice known as *kununa* in Kikamba, when the poor go to different homes to tell long stories while waiting for food to be served.
Box 3: Comparing the Absolute Poverty Line with People’s Own Definitions of Poverty Through Mapping and Wealth Ranking

There are many ways of measuring poverty. The most common and accepted method is through establishing an absolute or relative poverty line. Poverty lines are usually based on estimates of income required for the minimum caloric intakes needed for survival adjusted for gender, age and intensity of physical labor performed. The Kenya Welfare Monitoring Survey (WMS) 1992 data based on 12,000 households establishes the national absolute poverty line and disaggregates the data by region and district.

Another approach is that used in this study — a Participatory Poverty Assessment (PPA) in which the wealth ranking method was used. The sampling framework for the PPA was based on the national cluster sampling used for the WMS. The Central Bureau of Statistics (CBS) assisted in the random selection of five clusters, which often coincided with village boundaries, from five of the poorer districts. This systematic procedure was followed for five districts but not for Mandera and Kisumu which were added to the study at a later stage.

The method for establishing the levels of poverty in the PPA villages involved a four-step process carried out in large groups which met in public. In the first stage, a map of the village was created on the ground, with sticks and stones used to mark the key features of the village and households. The second stage involved a discussion — which became quite heated — centered on the characteristics of people who are very poor, poor, average and rich. In the third stage, once consensus was reached, people were asked to categorize each household in the community as rich, average, poor or very poor. (This process is commonly known as wealth ranking.) In the final stage, the female-headed households in the village were identified. The entire four-step process sometimes took several hours, and created great excitement and involvement. Subsequently, the maps were copied on poster papers for later use as a poverty monitoring tool.

The comparison of the results from the conventional absolute poverty profile approach and the participatory mapping and wealth ranking approaches are reported below. It is important to note that for three of the five districts in which the cluster sampling approach was followed closely, the results from the two approaches are almost identical. The two districts where the PPA method gives much higher levels of poverty are from very arid districts, Kitui and Kwale, both severely affected by the drought in the last two years. Thus it is possible that the levels of poverty in these two districts severely affected by drought has increased. The WMS did not include the semi-arid areas like Mandera in the north.

<table>
<thead>
<tr>
<th>District</th>
<th>Absolute Poverty Line,*</th>
<th>Participatory Poverty Assessment (Social mapping, wealth ranking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bomet</td>
<td>65%</td>
<td>64%</td>
</tr>
<tr>
<td>2. Busia</td>
<td>68%</td>
<td>68%</td>
</tr>
<tr>
<td>3. Nyamira</td>
<td>54%</td>
<td>54%</td>
</tr>
<tr>
<td>4. Kisumu**</td>
<td>39%</td>
<td>57%</td>
</tr>
<tr>
<td>5. Kitui</td>
<td>58%</td>
<td>76%</td>
</tr>
<tr>
<td>6. Kwale</td>
<td>50%</td>
<td>62%</td>
</tr>
<tr>
<td>7. Mandera</td>
<td>NA</td>
<td>85-90%</td>
</tr>
</tbody>
</table>

** Cluster sampling procedure not followed precisely.

In general, village people ascribed "positive" and "negative" characteristics to the poor as follows:

- **Positive characteristics:** The poor are very hardworking, especially the women, to cope with having nothing and to just survive;
they are very religious, they need God and pray a lot; they are caring, help each other with material and moral support; they are honest and cannot afford to be dishonest; they are receptive to new farming ideas; they think and worry a lot about how to make ends meet; they have pride (as one said, "We may be poor in material things but we are rich in the eyes of God.")

- Negative characteristics: The poor are a burden to the community — they are lazy, idle, beggars, criminals; they are drunkards and alcoholics who drink to forget their problems; they are poor planners and make poor use of land; their children are malnourished; they beat their wives and engage in prostitution; they have no power to change anything.

Perceptions in One Village

The perceptions of the poor by people in Nyaigesa village, Nyamira, were fairly representative of those found in other villages and districts:

- Poor people have large families; rich people have large farms.
- The poor are religious; they are religious because only God can handle their many problems.
- The majority of the poor are alcoholics who drink to temporarily blur reality.
- In general, poor people are not lazy, they are hardworking.
- Poor homes are unstable, characterized by quarrels, fights and wife beating.
- Some of the very poor people in the village are the old. They have no energy left to take care of themselves and they have no external assistance.

An interesting and important gender difference emerged in people’s perceptions of the poor. Men generally classified larger numbers of people in the poor or very poor categories, while women placed fewer people in these categories. During PPA interviews and other research activities, these differences were publicly negotiated until consensus was reached to the satisfaction of all.

Children’s Perceptions

Children’s perceptions of the poor mirrored those of adults, but with the addition of more detail. As one sixth grader noted, “The poor live under the trees and have leaking houses and stand or move all night to escape the rain.” But children also turned out to be the harshest judges of the poor (even more than the district level service providers), perhaps because they are terrified by how close they see themselves living to the edge of poverty, and how they are directly affected by poverty and by the foibles of their poor parents. In Nyamira, Kiongongt village, school children described the poor as follows: “the poor are lazy, steal food from barns, steal cows and goats, lack respect, use bad words, are drunkards, stupid, use money badly, buy silly things, have large families and are those who beat their wives.”

In Mandera district, children showed a clear understanding of poverty. They viewed a poor person as one who has no animals, no shamba (garden), no job, no source of food. They also stated that poverty is brought about by epidemics and other tragic incidents that make
children orphans. In Neboi village on the outskirts of Mandera town, the community identified the very poor as able-bodied people without adequate resources such as livestock, farming land, food and shelter. They were also seen as a destitute group of beggars, the disabled, the aged, the blind and the sick. Hawkers are also considered poor since their business is highly seasonal and collapses in the dry season when the village is vacated due to lack of water.

How District Leaders Perceive the Poor

In many districts, the study teams spent a day conducting key informant interviews with local officials. Sharp differences were noted between the district leaders’ understanding of the intensity and spread of poverty in their areas and the perceptions and experiences of village people and the poor. This gap in perception was seen by the poor as an important factor in blocking programs which might otherwise be helping them. While interviews with village people showed a high degree of awareness about poverty and who the poor are, district leaders tended to give textbook descriptions of poverty, and the poor were viewed as an amorphous group.

Some interesting contrasts emerged between district leaders’ perceptions of poverty, and the perceptions given by local people themselves. District officials linked poverty with illiteracy, whereas village people said the poor were often educated. The negative stereotypes most commonly used by district officers were that the poor are lazy, idle, drunkards, criminals, prostitutes, poor thinkers and uncaring about the future. Village people by contrast described the poor as religious and hardworking, deeply worried about their security and future. While a few villagers viewed the poor as lazy, the majority said a poor person who was lazy was unlikely to survive and, in fact, had to combine multiple survival activities “to barely keep afloat.”

The separation between leaders and the poor was viewed by some respondents as having a geographical component. District leaders were based in the larger towns and tended not to go to villages on bad roads or those with dangerous roads. When they did go to these places, said one of the village leaders, they went in groups on special purpose tours, passed through quickly and did not pause long enough to talk to the poor or hear about their problems. Numerous people made the point that despite the poor roads, district leaders should be coming to their villages to see the problems directly and talk things over.

Major Problems Perceived by the Poor

The poor were asked to list the problems they faced (Table 1). More than three-quarters reported that their most important challenge was either lack of food (46%) or lack of money (30%). Problems associated with illness (7%) and access to education (6%) were the only other challenges cited in each district. At the district level, the problem of food was most serious in

<table>
<thead>
<tr>
<th>Category</th>
<th>Food</th>
<th>Money</th>
<th>Education</th>
<th>Water</th>
<th>Sickness</th>
<th>Land</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwale</td>
<td>53</td>
<td>37</td>
<td>1</td>
<td>8</td>
<td>11</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Kitui</td>
<td>33</td>
<td>55</td>
<td>8</td>
<td>11</td>
<td>9</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Mandera</td>
<td>55</td>
<td>18</td>
<td>4</td>
<td>19</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Nyamira</td>
<td>57</td>
<td>17</td>
<td>1</td>
<td>11</td>
<td>5</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Kisumu</td>
<td>61</td>
<td>23</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Bomet</td>
<td>26</td>
<td>39</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Busia</td>
<td>37</td>
<td>35</td>
<td>9</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>National</td>
<td>46</td>
<td>30</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>
Table 2: How the Poor Perceive their Future (%)

<table>
<thead>
<tr>
<th></th>
<th>Better</th>
<th>Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwale</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>Kitui</td>
<td>4</td>
<td>96</td>
</tr>
<tr>
<td>Mandera</td>
<td>8</td>
<td>92</td>
</tr>
<tr>
<td>Nyamira</td>
<td>8</td>
<td>92</td>
</tr>
<tr>
<td>Kisumu</td>
<td>3</td>
<td>97</td>
</tr>
<tr>
<td>Bomet</td>
<td>29</td>
<td>71</td>
</tr>
<tr>
<td>Busia</td>
<td>16</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>87</td>
</tr>
</tbody>
</table>

Kisumu (61%), Nyamira (57%), Mandera (55%) and Kwale (53%).

How the Poor Perceive Their Future

In every village, households that were identified as poor by the community were interviewed in privacy. The last question dealt with their vision of the future. Overall, 85% of the poor felt that their situation would get even worse in the future. The percentages were as high as 97% in some villages (Table 2).

How Does Someone Become Poor?

The process of impoverishment was understood by villagers as having two dimensions. First, almost everywhere poverty was seen as an intergenerational phenomenon: “Poverty is inherited. If you are born to a poor father, he cannot educate you and cannot give you any land or very little land of poor quality; every generation gets poorer.”

But becoming poor was also understood as a process that can happen to anyone over time. Primary factors cited included land subdivision, soil erosion, low productivity, rising prices, reduced government services and having many children. Sickness, physical disability, old age and being orphaned were other routes through which families or individuals plunged into poverty. Witchcraft also emerged as a factor (in Kitui and Kwale), the rich and others reportedly bewitching the poor so that they would stay poor.

In addition to the above, several long-range factors emerged in the study, each contributing to increased poverty broadly across all areas of Kenya. These included inflation, cost-sharing strategies, demographic factors and social breakdown.

Inflation

In all districts, people linked growing poverty with increasing prices, and compared current prices to those of 10 and two years ago. According to respondents, prices have been rising substantially on a continuous basis over the past decade, and dramatically so in the past two years. During the period 1984-1992, for example, prices of sugar and cooking oil, two basic commodities, increased 20-25% per year on average in all districts, according to the “Trend Analysis” conducted in the national study. In

Box 5: Why Someone Becomes Poor, Ndetani, Kitui

The following reasons for poverty were given by community groups in Ndetani:
1. Unreliable rainfall leads to crop failure.
2. Being widowed leaves a woman with a heavy burden.
3. Many children, because they use up all the resources.
4. Not belonging to a group because one is too poor just makes you poorer, because as an individual you can never do what the group can do.
5. Giving birth in old age, when one is too tired to work.
6. People are poor because of landlessness.
7. People cannot find jobs.
8. People are poor because the government does not provide agricultural tools.
9. People are poor because their produce is bought at very low prices, while the price of things they buy is hiked.
10. People are poor because they have neither spouses nor children.
the past two years, these increases have averaged 100-150% per year, indicating a significant acceleration in the trend (Tables 3 and 4).

The poor coped with increased prices by eating fewer meals per day, buying lower quality foods and increasing their reliance on relief food distribution. Another coping mechanism was greatly increased school dropout rates which people say have risen two to four times in the past two years. The general trend was exemplified in Busia district where they said, "khusaba lala", meaning they washed their hands just once a day — after their only meal.

Cost-Sharing

Cost-sharing for education and health services, introduced over the past 10 years, is credited with slow but visible improvements in Kenya’s economy. At the same time, these programs are having a negative effect on the poor and the very poor.

In most districts people stated that the cost-sharing program in education, introduced in Kenya eight years ago, is resulting in the collapse of primary educational facilities — directly with respect to the physical plant and indirectly with respect to teachers — and, by extension, to

Table 3: Trend Analysis as Perceived by Poor People

During the PPA, community groups were asked what changes they had seen in the last 10 years and in the last two years. People spoke at length about the deterioration of the overall situation, and in which areas of life it was worse than others. People were able to list prices of commodities that were important to them, using stones to represent the proportional increase or decrease. (Price data was gathered for 1982, 1992 and 1994 to keep the data parallel to the statistical sets on poverty kept by the Kenyan government.) Following is an example of reported changes in prices and how they have affected people’s lives. Each zero (0) reflects one stone; thus, villagers reported that sugar prices were three times higher in 1994 than they were in 1992.

<table>
<thead>
<tr>
<th>Parameters/item</th>
<th>1992</th>
<th>1994</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sugar prices</td>
<td>o</td>
<td>ooo</td>
<td>200%</td>
</tr>
<tr>
<td>2. Salt</td>
<td>o</td>
<td>oooooo</td>
<td>400%</td>
</tr>
<tr>
<td>3. Cooking fat</td>
<td>o</td>
<td>ooooo</td>
<td>300%</td>
</tr>
<tr>
<td>4. Roofing sheets</td>
<td>o</td>
<td>ooooo</td>
<td>400%</td>
</tr>
<tr>
<td>5. Mattress galvanized sheets</td>
<td>o</td>
<td>oo</td>
<td>100%</td>
</tr>
<tr>
<td>6. Employment</td>
<td>oo</td>
<td>o</td>
<td>-50%</td>
</tr>
<tr>
<td>7. School drop outs</td>
<td>o</td>
<td>oooooo</td>
<td>600%</td>
</tr>
<tr>
<td>8. Proportion of the poor in the community</td>
<td>o</td>
<td>oo</td>
<td>100%</td>
</tr>
</tbody>
</table>

Changes Between 1984-1994

<table>
<thead>
<tr>
<th>Item</th>
<th>1984</th>
<th>1994</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Livestock per family</td>
<td>oooooo</td>
<td>o</td>
<td>-83%</td>
</tr>
<tr>
<td>2. Water availability</td>
<td>oooooo</td>
<td>o</td>
<td>-83%</td>
</tr>
<tr>
<td>3. Cost of education</td>
<td>oooo</td>
<td>ooooo</td>
<td>50%</td>
</tr>
<tr>
<td>4. Tree cover</td>
<td>oooo</td>
<td>oo</td>
<td>-50%</td>
</tr>
<tr>
<td>5. Food availability</td>
<td>oo</td>
<td>ooo</td>
<td>50%</td>
</tr>
</tbody>
</table>
Changing Demographic Characteristics

The link of large families to poverty was apparent to respondents in all districts who mentioned the fragmentation of land among sons, smaller plots and lower yields as causes of poverty. In urban Nairobi, many female heads of households, when asked what they would change in their lives if they were able, said they would not have had children.

A resident in Nyaigesa village, Nyamira, said, “Poor people have large families. Rich people have large farms.” In Bomet, a villager said, “The poor can be identified by the many children they have,” and added, “Many children implies many mouths to feed, hence food shortage, lack of proper clothing and even lack of proper health.” In Emuramia village, Busia, a community member said, “A poor man looks weak and has a big family [an average of seven children]; daughters from such families are prone to early marriages and pregnancies, and usually leave their children with the old poor grandparents.”

Social Breakdown

For adult women, poverty was linked primarily to widowhood and to a lesser extent to abandonment by the husband, wife beating and divorce. This was reported both by men and women, and was obvious even to school children. On average, female-headed households (in which no husband is present) were rated as poorer than male-headed households in every village and district. Women had “use and harvest rights but no land rights;” because they had no ownership of land, they could not sell it if they became widowed or divorced. (For more information on social breakdown, poverty and female-headed households see pages 21-28.)

Livelihoods and the Poor

Income Generating Activities

In order to minimize risk and survive, the poor diversified their income. The nature of their activities varied by region depending on the

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Table 4: Changes in Prices Reported in All Districts

<table>
<thead>
<tr>
<th>Item</th>
<th>1984</th>
<th>1992</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fertilizer (50 kg)</td>
<td>450</td>
<td>600</td>
<td>1300</td>
</tr>
<tr>
<td>Maize Seeds</td>
<td>70</td>
<td>120</td>
<td>550</td>
</tr>
<tr>
<td>Milling/debt</td>
<td>7</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>Sugar (kg)</td>
<td>7</td>
<td>17</td>
<td>40</td>
</tr>
<tr>
<td>Bar of Soap</td>
<td>5</td>
<td>9</td>
<td>60</td>
</tr>
<tr>
<td>Fees (secondary school)</td>
<td>4000</td>
<td>12000</td>
<td>18000</td>
</tr>
<tr>
<td>School uniform</td>
<td>40</td>
<td>70</td>
<td>400</td>
</tr>
</tbody>
</table>

education itself. Under the cost-sharing plan, the government supplies teachers and the parents must maintain the physical plant, including buildings and playgrounds, blackboards and chalk, desks and chairs, school books and other teaching aids. In many schools visited, the parents had simply not been able to do this.

These comments apply mainly to primary schools. As noted elsewhere in this report, secondary schools have to all intents and purposes priced themselves out of the market for the poor and the very poor, and are no longer an option for most of these severely disadvantaged families.

With respect to health care, the cost-sharing program has had a different impact. The Ksh 10 fee charged to register at the health facility, and the additional Ksh 10 fee charged to get prescriptions for drugs, are proving too costly for the poorer patients. These charges are in addition to other costs required for a health center visit, such as patient transport (often over long distances) and in several districts, the requirement that patients supply the paper on which their drug prescriptions are written. (See Chapter 2 for more on the impact on the poor of cost-sharing.)
opportunities available. Chewerta village in the district of Bomet provided an example of the range of income generating activities of the poor:

- **Small-scale subsistence farming**: those who owned or had access to land grew tomatoes, maize and potatoes for local consumption. They used traditional methods which resulted in small yields. Some also may raised livestock.
- **Peddling/hawking**: women sold foods such as milk, eggs and vegetables in local markets.
- **Manual labor**: the poor picked tea, weeded land and fenced property owned by rich farmers nearby.
- **Illicit brewing**: the poor brewed and sold *busaa* to augment their incomes.
- **Jua kali (welding) and cobbling**: in the local markets, the poor repaired shoes, farm tools and household items such as radios.
- **Small-scale business**: these included operating a small kiosk or selling *mitumba* (second-hand clothing).

In addition to these activities, community members stated that the poor sometimes relied on stealing and selling farm products, begging from the well-off and borrowing essentials from friends and relatives.

A similar diversity in types of livelihood activities among the poor is illustrated by the village of Elugulu in Busia district. The poor were most commonly engaged in subsistence farming and working on other people's land. In Elugulu village, about 73% of the poor practiced farming as a source of income. They grew a variety of food crops, including cassava, millet, sorghum, groundnuts and indigenous vegetables, and raised cattle, goats and poultry.

The poor who engaged in *gariagaria* (manual labor/odd jobs) did so for money or food. Some poor people vacated their homes and became squatters on land of the well-off and worked as laborers in exchange for food and accommodations. Well-off families also provided employment for the children of the poor, who were often sent by parents to serve as maids or farm hands. Monthly payments were paid directly to the parent and used to support the family. Brewing and selling illicit liquor and engaging in informal trading were other methods of earning income. The poor sometimes sold a small part of their agricultural produce, kerosene, salt or fish. Those who owned bicycles, known locally as "boarder-boarder," ferried goods and passengers for a fee.

In Elugulu, the poor also exploited the natural resources in the region to earn income. The men "dressed" stones for ballast and made charcoal, while the women made baskets, pottery and mats. During difficult times, some of the poor also resorted to stealing from shops or farms in order to get food.

People engaged in subsistence farming and grew a patch of vegetables such as tomatoes and potatoes; a few grew cash crops such as cotton in Busia and tea in Bomet. Many had sold their land at throw-away prices (Kwale and Nyamira) and had become squatters on their own land. In Kisumu, it was reported that a majority of the poor had sold their land to rich developers.

Considering all the study districts together, the main reported sources of income subsistence were farming (60%) and odd jobs and remittances from relatives (25%). The least important source was poultry farming (less than 1%). No rural respondent reported formal employment or begging as a source of income (Table 5).

Odd jobs included work in the informal sector (*jua kali*), bicycle and radio mechanics, tailoring and basketmaking; casual work (contracts) on people's farms in exchange for food; prostitution; hawking and petty trade of cooked foods, fruit, paraffin, match boxes; cross-border trade (Busia); and illicit beer brewing.

**Land Ownership and Access Rights**

Land ownership is of central importance to most Kenyans, especially in the rural areas. In every district studied (with the exception of Bomet)
**Table 5: Main Sources of Income By District (%)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Farming</th>
<th>Livestock</th>
<th>Poultry</th>
<th>Trading</th>
<th>Odd Jobs Remittances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwale</td>
<td>72</td>
<td>1</td>
<td>-</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Kitui</td>
<td>76</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Mandera</td>
<td>37</td>
<td>10</td>
<td>1</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Nyamira</td>
<td>71</td>
<td>5</td>
<td>-</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Kisumu</td>
<td>40</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>45</td>
</tr>
<tr>
<td>Bomet</td>
<td>49</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>41</td>
</tr>
<tr>
<td>Busia</td>
<td>79</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>2</td>
<td>1</td>
<td>12</td>
<td>25</td>
</tr>
</tbody>
</table>

**Table 6: Land Ownership by District (%)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwale</td>
<td>76</td>
<td>24</td>
</tr>
<tr>
<td>Kitui</td>
<td>85</td>
<td>15</td>
</tr>
<tr>
<td>Mandera</td>
<td>49</td>
<td>51</td>
</tr>
<tr>
<td>Nyamira</td>
<td>91</td>
<td>9</td>
</tr>
<tr>
<td>Kisumu</td>
<td>92</td>
<td>8</td>
</tr>
<tr>
<td>Bomet</td>
<td>51</td>
<td>49</td>
</tr>
<tr>
<td>Busia</td>
<td>87</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>25</td>
</tr>
</tbody>
</table>

The reported level of land ownership was high, even among the poor (Table 6). The majority in Kwale, Kitui, Nyamira, Busia, and Kisumu (76%-92%), reported owning some land. In Bomet district, a large part of which is in the high agricultural potential zone consisting of tea and coffee estates, landlessness among the poor was high, with 49% reporting owning no land. This finding partially explains the puzzle of Bomet, which appeared lush and rich to the eye but still emerged high in overall poverty. In the nomadic Mandera district, the majority do not own land.

Among those who owned land, 57% of the poor owned fewer than 2 hectares, followed by those who owned 2-8 hectares (33%). Just 10% of the study participants reported owning land exceeding 14 hectares. In Nyamira, 98% owned 2 or fewer hectares, while just 2% owned as many as 8 hectares; not a single person in Nyamira owned more than 8 hectares. The relationship of poverty to the amount of land owned was evident to all. "The small pieces of land (0.5 Ha) are unable to occupy the poor people throughout the year," one said.

**Table 7: Access to Land By District (%)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Cultivation/Harvesting Rights</th>
<th>Selling Rights</th>
<th>All Rights</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwale</td>
<td>13</td>
<td>2</td>
<td>83</td>
<td>2</td>
</tr>
<tr>
<td>Kitui</td>
<td>27</td>
<td>6</td>
<td>66</td>
<td>1</td>
</tr>
<tr>
<td>Mandera</td>
<td>33</td>
<td>8</td>
<td>54</td>
<td>5</td>
</tr>
<tr>
<td>Nyamira</td>
<td>93</td>
<td>-</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Kisumu</td>
<td>30</td>
<td>4</td>
<td>63</td>
<td>3</td>
</tr>
<tr>
<td>Bomet</td>
<td>76</td>
<td>-</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>Busia</td>
<td>39</td>
<td>3</td>
<td>58</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>3</td>
<td>53</td>
<td>1</td>
</tr>
</tbody>
</table>
What is Poverty? Who are the Poor?

With regard to access and use rights to land, 53% of the people enjoyed all rights, followed by 43% who had only cultivation and harvesting rights. There are some significant differences in degree of land rights between districts: in Nyamira, for example, just 7% had all rights to land, while 83% had such rights in Kwale (Table 7).

**Value Placed in Assets**

Land was regarded by 44% of the people as the single most valuable asset. This was followed by children (25%) and agricultural products (12%). Fewer than 2% regarded a spouse as their most valuable asset (Table 8).

Again, inter-district variations were considerable: the highest preference for children was recorded in Mandera (80%), the lowest in Kwale (7%); residents of Kisumu exhibited a high preference for land (79%), while just 10% in Mandera saw land as the most valuable asset; 32% of the poor in Bomet regarded agricultural products as most valuable, while not a single person interviewed in Mandera or Kisumu identified such products as their most valuable possessions.

**Access to Credit**

The poor had very limited access to credit from formal institutions (Table 9). The majority of the poor (70%) observed that they had no access to credit at all. Small loans were obtained from family members, self-help groups, women's groups and occasionally from church groups. Many school Parent-Teacher Associations allowed the poor to delay payment of school fees or pay their fees in installment. They coped with payment of hospital bills in a variety of ways, including leaving their national identity card in

---

**Table 8: Perceptions of the Most Valuable Asset in the Household by District (%)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Land</th>
<th>Agricultural Products</th>
<th>Children</th>
<th>Wife/Husband</th>
<th>Livestock/Poultry</th>
<th>Household Goods</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwale</td>
<td>59</td>
<td>16</td>
<td>7</td>
<td></td>
<td>8</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Kitui</td>
<td>44</td>
<td>7</td>
<td>39</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Mandera</td>
<td>10</td>
<td>-</td>
<td>80</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Nyamira</td>
<td>17</td>
<td>14</td>
<td>8</td>
<td></td>
<td>49</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Kisumu</td>
<td>79</td>
<td>-</td>
<td>12</td>
<td>4</td>
<td>-</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Bomet</td>
<td>23</td>
<td>32</td>
<td>23</td>
<td></td>
<td>12</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Busia</td>
<td>76</td>
<td>12</td>
<td>8</td>
<td></td>
<td>1</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>12</td>
<td>25</td>
<td>2</td>
<td>10</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

**Table 9: Access to Credit Facilities by District (%)**

<table>
<thead>
<tr>
<th>Class</th>
<th>Banks &amp; Financial Inst.</th>
<th>Cooperatives</th>
<th>Friends/Relatives</th>
<th>Others</th>
<th>No Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwale</td>
<td>7</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>81</td>
</tr>
<tr>
<td>Kitui</td>
<td>3</td>
<td>1</td>
<td>23</td>
<td>35</td>
<td>39</td>
</tr>
<tr>
<td>Mandera</td>
<td>-</td>
<td>5</td>
<td>4</td>
<td>8</td>
<td>88</td>
</tr>
<tr>
<td>Nyamira</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>12</td>
<td>83</td>
</tr>
<tr>
<td>Kisumu</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>16</td>
<td>71</td>
</tr>
<tr>
<td>Bomet</td>
<td>7</td>
<td>3</td>
<td>21</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>Busia</td>
<td>7</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td>83</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>3</td>
<td>9</td>
<td>14</td>
<td>70</td>
</tr>
</tbody>
</table>
hospitals together with the patient while they looked for work to raise the money to pay for treatment and to retrieve their card.

Overall, only 4% of the poor had access to credit through banks and another 3% through cooperatives. It is clear that most of the poor are not being reached through various micro-credit schemes, either individually or in groups. While credit is available in theory from the Agricultural Finance Corporation (AFC), its policies in fact exclude the poor. For example, while AFC clients are required to own 5 hectares, the majority of the poor own less than 2 hectares.

**Poverty and Female-Headed Households**

Definitions and forms of female-headed households are ever changing. For the purposes of this study, people defined female-headed households as those in which there was no adult man living with the woman or supporting her from another location.

At the conclusion of the social mapping and wealth ranking exercises which were conducted publicly in 35 villages, people were asked to mark all of the female-headed households on a map. Table 10 highlights a clear pattern. Overall, while 25% of the study population was categorized as very poor, there were over twice as many female-headed households (44%) as male-headed households (21%) in this group. While 59% of the male-headed households were categorized poor or very poor, this was true for 80% of the female headed households. The pattern of greater poverty among female-headed households was true for every district and for all 35 villages. In Kitui and Busia, more than 95% of the female-headed households were classified as poor or very poor. By contrast, the findings from the WMS did not reveal these differences.

**Ownership and Rights to Land and Other Property**

Women lost out on land twice. First, girls were generally discriminated against in land inheritance. Poor people were asked how they would subdivide land if they had a limited amount to pass on to their children. Overall, 61% said that they would give all of their land to their sons and another 8% said they would give the majority land to their sons. There were strong district variations: 95% in Nyamira said they would give all their land to their sons while in Bomet only 12% said they would do so. Only 28% said they would divide the land equally among their sons and daughters. Only 1% (primarily in Kwale) would favor girls (Table 11).

Second, when a man abandoned his wife or a woman walked out on her husband with or without a divorce, the land stayed with the man. If the husband died, the woman had a stronger claim to the land, but invariably lost her rights either to the parents-in-law or brothers-in-law who seized the land. The woman might be given limited cultivation and harvesting rights.

Women's limited control of land was an issue in all districts. In Elugulu village in Busia district, men stated that "when a husband dies and the woman has children with him, she may keep all the household assets." The women,

---

**Box 6: Coping Mechanisms Used by Women in Nairobi Slums**

"You just go to bed. You pray to God to give you something to eat the following day."

"If I'm left in this house, I guess I'll continue staying. I can't kill myself. What will happen to the children?"

"I have nothing at all. When I gave birth to twins, I almost died in the house. I was taken to Redeemed Church to be fed. I didn't have money for kerosene, water, food. I stay hungry."

"There was a time when I had nothing, completely. So I stopped some white men in a car and they gave me 200 shillings."

"The house has one room which allows only one bed. I have no furniture. The utensils are made from collected tins and plastics (cooking oil containers)."
### Table 10: Male and Female-Headed Households, by Poverty Ranking

<table>
<thead>
<tr>
<th></th>
<th>Male Head</th>
<th>Female Head</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entire Sample</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Poor</td>
<td>594</td>
<td>293</td>
<td>887</td>
</tr>
<tr>
<td>Poor</td>
<td>1,083</td>
<td>235</td>
<td>1,318</td>
</tr>
<tr>
<td>Medium</td>
<td>899</td>
<td>118</td>
<td>1,017</td>
</tr>
<tr>
<td>Rich</td>
<td>283</td>
<td>18</td>
<td>301</td>
</tr>
<tr>
<td>Total</td>
<td>2,859</td>
<td>664</td>
<td>3,523</td>
</tr>
<tr>
<td><strong>Bomet</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Poor</td>
<td>125</td>
<td>48</td>
<td>173</td>
</tr>
<tr>
<td>Poor</td>
<td>231</td>
<td>60</td>
<td>291</td>
</tr>
<tr>
<td>Medium</td>
<td>184</td>
<td>23</td>
<td>207</td>
</tr>
<tr>
<td>Rich</td>
<td>66</td>
<td>2</td>
<td>68</td>
</tr>
<tr>
<td>Total</td>
<td>606</td>
<td>133</td>
<td>739</td>
</tr>
<tr>
<td><strong>Busia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Poor</td>
<td>22</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td>Poor</td>
<td>222</td>
<td>27</td>
<td>249</td>
</tr>
<tr>
<td>Medium</td>
<td>100</td>
<td>2</td>
<td>102</td>
</tr>
<tr>
<td>Rich</td>
<td>29</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>373</td>
<td>35</td>
<td>408</td>
</tr>
<tr>
<td><strong>Nyamira</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Poor</td>
<td>19</td>
<td>17</td>
<td>36</td>
</tr>
<tr>
<td>Poor</td>
<td>100</td>
<td>45</td>
<td>127</td>
</tr>
<tr>
<td>Medium</td>
<td>126</td>
<td>19</td>
<td>142</td>
</tr>
<tr>
<td>Rich</td>
<td>26</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>271</td>
<td>60</td>
<td>331</td>
</tr>
<tr>
<td><strong>Kisumu</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Poor</td>
<td>92</td>
<td>33</td>
<td>179</td>
</tr>
<tr>
<td>Poor</td>
<td>218</td>
<td>38</td>
<td>318</td>
</tr>
<tr>
<td>Medium</td>
<td>245</td>
<td>26</td>
<td>312</td>
</tr>
<tr>
<td>Rich</td>
<td>52</td>
<td>3</td>
<td>59</td>
</tr>
<tr>
<td>Total</td>
<td>607</td>
<td>261</td>
<td>868</td>
</tr>
<tr>
<td><strong>Kitui</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Poor</td>
<td>123</td>
<td>78</td>
<td>184</td>
</tr>
<tr>
<td>Poor</td>
<td>183</td>
<td>18</td>
<td>197</td>
</tr>
<tr>
<td>Medium</td>
<td>82</td>
<td>4</td>
<td>85</td>
</tr>
<tr>
<td>Rich</td>
<td>30</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>418</td>
<td>78</td>
<td>496</td>
</tr>
<tr>
<td><strong>Kwale</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Poor</td>
<td>213</td>
<td>74</td>
<td>287</td>
</tr>
<tr>
<td>Poor</td>
<td>129</td>
<td>7</td>
<td>136</td>
</tr>
<tr>
<td>Medium</td>
<td>162</td>
<td>7</td>
<td>169</td>
</tr>
<tr>
<td>Rich</td>
<td>80</td>
<td>9</td>
<td>89</td>
</tr>
<tr>
<td>Total</td>
<td>584</td>
<td>97</td>
<td>681</td>
</tr>
</tbody>
</table>
Learning from the Poor

Table 11: Gender Discrimination in Land Inheritance (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Son Inherits</th>
<th>Equally Divided</th>
<th>Son Gets More</th>
<th>Daughter Inherits All</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwale</td>
<td>59</td>
<td>30</td>
<td>5</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Kitui</td>
<td>28</td>
<td>48</td>
<td>23</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Nyamira</td>
<td>95</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Kisumu</td>
<td>91</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Bomet</td>
<td>12</td>
<td>75</td>
<td>12</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Busia</td>
<td>81</td>
<td>11</td>
<td>5</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>28</td>
<td>8</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

however, told a different story. They noted that when a husband dies, the “brothers-in-law take all the valuable assets, leaving the widow with barely enough to give her a new start.” In Ombo, in Kisumu district, men and youth both stated that land, cattle, the fly-whisk and the children belonged to the man and his family in life and in death. This, despite the fact that all agreed that women should receive everything after a husband’s death except fly-whisks, traditional stools and a few other possessions most associated with men.

Even where women actually “own” the land, complete control may be absent. In Ikapolok village in Busia, for example, women had cultivation rights to the land but could not use or deal with the land in any other way. Selling the land for income would therefore be impossible. In Kitui district, people pointed out that a woman lacked control over her land if her father-in-law remained alive. In this case, they said, “she has no right to make decisions about the property.” Similar trends were seen throughout other districts. In Chewerta village in Bomet, for example, women had “access” to all household

Box 7: Gender Analysis Tool

Gender differences in ownership, control and access to resources is a culturally sensitive and emotionally laden topic. Hence a gender analysis visual tool — consisting of three large pictures of a man, a woman and a couple, along with 15 smaller cards depicting assets commonly held by households — was used to approach the subject. The activity is conducted by first placing the three large pictures on the ground. The smaller cards are then placed before the participants, who are asked to assign each asset to the person most likely to own it — does it belong to the man, the woman or the couple? Once this task is completed, participants are asked a set of questions, such as: “Which assets can the woman use even though she may not own them? What happens to the assets in case of death of the husband and if there is a separation or divorce?”

The pattern of response that emerged was very consistent across districts: most assets are jointly owned while a couple remains married and the husband is alive; with divorce, most assets move to the man’s column; the same is true if the man dies, although the woman may retain more assets depending on the kindness of the parents-in-law. More likely than not, with some time lag, assets move out of the wife’s column and into the man’s column and thus revert to his family.

Research teams reported that this data collection tool — along with other visual research tools — was the most effective available means for generating involvement and eliciting discussion on sensitive issues. So much so, in fact, that in some districts they detracted from research techniques using key informant and household interviews.
Box 8: A Familiar Story, Urban Nairobi

A fuller perspective on the situation of women without husbands in Kenya today is provided by the life histories of women in urban Nairobi. Many of these women shifted from the village to the big city by one means or another after their marriages had broken up. Their stories often follow a familiar pattern:

The husband and wife are living in poverty in the village. The husband starts to become impatient with his wife. He may be annoyed about the food he does not get. More likely he misses the position of authority he used to have in the traditional homestead, when he had his own house and there was plenty of room for everybody.

With no job, the husband starts drinking, sometimes in the early morning. He starts looking at younger women. When he is drunk, wife-beating begins. In time, he may drive the woman from the house along with her children and start getting children by a younger wife.

The woman and her children thus driven away are homeless and property-less. She may find another husband and start having more children. If this, too, is a household in poverty, this marriage may also break up. And so may other marriages. The end of the road is a female-headed household, almost always a household in poverty.

items except bicycles and weapons. Women and men, however, perceived ownership in slightly different terms. Women said that men owned everything including women and their labor. Men argued that because they shared the work in the fields it was owned by both. However, once again, in divorce or separation the woman loses all except her personal ornaments. The older children remain with the man, while the baby goes with the woman to return when it is older.

In Busia, men stated that they owned the farm (land), women, livestock, furniture, fly-whisk and so forth. Women owned only the kitchen utensils and personal trinkets and had access to a variety of the man's items. As elsewhere, while groups agreed that women should receive all goods in the case of a husband's death, everyone knew that relatives often confiscated the goods leaving the widow with next to nothing.

One female head of a household reported:

"When my husband died, my in-laws told me to get out. So I came to town and slept on the pavement. This lady who gave me this house found me and brought me here. I am her maid, and I also sell the water for her. She pays me 30 shillings a day. But this lady is not good. She does not get satisfied with what I do for her. For myself, I have nothing of my own except my children. My parents separated and we lived with our mother. She had high blood pressure, and one day it was raining and when there was loud thunder and lightning she just died in bed. From there, we stayed with our mother's sister, who frustrated us so much. Since we all had left school, we went our different ways, and that is when I got married. I can't even trace any of my siblings, because we all went different ways."

Another woman stated:

"I don't have any house or any land or anything, because I parted company with my husband and he does not want us. The oldest boy whom I got before marrying the first husband tried to go home the other day, but the men chased him away. There is the problem of bus fare, otherwise I could go and visit my Mum. Before, I used to be much better, but as the children grow my condition has become worse. I never
Box 9: Women's Ownership and Loss of Assets in Divorce and Widowhood, Kisumu

The visual Gender Analysis tool was used at least three times in each village with separate groups of men, women and youth. This example from Kisumu district is typical.

While married and with the husband alive, women had access to every item illustrated on the asset cards except the fly-whisk. According to the women, men owned items such as furniture, livestock, donkeys, agricultural implements, fly-whisks, shambas, clearing lands and ox-carts. The men however claimed ownership to fewer items, listing only the fly-whisk and various livestock as being owned exclusively by them; personal ornaments were owned exclusively by women while the rest belonged to both.

Table 12 shows the dramatic change which occurs when a couple is divorced or separated. Here, the true ownership of items becomes apparent. Those items which were “jointly owned” under normal circumstances suddenly become the sole property of the husband. Except for the house (local culture dictates that a house belongs to the woman), ornaments and young children (until age six), the woman is left with nothing. In addition, the babies go back to the father when they are no longer dependant on the mother’s care for survival. Women state that if they own livestock they can take them should a divorce occur. However, neither men nor youth mentioned this.

When a husband dies, everything except the fly-whisk officially belongs to the woman. However, there are once again a number of qualifiers to this rule of ownership. The household furniture and radio belong to the widow only as long as she remains in the home of the man; if she leaves, they revert to the husband’s family. The livestock belong to the woman, but she cannot sell them without consulting her deceased husband’s parents.

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intended to have these children, but they came by bad luck. I wish I had not become pregnant before, ever. My first husband also gave me bad luck, when he abandoned me. So I married another man within Korogocho and we stayed for two years. I got one child with him, and he left me because the family told him that I had children from another marriage and they did not approve, so they got him a younger girl.

From there, I decided not to marry again because I felt I had bad luck.”

Many of these women find their way to the growing numbers of Nairobi slums, where dilapidated housing is at least low-cost and a number of church groups and NGOs are working to assist those in greatest need. This situation, which appears from the study to be worsening, is placing still another form of poverty-related burden on government and relief agencies. “We are operating a vast housing relief agency here,” said the Korogocho chief.

In Kitui, all village groups pointed out that this situation was related to the customary “bride-price” paid by the man to the woman’s family at marriage. Because of this payment, all money or property acquired by the woman during the marriage belongs to the husband. With respect to children, they revert to the father’s homestead in case of separation or divorce; babies stay with the mother until they have passed the weaning age, and then they too revert to the husband.

With respect to children of the woman by a

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Table 12: Who Owns What in a Household in Case of Divorce and Separation

<table>
<thead>
<tr>
<th>Possession</th>
<th>Man</th>
<th>Woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household furniture/radio</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>Animals (sheep, oxen, donkey, etc.)</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>Farm implements/tools</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>Kitchen utensils</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>Foodstuffs</td>
<td></td>
<td>#</td>
</tr>
<tr>
<td>Ornaments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fly-whisk</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>Babies and children</td>
<td></td>
<td>#</td>
</tr>
<tr>
<td>Land</td>
<td></td>
<td>#</td>
</tr>
<tr>
<td>House</td>
<td>#</td>
<td></td>
</tr>
</tbody>
</table>
What is Poverty? Who are the Poor?

previous marriage or by another man, they are driven from the house along with the woman (in the case of separation or divorce) thereby making her position all the more precarious.

Previously, a divorced woman would normally return to the home of her birth. Today, with poverty and overcrowding in the already too small houses, she may be turned away, especially if she is bringing children with her. She may wander around, try to remarry and acquire more children. In many cases, she becomes the female head of a new household, usually a household in poverty.

A further factor that came out in the life histories obtained in the urban Nairobi interviews was that the divorced woman's ancestral home in the village may also have broken up, so that for one reason or another she can't return. If she has children by various men, the father may not want her. And the mother may also have become the impoverished female head of a household and may not want her daughter and various children in her already overcrowded dwelling.

In the case of widowhood, the woman's situation is somewhat better, but only somewhat. In Bonet, the wife inherits everything owned by the household, but the family of the deceased husband keeps an eye on her to see that she does not squander the wealth. Roughly the same situation was reported in other districts including Mandera, the nomadic area, the rationale being that the sons of the deceased husband are the ones who should eventually inherit the property.

The basic fact of life for women, as reported in all the districts studied, is that sons inherit and daughters don't. Women may have access to land and use land, but they do not own land. This means they have no collateral and cannot get credit. This fact weighs particularly heavily on female-headed households.

Coping Strategies

Female-headed households utilized a variety of strategies to survive. Although many of the strategies used by female-headed households are also common to male-headed households, there were over twice as many female-headed households as there were male-headed households in the very poor category.

Box 10: Ownership of Goods in Syomunyu, Kitui

In the village of Syomunyu in Kitui district, most household items are shared by a couple. In the event of separation or divorce, the woman loses all rights of ownership, except to her jewelry. If she has a small baby at the time of divorce, she is allowed to care for it until it stops breastfeeding when she must return the child to the man. When asked whether they would compensate the woman for having taken care of the baby, the men said they would not.

The women stated that in cases of separation or divorce they would take with them all items they had bought with their own money. In addition, sometimes a woman may decide to take her children. In these cases, they are often not challenged because children are seen as a woman's only asset after a divorce. The women stated that, “A woman makes a home. When she leaves, it is no longer a home and, if left, the children will suffer.”

Some women confessed that when preparing to leave, they would take all the money they could lay their hands on, and deny taking it if asked. After all, they said, unlike taking a cow or goat, there would be no evidence that they had taken the money.

In the case of death, the women said they might inherit everything or lose everything to their in-laws, depending on their kindness. In addition, if a woman's father-in-law is still living, she has no right to make any decisions about property (such as land and cattle) she may have inherited.
Box 11: Coping Strategies of Female-Headed Households, Kitui

In Kitui, 78% of female-headed households fell into the “very poor” category. How do these women and their children survive?

Food is the number one priority. Because it is usually in short supply, women eat one or two meals a day under the best of circumstances. While they may grow small amounts, food is often bought. Women engage in a range of casual jobs — *Kuweeka* — to earn money to buy food. They also work on other people’s farms in exchange for food received at the end of the day. During famine, they rely on relief food provided by the government.

Children’s labor is often an important asset in a female-headed household’s coping strategy. Mothers may give their children up to others to perform work, with payment for the child’s labor coming directly to the mother. Because most female-headed households find it difficult to pay the fees for primary education, children are fortunate if they can remain in school for even a few years. Often, they are removed from school at least seasonally so that they can work and provide income for the family.

For the most part, however, income is generated by the women themselves. A variety of income-generating strategies are used: making handicrafts, *kiondos*, at night; engaging in “petty trade” in bananas, mangoes, cassava, cow peas and millet; selling firewood, charcoal, water, wild fruits, honey and pots; carrying out casual jobs; and, in some cases, resort to prostitution.

Gaining access to health care is another challenge facing female-headed households. In some instances, mothers are able to use credit to get treatment for their sick, leaving behind their identity cards as a guarantee for payment. In addition, they may borrow money from relatives, friends, and neighbors, especially to meet emergency transport needs. They are often forced to carry their young children on their backs or in wheelbarrows and stretchers made from sacks and tree branches to the health care facilities.

For most illness, women rely on traditional herbs. A woman said “God has provided trees free of charge and one has only to go to the right herb, boil it and take it...” Herbs are seen as the “savior” of the community. If witchcraft is suspected, women turn to traditional healers.

The basic necessities are extremely difficult to obtain. Women rely on second-hand clothes, hides and skins. Shoes are rare, tyre-shoes are tied to the feet; racks made of reeds (*itii*) serve as beds; some families sleep under trees or use tree branches to block the doors of their housing structures. These households also face significant problems in fetching water from great distances (5-20 km). Women try and borrow donkeys or carry water on their backs. Some are too poor to afford jerricans and must use gourds to fetch water. Broken gourds are also used for wash basins, and clothes often washed without the cheapest detergent (*panga* soap).

Food was the most immediate and pervasive problem in every district. In villages in Busia, female heads of households consistently limited the number of meals eaten to cope with the ever-present lack of food. One-third of the female-headed households in Elugulu village had one meal per day (the remaining two-thirds had two). Some women resorted to begging for food, others relied on brewing *changaa* and *ajono*, despite being harassed by police. Women often traded their labor for food. In Emuramia, community members observed that “most of the people who worked on the farms of the well-to-do in exchange for food were women.” The struggles and ingenuity of women to survive on very little in the face of starvation were reflected in every district. When women were forced to remove their children from school to save school fees and
gain income from the child's labor, they are most apt to remove their girls. In Nyamira, preference for boys' education at the expense of that for girls came out strongly. Of those interviewed, 83% indicated that they would discontinue the girl's schooling in order to make it possible for the boy to continue. In Kwale, it was reported that girls would be sent to Mombasa to work as housemaids so that their earnings could be used to keep boys in school. In Busia, 61% of the households stated that they would drop the girl first if there was a shortage of school fees. Boys were seen in many cases as the "homeguards" of the family, while girls would eventually marry and move away. In addition, many women were not educated themselves and saw no point in educating girls. Thus, in female-headed households, girls may once again bear an additional burden.

Investment in girls' health care was also less valued than for boys. "The girl will get married, and investment on her health care will be lost," said one respondent. One young man said parents should not spend money on their daughters' health since "her boyfriend is likely to have her treated out of love."

The Last Word

Two comments by women interviewed in the Nairobi slums complete this section on female-headed households. One woman said, "If I could be given just a plot of land, one acre, I would move there very fast and try to start life again. I hate staying in Nairobi." Another woman, when asked what event she would change in her past if she had the chance said, "I would be born a man."
3. Coping Strategies and Mechanisms

In order to survive, the poor have adopted a range of strategies to reduce risk of total disaster and maximize their very limited resources. Protecting their children, keeping them alive and finding money to pay their school fees is the preoccupying concern of poor parents. Despite their best efforts, some poor starve and some die. In one of the districts, researchers were greeted by a funeral in every village they visited.

To cope with poverty, people buy cheaper goods and second hand clothes; they wear patched clothes and “tyre shoes” which last 10 years, and use laundry soap for bathing. Increasingly, they are forced to violate social norms: sons now sleep in the same over-crowded shelter (nyamera) and sometimes in the same bed; family members rotate among different households and even sleep in the bush.

Seasonality

There were sharp seasonal variations in stress. In one research activity, groups identified activities or resources that changed with the season. Using leaves, stones and symbols to identify each item, participants then used a stick to mark the seasonal differences on the ground (Tables 13 and 14). The greatest stress was found to be from December to May, a period when food stocks, employment opportunities and income are at the lowest. People cope by begging for food and by eating “lighter meals.” During this period men, and, to a much lesser extent, women engage in seasonal migration to bigger farms, tea estates or wherever they can find work. The highest incidence of disease, especially malaria and diarrhoea, coincides with the long rainy season, from April to July.

Access to Food

The issue of food security was probed in different ways. Participants were asked about food sufficiency under normal circumstances and what happened during periods of crop failure and drought. In addition, information was obtained through focus group discussions, key informant interviews and a range of other

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Box 12: Strategies for Reducing Risk, Urban Nairobi

Father Mario, a local Catholic priest, introduced a research team to a group of seven youth (all boys except for one young girl) who are making batik paintings of street scenes in the slums. They work in a rundown room adjacent to the Mukuru garbage dump. All of their work is stark and dramatic. Several scenes are of young boys and girls sniffing “gum” bags — a gasoline-soaked substance that makes one drunk. One shows a determined young boy with a bag of items collected from a mountain of garbage. Another shows a young Maasai girl with flaming red wig, ready for nighttime action, which they call “Maasai Warrior.”

The group is led by a serious young man named Moses Kabiru, who says they are starting to sell the batiks in Europe and America. Unlike breakable pottery and other items made in developing countries for sale in specialty shops abroad, the batiks are easy to ship overseas.
### Table 13: Seasonal Analysis of Poverty, Nyamira*

<table>
<thead>
<tr>
<th>Item</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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</thead>
<tbody>
<tr>
<td>Light Meals</td>
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<td>Begging</td>
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<td>Migration</td>
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<td>Unemployment</td>
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<td>Income</td>
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<td>Disease</td>
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<td>Rainfall</td>
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</tbody>
</table>

* Zeroes (o) in table represent stones used by participants to indicate the degree of change by month. Thus, three zeroes in the January column for "Light Meals" means that light meals are three times more likely that month than they are in March or April.

### Table 14: Seasonal Analysis of Poverty, Geta B Village*

<table>
<thead>
<tr>
<th>Item</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out migration</td>
<td>ooo</td>
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<tr>
<td>Food shortage</td>
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<td>Employment</td>
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<td>o</td>
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</tbody>
</table>

* Zeroes (o) in table represent stones used by participants to indicate the degree of change by month.
participatory data collection techniques, all of which uncovered the lack of food and of food security.

As reported earlier, when asked to name their single most important problem, 45% of the poor said they lacked food while another 30% said they lacked money. There were no communal food reserves reported in any of the villages under normal circumstances or during any periods of food stress, crop failure or drought. Even under normal circumstances, about 6% of poor households reported experiencing severe hunger. While over 70% classified themselves as farmers, only 5% were food sufficient.

Malnutrition among children was evident in all the districts and its incidence had increased over the years in the perception of local people. The study could not establish the extent of malnutrition among children. While women received nutrition education while waiting at health centers, in the absence of adequate food, they found it difficult to practice suggestions offered by nurses. In Kwale, women laughed while reciting the names of the essential food groups and said “First we must have enough food to eat.”

**Food Quality**

People were aware of the issue of food quality. The majority reported that the quality of the food they ate was poor or very poor (80%). Just 1% of the poor felt that their food was rich in quality. In Kisumu District, however, none of the poor interviewed thought that the quality of their food was very poor. This may have to do with their diet, which includes some fish.

**The Most Common Coping Strategy**

The most common strategy adopted by the poor — both men and women — to gain access to food during times of acute shortages was performing odd jobs or “piece work” for cash or food. They did so for richer neighbors and relatives or at nearby plantations. Though such jobs paid little, they were still difficult to find.

In Kitui, in Syomunyu village, for example, a person was paid 50 cents to dig a hole 3 feet deep: Ksh 1 per week to watch over people’s shambas at night and scare away animals; cutting and transporting local building poles earned 20 cents; people were paid for uprooting tough grass only after the rain, when there was evidence that the grass did not regrow. Perhaps not surprisingly, researchers found that youth dreaded manual labor and piece jobs more than anything else because it signaled to them the slide into permanent poverty.

When food became scarce, the poor adopted two directly food-related strategies to limit consumption. First, they reduced the number of meals to one or two per day. This pattern was so common that one characterization of a poor person was *a person who cannot have three meals a day*. Everywhere parents said that they reduced their own intake first and protected the children as long as possible.

Second, parents switched to “lighter” foods such as porridge, and diluted meals with water. They drank their tea without sugar, ate porridge with *magadi* soda (*munyek*), and fed their children *misikik*, a by-product of local brew (*busaa*). Other strategies used by the poor included: dropping into people’s homes during meal times; begging; stealing and teaching their children to steal food; and gathering wild foods. Men hunted if possible or sold their maize seed, which they then needed to buy back later at higher prices, slipping further into poverty.

**Hunger and School Drop-Out Rates**

The links between lack of food, hunger and school dropout rates were made by adults and children everywhere. In Kwale women said “When we do not have enough to eat, how can we send our children to school?” While parents went to great lengths to keep their children in school, when food was scarce, mothers pulled children out of school to conserve their energy and save on school-related expenses. Most children walked or ran to their school, which was located as far from
Box 13: In the Words of a School Child, Kwale

"I come to school because I have decided to be a lawyer and when I grow up I want to be a leader. Our school has many problems. There are too few teachers, we have no books, blackboards, no toilet, no water and no desks. Poor children in this school need assistance so that when they pass their examination, they can buy books, clothes and pay school fees. In my family two children dropped out of primary school in the last two years because of no money to buy school uniform or school fees.

"I know that my chances of going to secondary school are very low; my father wants me to go, but he has nothing. I come to school on foot, and I do not have any lunch because there is no food. I cannot read very nicely because when I am very hungry and the numbers swim in front of my eyes."

Boy, 16 years old, 6th grade

their homes as 7 km away. In Chewerta village, Bomet, consisting of 69 households, 39 primary school children had dropped out of school in the last two years. During times of food scarcity, mothers placed their children with better off family, friends or neighbors. (For more on hunger and school drop out rates, see Education section below.)

Remittances
The poor are often thought to benefit from the remittances of relatives. When asked to describe their means of livelihood under normal circumstances, people did not mention such transfers at all (Table 15). The dominant food-related coping strategy was normally purchase of food and reliance on odd jobs. During periods of food scarcity, remittances from children were mentioned by 9% of poor households (Table 16). Remittance transfers may be higher for better-off households.

Government Relief Efforts
During periods of food shortage, there was some reliance on government food relief. This was particularly true for Mandera (23%) and Kituti (20%) (Table 16). Although church groups and occasionally NGOs mentioned food assistance as a coping strategy, the number of poor people who were reached through such programs was found to be minimal.

Once famine has been officially recognized and the government relief efforts begin, the poor in some of the districts do benefit (Table 17). However, government provided relief food becomes an added category in the coping strategies of the poor, rather than the only strategy. This is because the government provided relief is both irregular and insufficient in quantity by the the time it reaches households to meet food needs.

In the districts where food relief was mentioned, two issues came out consistently — leakage and political interference. In one village in Kwale, for example, village people said, "We saw the lorry of food relief arrive and the chief told us two weeks later that one-and-a-half bags had been received for distribution to 116 households."
Similar incidents were repeated in Kitui, where people reported, "Now we just borrow donkeys and go to the relief center ourselves to collect food, otherwise we would never get anything."
In Busia, people in one area said "We finally received one bag of maize for the entire sub-location, over 200 households. So we decided to give it to the school, so at least our children would get a few hot meals." In Bomet, people reported receiving 10 kg per household. Targeting, however, may be a problem, since only 1% of the poor reported getting food aid.

Access to Water
Gathering information on whether the poor have access to and consistent use of a safe water supply for drinking, cooking and bathing is difficult because definitional problems and
### Table 15: How Poor People Cope Under Normal Circumstances of Food Availability (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Rely on Purchases (%)</th>
<th>Beg From Neighbors (%)</th>
<th>Seek Alternative Foods (%)</th>
<th>Have Sufficient Food (%)</th>
<th>Starve (%)</th>
<th>Other Odd Jobs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwale</td>
<td>65</td>
<td>5</td>
<td>1</td>
<td>20</td>
<td>–</td>
<td>9</td>
</tr>
<tr>
<td>Kitui</td>
<td>75</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Mandera</td>
<td>60</td>
<td>11</td>
<td>7</td>
<td>–</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Nyamira</td>
<td>25</td>
<td>2</td>
<td>–</td>
<td>2</td>
<td>–</td>
<td>71</td>
</tr>
<tr>
<td>Kisumu</td>
<td>39</td>
<td>15</td>
<td>15</td>
<td>–</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>Bomet</td>
<td>53</td>
<td>7</td>
<td>4</td>
<td>12</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Busia</td>
<td>51</td>
<td>8</td>
<td>20</td>
<td>1</td>
<td>–</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>23</td>
</tr>
</tbody>
</table>

### Table 16: How Poor People Cope During Periods of Food Scarcity (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Depend on Govt. (%)</th>
<th>Asst. from Rel. Org. (%)</th>
<th>Remittance fr Children (%)</th>
<th>Do Odd Jobs (%)</th>
<th>Gifts (%)</th>
<th>Use Prev. Stocks (%)</th>
<th>Purchases (%)</th>
<th>Others (%)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>12</td>
<td>60</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Kitui</td>
<td>20</td>
<td>7</td>
<td>11</td>
<td>33</td>
<td>–</td>
<td>–</td>
<td>14</td>
<td>15</td>
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<tr>
<td>Mandera</td>
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<td>3</td>
<td>37</td>
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<td>5</td>
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<td>7</td>
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<td>11</td>
<td>71</td>
<td>–</td>
<td>3</td>
<td>4</td>
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<td>–</td>
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<td>44</td>
<td>7</td>
<td>3</td>
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<td>8</td>
<td>–</td>
<td>6</td>
<td>73</td>
<td>11</td>
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<tr>
<td>Busia</td>
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<td>59</td>
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<td>9</td>
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<td>1</td>
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<td>21</td>
<td>11</td>
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</table>

### Table 17: How Poor People Cope Following Famine Conditions (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Depend on Govt. (%)</th>
<th>Asst. from Rel. Org. (%)</th>
<th>Remittance fr Children (%)</th>
<th>Do Odd Jobs (%)</th>
<th>Gifts (%)</th>
<th>Use Prev. Stocks (%)</th>
<th>Purchases (%)</th>
<th>Others (%)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>7</td>
<td>55</td>
<td>4</td>
<td>4</td>
<td>–</td>
<td>23</td>
</tr>
<tr>
<td>Kitui</td>
<td>64</td>
<td>11</td>
<td>12</td>
<td>5</td>
<td>2</td>
<td>–</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Mandera</td>
<td>45</td>
<td>8</td>
<td>12</td>
<td>27</td>
<td>3</td>
<td>1</td>
<td>–</td>
<td>4</td>
</tr>
<tr>
<td>Nyamira</td>
<td>–</td>
<td>2</td>
<td>10</td>
<td>70</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Kisumu</td>
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<td>12</td>
<td>12</td>
<td>39</td>
<td>11</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Bomet</td>
<td>1</td>
<td>1</td>
<td>–</td>
<td>8</td>
<td>–</td>
<td>5</td>
<td>72</td>
<td>11</td>
</tr>
<tr>
<td>Busia</td>
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<td>28</td>
<td>1</td>
<td>11</td>
<td>–</td>
<td>–</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
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<td>12</td>
<td>30</td>
<td>4</td>
<td>2</td>
<td>11</td>
<td>8</td>
</tr>
</tbody>
</table>
nuances abound. However both from the WMS data and the PPA study it appears that overall only between 33% to 40% of the poor have “access” to a protected water source. This of course does not address the issues of continued functioning of installed systems, seasonality, reliability of water source or use of water from these sources.

Because of the importance of water in the lives of the poor, and the difficulty in capturing the issue through questionnaires, the PPA study addressed the issue through several open-ended methods including mini-case studies. There were four key findings:

- In all districts — except Bomet — poor people reported access to safe water as a problem;
- Everywhere — including Bomet — the water problem becomes acute during the dry season;
- Where demand is high and community groups have the capacity (skills, technical and business management), local groups are managing simple water systems effectively without government support; and
- Successful water user groups branch into income production activities, some of which feed back into water systems to expand the system or for repairs.

The association between poverty and inadequate access to water was underlined by the way people in the drier districts generally defined the poor. In Kitui, for example, people cited “lack of access to water” as a characteristic of the poor. Even in Bomet, which is rich in surface water, rivers and streams, untreated water from rivers was the primary source in three of the five villages surveyed. In these villages, people reported higher levels of pollutants in water during the rainy season. In one village, women walked 15 km for water in the dry season; in another, they traveled 5 km up hilly terrain. The situation was far worse in the less favored climatic zones, as was clear from an examination of the water situation in the districts of Kwale, Nyamira and Busia.

**The Water Situation in Kwale**

When interviewed, district authorities in Kwale said that the Swedish International Development Authority (SIDA) provided water. However, despite the work of SIDA and KWAHO (an indigenous NGO) all the study villages except one reported access to safe water as a major problem. Water-related diseases were common. In Kinyungu village, Mswambweni division, people reported that “water is life and because we have no water, life is miserable.” The village’s main sources of water are water pans which have green water and dry up seasonally, the river Ramisi which is 10 km away and boreholes located 5 km away. Because of lack of water and distances involved, children accompany parents to the water holes to fetch water rather than go to schools.

In Gora village in Samburu division, people use seasonal pans or walk to the railway station 5 km away where there is a tap. A few of the richer household have piped water tapped from the main pipe that supplies Mombasa. In Mwapala village, women rise while it is still dark to walk to unprotected springs which have very little water. Because of the waiting time at the spring, a woman must work five to six hours per day to bring home one bucket of water. During the dry season, women walk 8 km to Majimboni to fetch water. The situation is almost identical in Gulanze village. Women spend seven hours a day fetching one bucket of water from seasonal springs or rivers 10 km away. Some people use a dam owned by an individual living 4 km away in exchange for scooping soil out of the dam to prevent it from silting up.

Bumbani village was the only one sampled which had benefited from the Government of Kenya/SIDA/KWAHO partnership. Two boreholes were drilled and are managed by water committees. The community is now raising funds to rehabilitate a piped water system which was abandoned three years ago because of lack of fuel for the pump.
Learning from the Poor

Box 14: Water Problems in Nyamira

Nyamira is not defined as an arid district, yet every village reported serious water problems. In Sengera II village, water is obtained from two unprotected springs which dry up in the summer. Youth listed water as the most serious problem and women said “we would like to have a water source where we do not have to walk long distances uphill to fetch water.”

In Mosibano village, water comes primarily from a heavily polluted dam or one protected and two unprotected springs which are within 1 km, but dry up in the summer. People said that almost everyone in the village had amoebic parasites. Some people fetch water from a piped water system at a nearby tea factory, while some better off household have built rain water tanks.

In Kiongongi village, there are two main water sources: the Nansore protected spring and the polluted Endiba River. In the dry season, when the spring is reduced to a trickle, it can take as long as six hours to get water because of long queues. Women bring many containers to fetch water to reduce the frequency of trips, tie babies to their backs to win sympathy to jump the long queues or take water from the polluted river.

In Nyaigesa village, the main sources are two springs (one of which was protected with assistance from a Catholic mission) which dry up in the summer. When the springs run dry, people use polluted rivers.

In Geta B village, there are no developed water sources. People use two polluted nearby rivers, Nyantuago and Agesagane. When these dry up in the summer, women trek 15 km to Kuija River to fetch water. Some people reported boiling the water before drinking, but said they were puzzled because “boiling the water changed the water color to dark red.”

The Water Situation in Nyamira

Nyamira district is not defined as an arid district yet every village sampled had serious water access, seasonality and quality problems. As in other villages, water borne diseases were rampant during the rainy season as the water sources became even more polluted than usual.

Water Committees in Busia

Busia district, like Kwale, has received much donor assistance in drilling boreholes and fitting them with handpumps “through community participation.” And yet, like Nyamira, every village reported water problems. While Elugulu village had two drilled boreholes installed by the Finish International Development Agency, both had been broken down for months and not been repaired.

Despite instituting some elements of a community participation strategy, the approach was not based on demand or “felt need.” In Busia, “participation” consisted of a thin overlay of involvement on essentially an engineering and supply driven approach in which communities were not required to undertake any major responsibilities until construction was complete. Community groups were not required to complete substantial organizational tasks or make financial contributions prior to construction. Consequently, communities felt no ownership nor responsibility for the boreholes. Despite formation and training of water committees for operation and maintenance, the majority of the water committees did not mobilize themselves to purchase spare parts in case of breakdown, especially if the boreholes drilled were not centrally located and alternative water sources are nearby.

Water committees were functioning well, on the other hand, where agency supply of boreholes matched community demand. In some communities, women’s groups had taken over the operations and maintenance responsibilities and with small loans started microenterprise
activities, proceeds from which were used for pump repairs as well. In Ikapolok village, where the borehole was being managed well, members were required to pay Ksh 10 per month. However, the poor had dropped out of the group and were using the two rivers near the village to draw water.

**Knowledge of District Leaders**

Of all services provided in the districts surveyed, leaders seemed most knowledgeable about the adequacy or inadequacy of water supplies. In Kitui, where droughts and famines persist, leaders were able to assess the position in some detail. "Boreholes don't work well," they said, "because the deep-level water is saline. Dams would be good, but donors are shying away from them. The Athi River, a source used by some villages, is badly polluted. The new pipeline from the Tana River to Nairobi bypasses the district."

In Bomet District, leaders accurately appraised the water supply as good in the fertile upper levels comprising most of the district, but a problem in the lower levels with less rainfall bordering Narok. In Nyamira, the District Water Office was aware that the few protected springs in the area were not enough to meet community needs. The larger sources included unprotected springs and rivers which were polluted. "In this district," the water office said, "the issue of water is quality, not quantity."

**Access to Education**

In the hope of making their tomorrow better, the poor are obsessed with getting their children through primary school. For them, despite evidence to the contrary, education is the way out of poverty. The PPA touched upon primary education through five different data collection methods: problem identification activity; focus group discussion; household interviews; mini-case studies; and questionnaires and sentence completion tasks completed by standard six school children.

**Importance of Primary Education**

Because a primary school education is a prerequisite for entering secondary school, the PPA focused on understanding the dynamics surrounding primary school attendance. In all districts, poor parents placed a very high premium on keeping their children in school. In order to do so, they would sell their possessions, beg, steal, brew and sell beer, pray, go to church, hawk produce, join self-help groups, cajole teachers into letting the children stay in schools, pay in installments, put their children to work and sometimes become destitute trying to keep their children in school. In some areas, women's groups were formed to assist poor parents in coping with school-related expenses. As a last resort, many parents sold their maize seed in the hope of putting together enough money. Some poor parents reported marrying their daughters off early to receive a bride price, so as to enable the rest of the children to continue school.

Despite the best efforts of parents, many children were forced to drop out of school seasonally to earn money for their families during the difficult periods. This phenomenon seemed more widespread in the arid districts. When enough money had been made, the children then returned to school. As a result, there were many older children in the lower grades.

**Decline in Quality of Primary Schools**

Almost everywhere there was widespread decline in the physical quality and basic assets of schools, from classrooms to chalk and textbooks. Physical deterioration was observed in school buildings, a large number of which were incomplete or collapsing. Government of Kenya policy requires communities to build and manage their school while the government provides and pays for teachers. While some communities continue to manage well through Harambee and church efforts (see Chapter 3), in the face of escalating costs, most schools in poorer communities were in decline, despite the continuing struggle of
Learning from the Poor

...people to keep the schools functional. Some villages have abandoned their local school altogether and sent their children to schools in other villages.

All primary schools are expected to teach a wide range of technical subjects requiring specialized equipment, however few schools have such equipment. Required subjects for which equipment is needed include home science, art and design, wood work, metal work, building construction, power/motor vehicle mechanics, electricity, aviation, and typewriting and office practice.

Additionally, schools were characterized by absence of books, desks, water, toilets and shortage of teachers. In many cases, indifferent teachers, or teachers demoralized by their circumstances, were also problems. This makes the poor’s faith in education as the way out of poverty a shaky proposition at best. Many headmasters reported a decline in academic performance as well.

The perceptions about education among district decisionmakers were in stark contrast to those of the poor themselves. District officials believed that “primary education is freely provided, so there are no problems in attendance even among the poor.” The perspective of the community, headmasters and teachers trying to keep the rural schools running was quite different. The situation was the worst in the arid districts — Kitui, Kwale and Mandera — where schools were sometimes more than 10 km round-trip away, involving crossing rivers which flooded in the rainy season. In Mandera, once the rains start the schools empty out, as the nomads move their animals to greener pastures — “camels before education.”

Everywhere school children in the sixth standard reported the many things they found lacking in their schools. A shortage of books was the most frequently cited problem (65%). This was followed by lack of desks and a long list of other shortages, including chalk, blackboards, classrooms and laboratory equipment. When asked what they would change (in addition to supplying books and desks), students often cited the teachers and headmasters who they said caned them, sent them on errands during class time or were so lazy that they either came late, did not teach, or simply did not show up for work. While children said they would like better trained teachers, they also expressed deep appreciation for those teachers who they felt cared about them and their teaching.

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**Box 15: The Struggles of Harambee Primary Schools**

The Almodi Primary school in Busia district was built in 1975 based completely on Harambee. The first community Harambee raised Ksh 10,000 which was used to build one permanent classroom; two more windowless classrooms were added in 1986 and 1987. Standards 1-3 are housed in the permanent block. Conditions are crowded and children sit on the floor. Older children are in thatched classrooms with mud walls that have gaping holes. The headmaster reported that “we put the older children in these classes so that when the walls or roof collapse they can run to save themselves”.

The school is run by a Parent-Teacher Association and an education board. Parents are required to contribute toward the building fund in installments. While the school tries to be kind to the poor, children are not allowed to take their examinations until contributions are paid up. In addition to lack of desks and chairs, the school lacks textbooks, stationery and laboratory facilities. During the dry period when food is short, the school is half empty as parents keep children at home to conserve their energy or send them out to work. Not surprisingly, the academic performance of the school has suffered: last year it was second to last in the 17 schools in the zone. Both the headmaster and parents felt that with increasingly frequent drought, land erosion and subdivision, poverty in the area had increased. The headmaster ended the interview saying “with a little bit of help from NGOs or others there is still a chance for Almodi to come out and shine one day.”
Coping Strategies and Mechanisms

Box 16: Problems Commonly Cited By Primary School Children

- sitting on the floor
- being caned by teachers
- cutting grass
- crowding in the classrooms
- lack of water and dirty compound
- mud-thatched classrooms
- being chased from school due to lack of school fees

Cost-Sharing and Dropout Rates

As noted in Chapter 1, children of the poor drop out of primary schools in large numbers because of their inability to pay school-related expenses, even though officially there are no school fees. Although primary schools are supposedly “free,” parents must pay for school uniforms and constantly increasing contributions. Trying to cope with declining physical facilities and increasing costs, Parent-Teacher Associations and schools have increased levies on parents. These come in various forms and include building funds, activity fees, exercise notebook fees, extra tutoring fees, and contributions of pens, pencils, chalk, erasers, laboratory equipment, sewing machines and agricultural equipment. Many schools now levy examination fees before exams can be taken even in lower grades (Ksh 200/child), another new cost that parents must bear.

Analysis of household data showed that (depending on the district) 32% to 63% of poor households had one or more children who had dropped out of primary school (Table 18). Of 187 households with children who had dropped out of school, 155 reported inability to pay school fees as the reason. Marriage, pregnancy and sickness were mentioned by a small minority as the other reasons resulting in school drop outs.

Increased Dropout Rates in the Last Two Years

In the past two years, because of high inflation and drought, primary school drop-out rates have increased. Increasing poverty and escalating school costs have resulted in quadrupling of school drop outs in some areas in Nyamira. The single most frequent reason for dropping out of school was lack of money for school fees.

School children were asked if anyone from their families had dropped out of school in the last two years. Between 50% and 68% of children in various districts reported that at least one child, and often more, had been forced to withdraw from school in the last two years because of inability to meet school expenses and fees. In Bomet, for example, 70% of these households had more than one child — sometimes as many as seven — who had dropped out of school. For secondary school, the district drop-out rates for the last two years ranged from 18% (Nyamira) to 81% (Bomet). In Nyamira, to cut costs, parents sent their children to vocational schools. In Katolo sub-location in Kisumu, a 1993 study demonstrated the declining enrollment from Standard 1 to Standard 8 across seven primary schools in the area. While the enrollment in Standard 1 was 427 pupils, the numbers declined steadily to 128 pupils in Standard 8 (K’Okul, November 1993).

Despite the challenges posed by poverty, for the moment the school children also hang on to their dreams — including their hopes of becoming professionals, doctors, nurses, engineers, pilots, teachers and even the country’s president. Many children hold on to these aspirations even as they acknowledged that the chances of their going on to secondary school were less than 50%.

Girls are Withdrawn from Primary Schools First

When poor parents had to make a choice about who would stay in school and who should be pulled out, the daughters were the first to go (Table 19). Overall, more than twice as many respondents felt that girls should be withdrawn from school before boys. The primary reason given was that girls would marry and move away (37%), and that they would not make money or were a waste of money (4%). Boys were left in school because they were the
“homeguards” (12%) and would also bring income to the family (20%). In Mandera, the gender preference was reversed, with parents reporting pulling boys out first. However this is done in an overall cultural context where most parents in this district are nomadic pastoralists and do not value formal education as much as people in other areas.

**Access to Bursaries by the Poor**

Poor parents who reported high costs of primary education as a major issue were asked how they coped with these costs. Only three households in the entire sample mentioned bursaries from the government, NGOs or church-related groups. Many participants said they had never heard of a student actually getting a bursary, or if they knew about such an award, they said it went to a student who wasn’t actually poor. Because many bursaries are designated for secondary school students — and most poor children do not attend secondary school — they automatically fall to children in better-off homes. Another observation made by poor people in the villages was that bursaries were awarded by district leaders to students identified by village chiefs and elders. A better plan, many villagers said, would be to have winning students selected by school headmasters, who were in a better position to know who were the brightest and the neediest students.

**Access to Health**

The poor were health conscious, knew names of common diseases and their causes and engaged in a variety of health maintaining strategies, including use of government health clinics. Numerous studies have shown that the poor use public health facilities less often than the well-to-do. Hence, the policy question posed in the study was: what factors determine the use of health facilities among the poor?

The picture that emerged was clear, yet complex: the poor visited government health facilities only when they were desperate and often as a last resort. This is not because they do not believe or respect the curative powers of the health providers, but because their experience with health facilities has been so dismal in the last few years.

While in theory the fees of the poor are supposed to be waived, except in Kitui and Kwale none of the poor mentioned waiver of fees by hospitals or clinics. Generally, people reported that they had to pay Ksh 10 to register at a health facility and an additional Ksh 10 to get prescriptions for drugs. In some areas, patients were required to buy children’s exercise notebooks to supply the paper on which prescriptions could be written. In other districts, the poor were forced to tip somebody on arrival at the health center in order to be seen at all. "If

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**Table 18: Number of Households in Which Children Dropped Out of School by District (%)**

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<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
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<td>57</td>
</tr>
<tr>
<td>Kitui</td>
<td>59</td>
<td>41</td>
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<tr>
<td>Nyamira</td>
<td>32</td>
<td>68</td>
</tr>
<tr>
<td>Kisumu</td>
<td>39</td>
<td>61</td>
</tr>
<tr>
<td>Bomet</td>
<td>27</td>
<td>73</td>
</tr>
<tr>
<td>Busia</td>
<td>63</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>58</td>
</tr>
</tbody>
</table>

**Table 19: Preference of School Dropouts by Gender by District (%)**

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<tr>
<td>Kitui</td>
<td>25</td>
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</tr>
<tr>
<td>Busia</td>
<td>16</td>
<td>61</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>58</td>
<td>15</td>
</tr>
</tbody>
</table>
Box 17: Health Problems in Two Districts, Kwale and Kisumu

Kwale District

In Gora village, the government health center serving the population charges a low fee (Ksh 5), but is 7 km from the village and very poorly equipped. It has no drugs most of the time, no transport for serious cases, no dressing materials and no electricity or electrical generator. "When a woman comes in the night to deliver, they use candles, torches, or paraffin lamps." Lack of drugs at the hospital has led to people resorting to traditional treatment.

Bumbani has its own health center built through Harambee efforts. While cost is not an issue (fee of Ksh 5), the center suffers from a perennial lack of drugs, and has neither water nor electricity. During the ranking of health problems in the village, hostile health personnel ranked as the number one problem followed by lack of drugs, “dirty health care center” and poor transport.

The village of Mwapala is served by a dispensary and health care center both about 7 km from the village. While the center suffers from water and drug shortages and has insufficient staff, 60% of respondents said they would still take sick family members there. The maternity ward, however, is hardly used. The community has formed a health committee to improve the facilities, make repairs and build a kitchen for the maternity ward to encourage use.

Gulanze village is served by a dispensary and hospital both 10-15 km away. Transport is a major problem. While there is a public bus which makes one trip per day through the village, many people cannot afford the fare and the bus is usually over-crowded by the time it reaches the village. The sick are thus forced to walk if they need medical attention. Hostile staff and a shortage of drugs were also cited as problems and some villagers turned to the traditional healer as the only viable alternative.

The nearest public health facility to Kinyungu village is 23 km away. While there is a private clinic 7 km from the village, the prices are too high for most of the villagers to afford. Again, transport is a severe problem. There is no public transport and the sick are normally carried on someone’s backs, in a wheelbarrow, or on bicycle to the health facility. In addition, the roads are completely impassable in the rainy season. District decisionmakers admitted that the health facilities were inaccessible to many, and that due to lack of transport and lack of money, the very sick often die in their rural homes before getting treatment.

Kisumu District

Villagers from Ombo rely on a local dispensary (4 km away) and the hospital in Kisumu town (20 km away). All groups of community members cited the shortage of drugs as the number one problem. This was followed by lack of money and transport, with crowded facilities and hostile staff a distant third and fourth.

For the village of Kabour, the nearest health facility is the Kisumu District Hospital 13 km away. Shortage of drugs at the facility, lack of money, and poor transport were ranked as the number one problem by all.

In Sare village, community members, assisted by UNICEF, initiated the building of the Kinasia dispensary about 1.5 km from the village. Despite the efforts of the community, health problems remain severe, many related directly to the abject poverty in the area. Malnutrition is an endemic problem in children and expectant mothers and outbreaks of malaria and diarrhoea are rampant. Supplies of drugs were at best inconsistent and have been completely unavailable for six months. Transport to better facilities is almost non-existent and the area is completely inaccessible by road during the rains.

In Kosano village, men felt that hostile staff were a major deterrent in using the health care facilities located about 7 km away from the village. They stated that patients are abused and turned away. The women and youth of the community, however, felt that the shortage of drugs and lack of money were more to blame for the problems associated with using the facilities.

In Okana village all three groups (men, women, and youth) agreed that the major problem with the Rabuor Health Center (8 km away) was the perennial shortage of drugs. Rude nurses, lack of money, over-crowding, and poor transport were also cited as problems.
you do not pay someone, you can wait all day in the sun and the doctor will leave at the end of the day and you will still be waiting.”

District leaders did not seem to be aware of the extent of this problem. The Medical Officer of Health in one district (the chief medical person in a district), said all people were treated, no matter how poor they were. If a poor person could not pay, he said, then a waiver was granted and the patient was treated without charge. In the villages, by contrast, the poor were firm in insisting that waivers were in general never granted. Instead, quite the opposite was true. Patients had to pay an additional fee even to reach the registration table. “If you don’t have 20 shillings, no one will ever touch you,” said one respondent. In Kitui, poor patients complained that they had to provide the paper on which their prescriptions were written, and when there was no paper they were told to go to the shop and buy a school child’s exercise book. “When we don’t have enough money to pay for the exercise books for our children in school, why do they think we have enough money to buy them for our prescriptions?” one patient said.

In Kitui, people also said that they could not avail themselves of the free services, because the distance to the health clinics and absence of roads meant that the sick had to be carried in stretchers and wheelbarrows for 25 km. In addition to the difficulties in reaching clinics, once having arrived the patient may find that the facilities are in such disrepair they can barely be used. For example, the Samburu health center which serves villages in the Kwale district had no generator to provide electricity, no drugs, no transport for the sick and no bandages or dressings. In other health centers in the district, clean water was not available. The perennial lack of drugs was most commonly ranked as the number one problem by the respondents. In Nyamira district, community members were concerned that health care staff were “diverting” the drugs, thus making access impossible for the general public. In other districts, people stated that the drugs for government hospitals were sold to private hospitals where high prices meant the poor were excluded.

Box 18: Rudeness of Health Personnel Affects Clinic Use

While much is already known about the general lack of availability of even common drugs in health clinics, widespread rudeness of health staff has not previously emerged as a major issue. People everywhere reported that they were abused at health clinics and would only continue to go “because we have no choice and need the services.” Men, women and youth over and over again stated that they were treated like animals “worse than dogs.” They reported that even before they could explain their symptoms, they would be shouted at, told they smelled bad, and were lazy and good for nothing. Some people stated that they chose to treat themselves with over-the-counter medications rather than go to the clinic. As some of the youth from Kitui stated, “We would rather treat ourselves than go to the hospital where an angry nurse might inject us with the wrong drug.” An older man in desperate need of spectacles braved the abuse of a nurse for two days until he got his glasses. But, he said, he would never again go back and be so humiliated.

In Kwale, women said that they would rather die on the roadside than go to the maternity center to give birth because of the harsh and uncaring behavior of nurses. Even baby growth monitoring has been perverted in some areas. Women reported that if the nurses found that their babies had not gained weight, they would scream at the mothers and accuse them of eating the food meant for the babies. In Nyamira, when a mother took an injured child to the Kijauri dispensary, the mother was reprimanded, refused treatment for being careless with the child and told to go to a private hospital. One woman was refused treatment because she didn’t speak Kiswahili, even though the nurse spoke the woman’s local language. In the one hospital, a women in labor was left unattended by a nurse as she gave birth on the floor. While others watched, the nurse hurled insults at her and prevented them from helping the woman. Finally, after giving birth, the mother was made to clean the mess on the floor.
Choosing Who Gets Health Care

When the poor are short of money and have to make tough choices about who to invest in, father, mother, boy, girl, or baby, some gender and age differences emerge. When asked to indicate which family member they would give priority to when investing scarce resources, men often chose the mother, the boy and baby. A typical response went something like this: “If I die, I will die happy knowing that the mother who is the light of the house will take care of the family. The son is the *lusiola* (a tree which produces hard wood) of the home and will continue the lineage. The baby is innocent and fragile and cannot speak for itself and needs to be deeply protected (*Yeye ni kama malaika*).

Women, on the other hand, often gave their vote to the man as the income earner, followed by the baby and the boy. For example, in Geta B village in Nyamira women always gave men the preference for health care, even in examples of extreme poverty. The youth usually gave the baby first priority, the mother the second priority and then the boy. With an exception, all the groups of men, women and youth in all the districts left out the female child.

Coping Strategies

When a family member is sick, health facilities far away and money scarce, people used a variety of strategies for coping with health-related problems (Table 20). Traditional birth attendants were used except when they required that the mother bring her own materials, such as an exercise book, blades and soap.

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Box 19: Understanding Health Seeking Behavior of the Poor
Using a Visual Participatory Method

Health clinic use is determined by at least two sets of factors: the attributes of the person seeking health care and the attributes of the health center. To understand the health-seeking behavior of the poor, a research activity was conducted outdoors with separate groups of men, women and youth. The technique involves a set of cards with simple line drawings developed by a local artist.

First, a picture showing a health clinic is set on the ground. Referring to the picture, participants discuss the health clinic they use, and its good and bad points. Five cards (depicting a man, a woman, a girl, a boy and a baby) are then put in a vertical row and the discussion centers around when these different members of a family are likely to be taken to the health clinic. Once this topic is exhausted, seven new pictures are introduced and spread under the picture of the clinic. These focus on the attributes of the health center — lack of drugs, crowding, no doctors, closed clinic, distance, rude nurses and payment of fees.

Once the clinic’s attributes are clearly recognized, people are given 10 stones (which in the second round are reduced to three to encourage prioritization), and are asked to distribute them to indicate the qualities of the health center which are most important to them as users. In the last stage of the activity, the group’s attention is turned back to members of the family. People are once again given 10 stones and are asked to distribute the stones to reflect their priorities in taking family members to the clinic. To force prioritization, the number of stones is reduced to three. People are asked what they would do if all family members were sick and their resources were limited. Everywhere the task generated great involvement and much heated discussion among the participants.

Several key findings emerged from this activity. In terms of the attributes of the health center (with some variation), the three most important factors that have discouraged use were the distance and associated transport costs, lack of drugs and being informed of their unavailability only after the consultation fee had already been paid (thus, the patient had a prescription for which they now had no money to fill) and the general rudeness of the health staff. In terms of who would get priority medical attention within a family, one finding was almost universal: girls were at the bottom of the heap. In almost all cases, they were the last to be chosen for medical attention by all groups — the men, women and youth.
Women also helped each other give birth with no attendant present. Community members in all districts consistently turned to traditional herbs and prayer because of the high cost of medical services, transportation and drugs. In two villages in Nyamira district, for example, over half the respondents (53%) said they would stay home and pray for help rather than go to the clinics.

A number of widows in Busia District observed that they normally preferred to go to hospitals, but when they had no money they then resorted to traditional herbs like the Khalulu and Kasanga Liuba, bitter roots well known for alleviating stomach ailments. Such a coping strategy was well developed in Kitui/Mwingi District where the female household heads said, “God has provided trees free of charge and one has only to go to the right herb, boil it and take it.” In this case, herbs were seen as the savior of the community (“miti kiu ni mningi na niyo ya tuokoie”).

Mission hospitals received mention and high praise in many districts. Mention was also made of community-based distribution systems modeled on the Bamako initiative which began in the last few years and appeared to be working satisfactorily in some areas. Through such systems, the poor said they were able to buy drugs at cheaper costs and closer to their homes.

<table>
<thead>
<tr>
<th>Category</th>
<th>No Action</th>
<th>Consult. Trad. Healer</th>
<th>Use Trad. Herbs</th>
<th>Taken to Hospital</th>
<th>Purchase Drugs</th>
<th>Pray Money</th>
<th>Borrow Other</th>
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<td>8</td>
<td>5</td>
<td>53</td>
<td>8</td>
<td>3</td>
<td>5</td>
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<td>20</td>
<td>1</td>
<td>5</td>
<td>12</td>
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<td>14</td>
<td>16</td>
<td>—</td>
<td>55</td>
<td>4</td>
</tr>
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<td>28</td>
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<td>2</td>
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<td>51</td>
<td>7</td>
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<td>—</td>
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<td>61</td>
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<td>4</td>
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4. The Untapped Potential of Indigenous Self-Help Networks

The poor, and especially the very poor, are difficult to reach through centralized government services, particularly when the quality of service is inadequate and when cost sharing is involved. How then do the poor survive and where do they turn for help?

All societies have indigenous social networks which form the basis of resource and labor exchanges and reciprocity. Kenya is no exception: in every village, there were at least 5, and sometimes as many as 17, associations. This suggests that nationwide, there are about 300,000 groups in the rural areas. The social capital embodied in these informal networks binds a group of people together and fuels development. Under normal circumstances, these informal associations play a disproportionately important role in the lives of poor people who are constrained in every way except by their labor.

However, during periods of stress, the poor fall outside most informal and formal self-help systems. The PPA study found in particular that:

- *Harambee* and other social support networks are overextended and are breaking down in the absence of timely support from the outside.
- There are a large number of strong indigenous self-help groups, but they either do not reach the poor or are trapped by undercapitalized and therefore cannot meet the needs of their potential clients.
- NGOs and church groups, with a few exceptions are providing welfare support to the poor, rather than supporting the poor in building strong self-help groups.
- The potential of women’s organizations as income producing groups is largely untapped.

Each of these findings is discussed below.

**Harambee and Social Networks are Under Stress**

"Harambee," originally a strategy promoted by the government across all sectors, involves people getting together to help themselves in tackling a common or specific problem in the community. While Harambee once represented an important coping mechanism for the poor, in the present climate of high inflation it seems to be over-extended. In the absence of timely support, technical guidance, business management training and financial support, Harambee may have reached its limits across sectors, especially in the arid rural areas.

Hundreds of cases were recorded everywhere of people investing their resources in misguided Harambee efforts related to water, farming, livestock, education, health and a range of income generating activities. School buildings without books, health clinics without drugs, chickens that die before they can be sold and cotton that does not grow are of little use to anyone. As people said during study interviews, "Now there is too much Harambee; we do not want any more."

While the underlying system of people organizing themselves to solve problems is still strong, it is extremely stressed. The study also found that
Learning from the Poor

the poor receive very little support from their kin in solving food or school fee problems. Lacking support, the poor, particularly single, widowed, divorced and abandoned women and their children migrate into the slums of city center.

Cooperatives and Self-Help Groups

Experience from around the world establishes two factors as key to successful group formation and functioning. First, the group must coalesce around a common interest, be embedded in local culture and be self-governing (have its own clear rules regarding entry, exit and governance). Second, the group should have the skills and resources, both material and financial, for the task at hand.

Since successful groups are based on local interest, culture and invisible sociological factors such as kinship clan and friendship ties, it is usually easier to train existing groups in technical and business management skills than it is to induce group formation. Hence, programs that require group formation but do not allow time for the evolution of socially viable groups fail. As the number of successful groups grow, they often form associations to leverage their strength in order to gain access to resources or for marketing.

There are several types of self-help groups in the rural areas in addition to the informal extended kinship networks described above. Most villages have multiple self-help groups, some of which exclude the poor either because of high fee requirements or because they require members to own certain assets. Others of the groups make specific provisions for the poor, and some are specifically targeted to the poor.

Cooperatives

In Western Kenya, several villages had dairy, coffee and agricultural cooperatives. Ranching cooperatives were more common in Kwale. The cooperatives tended to be of two types: village-based cooperatives such as the Butula Dairy Cooperative Society in Busia, or externally-based cooperatives, such as the Coffee Cooperative Society in Nyamira, which lie outside the village. Both types exclude the poor either because of fee or asset requirements.

As noted in an earlier section of this report, the Agricultural Finance Corporation (AFC) lends to the agricultural sector, but does not reach the

Box 20: Village-Based and Externally-Based Cooperatives

The Butula Dairy Cooperative in Busia evolved from a village women's group which prospered when it received high milk yielding cattle from the Norwegian government. To expand and increase profits, the group requested government permission to form a cooperative to market milk nearby rather than travel 25 km to the capital of Busia. Membership is open to all who own cattle after a registration fee of Ksh 50 is paid. There are currently 270 members. The cooperative is managed by an elected committee which sells shares at Ksh 100. If a member owns 10 shares, he or she become eligible to apply for loans from the cooperative. Milk is collected twice a day at a fixed time by milk men on bicycles. They check the milk for quality and enter the amount bought in a register. Payments are made promptly at the end of the month. A livestock veterinary officer regularly inspects the cattle and advises on appropriate breeding methods. Future cooperative goals include buying a vehicle for transport and construction of a food processing plant.

By contrast, the Coffee Cooperative Society in Nyansankio, Nyamira, is based in the sub-location headquarters and is part of the coffee cooperative organization in Kenya. Members can obtain loans for fertilizers and pesticides and also sell their coffee to the cooperative. Similarly, agricultural cooperative societies such as the Pyrethum Society provide animal feed, fertilizers and farm implements to their members on loan.

While both village-based and externally-based cooperatives provide their members with many benefits, the poor — who do not qualify as members — do not benefit directly from either type of organization.
poor because it requires a minimum of 5 acres of land as collateral. In western Kenya, the inability to access AFC loans was frequently mentioned.

Self-help Groups
There are a great number and range of small and large self-help groups, some of which exclude the poor and others of which target the poor. However, even in villages where there were many groups — one village in Nayamira, for example, had eight well-functioning groups — they barely had an impact on the lives of the poor. This was due both to the large number of poor families and the multiplicity of their problems which keeps them going from crisis to crisis. Box 21 summarizes some examples of groups which exclude the poor from membership, but whose mandate includes helping the poor.

Self-help Groups for the Poor
In contrast to the cooperatives and self-help groups which exclude the poor, most groups for the poor focus on shared labor, pooling cash resources for emergencies and purchasing low cost items, such as household utensils and small tools which are shared or owned individually. These groups were more widespread in poor communities and in the dry zones.

NGOs and Church Groups
Church-related groups and activities were mentioned almost everywhere and were usually localized. In Bomet, health and livestock extension services attached to the Tenwek Mission Hospital played an important role in some of the communities. The Kaplong Hospital community workers, in addition to health education, introduced fuel saving stoves and assisted women to organize harambees to raise money for school fees.

NGOs were mentioned particularly in Kitui and parts of Busia, Kisumu and Kwale. Externally financed programs were mentioned in Kitui, Kisumu, Busia and Kwale. NGO activities were generally welfare-oriented. For example in Kitui, the activities focused on forming groups

Box 21: Self-help Membership Groups Which Exclude the Poor, Nyamira

Groups Not Directly Benefiting the Poor

Obwanchi Self-help Group, Nyaigesa village. The group’s major goal is to raise money to buy commercial plots and assist each other in tasks which are too difficult for an individual to accomplish alone. The group has 45 members, including 25 women. The monthly contribution is Ksh 150.

Kiongoni Self-help Group. The group raises funds to buy dairy cows for members on a rotational basis. The group has 35 members (6 women) who contribute Ksh 100 each month. Members who are able to consistently meet monthly payments benefit the most.

Groups Helping the Poor but Excluding them from Membership

Omorembe Umoja Ni Ngwuzu Group, Sengeria II village. The group’s 35 members (15 women) raise money to purchase goats for one another through a monthly fee of Ksh 70. By pooling resources, members receive goats on a rotational basis which they then own individually. The group also raises money for emergencies which can be used by members and the poor. It has successfully helped the poor with school fees, hospital bills and small business start-up loans which must be repaid with interest.

Boyamondo Self-help Group. This group developed out of the Omorembe group mentioned above, specifically for those who were too poor to consistently meet the Ksh 70 monthly contribution. The group’s 70 members are required to pay registration fees of only Ksh 25; in emergencies, fees of only Ksh 5 are collected. The group has assisted the poor with food, clothes, shelter, hospital bills and school fees.
Box 22: Self-help Groups of the Poor

**Kyanwui Health Self-help Group, Kitui.** Created by Action Aid, an NGO active in the area, the group focuses on health-related activities. These include building pit latrines and rubbish pits, cultivating and terracing *shambas*, digging wells and raising funds for member emergencies (such as paying hospital bills). Anyone who assists in group activities is a member.

**Ndetani Men's Group, Kitui.** This group has no membership fees. Members help each other with farming by pooling their labor. The group’s effectiveness is limited due to a lack of farming implements and financial resources.

**Kiabakungu Shelter Group, Nyamira.** The Kiabakungu group was started in 1989 to improve houses and to help members purchase dairy cows. The initial monthly contribution was Ksh 100, but this was lowered to Ksh 20 so that the poor could participate. The group has 32 members 24 of whom are women. Thus far, the group has built 5 houses and bought 8 cows for its members.

**Michira Dairy and Horticultural Group, Bomet.** This group, formed in 1990, has a membership open to all with a registration fee of only Ksh 10. Additional monthly contributions are decided by members. The group's goal is to market vegetables, attract government extension services, start zero grazing units and build a stall for selling farm produce. Group capital currently stands at Ksh 1000. The group is stagnating because of the inability to raise more money.

**Mary Goretti and Immaculate Groups, Kisoko, Busia.** These health groups were formed by the Catholic Church and focus on household sanitation, hygiene and primary health care. The groups also pool labor to assist each other with gathering thatch grass and building roofs. Members contribute Ksh 20 in membership fees.

Box 23: Issues Associated with NGOs

Several study teams reported that NGOs, while doing good work in their target areas, seemed to cluster their efforts in a few locations at the expense of the rest of the district. A few district leaders also voiced this concern.

In Kwale, district decisionmakers reported that a number of programs were on the ground to address the needs of the poor. These were mainly NGO programs dealing with water, education, health and general development. These NGOs were coordinated through monthly meetings of the District Development Committee. It was noted that of some dozen NGOs operating in the district, only two were actually located in the district, with the rest located in Mombasa. The study team also found that NGO activity was concentrated in the coastal zone which includes the principal Mombasa-Tanzania highway and a number of beach resort hotels, while the hinterland was less well served. This larger interior area is characterized by drought, lack of water year-round, tsetse fly attacks on livestock and various forms of wildlife which devastate crops.

"We have many NGOs working here," said a chief in another district. "They all work in one small circle of communities" (he made a circle with his finger on the table). "The largest number of people are ignored" (he spread his arms to indicate the rest of the table). "I don't know why."

District leaders agreed that some of the most effective services aiding the poor were provided by NGOs. At the same time, despite mechanisms such as the Kwale District Development Committee, there were frequent comments to the effect that the work of NGOs must be better coordinated in order to distribute assistance to all areas of the district, target services and prevent overlapping services.
Box 24: Women’s Groups Using Social Capital to Generate Income

Ombo Women’s Group, Kolunjie Sub-location, Kisumu. The group formed in 1983 to start income production activities. All the members belonged to the same clan and started with rope making and weeding rich people’s farms. Wanting to diversify, they rented two fish ponds from a neighbor, restocked the pond, purchased fish food and marketed the fish at the local market. Despite increased fish production, the activity was abandoned because open access to the fish ponds resulted in high levels of stealing of fish and a declining fish harvest. The group now focuses on basket making, hiring of vehicles for the very sick for transport to hospitals and, when income is available, extending small loans to members for petty trading and hawking activities.

Sare Women’s Group. The group also began in 1983, emerging from a community group which built the local primary school. Members focus on the needs of school children and through harambee have bought a cupboard, textbooks, desks and a blackboard. They diversified into cotton growing, which proved to be a disaster, and are now growing some vegetables, though they are limited by a lack of water. The group has saved Ksh 27,000 in a bank account maintained by the Finland-Kenya Friendship Association.

Kitui Women’s Groups. Most of Kitui/Mwungi district was rated poor or very poor by community members. Because of the poverty of their groups, they have little working capital and can therefore provide only small amounts of money to members in dire need. The groups also help women buy small household utensils for cooking and occasionally help with school fees. One group does weave baskets, however they have difficulty selling them in the local market, which has declined in recent years due to increasing poverty and recurrent drought.

Nyamira Women’s Groups. Both Muchenwa (80 members, of which 6 are men) and Omoteme Women’s Groups (47 members, of which 5 are men) started with Kshs 20 as entry fees. Because of high interest in becoming a member, fees have been increased to Ksh 500 and 200 respectively. The goal of the groups is to buy commercial plots, rental houses, posho mills and household items. The Omoteme Group has assisted in building 20 houses for its members. Menyenya Women’s Group and several like it have a membership fee of Ksh 20 and rent land to grow vegetables which are then sold to the secondary school. With the meager profits from the vegetables, the groups buy household utensils. Other groups invested in poultry raising, but this was abandoned when poultry disease killed all the chicken. A private hospital-based livestock extension service is now advising the group on rabbit rearing.

Bomet. This district, which has a high agricultural potential zone and a low potential area in the south also has women’s groups that engage in petty trading activities. Membership in the groups is open to the poor, who are given free maize. Some groups support the poor by assisting them during the planting season, buying clothes and paying hospital bills.

for health and sanitation. In Busia, the activities focused around provision of water through drilling of boreholes (most of which were not functioning). In all areas, NGOs also received some mention in being helpful with payment of school fees and purchase of books. However, there was little or no evidence that any groups formed or assisted by NGOs had achieved any level of autonomy. Nor had they evolved into larger groups or diversified their activities. Thus while NGO and church inputs are directly helpful to the individual poor in their struggle to survive, they have not assisted in strengthening the capacity of existing groups to become autonomous.

Women’s Groups

There are more than 23,000 registered women’s groups in Kenya. Grounded in harambee and evolving from a social welfare orientation, women’s groups today are struggling primarily
national survey, less than 2% of the registered women's groups reported social welfare as their primary activity (Women's Bureau, Ministry of Culture and Social Services, 1993). The primary activity of the groups was related to increasing the income of its members through agriculture, livestock, finance, sales and service, construction, real estate, manufacturing and provision of transport.

While some groups receive some financial assistance, and there are some success stories, by and large the efforts of women's groups are misdirected and invested in low return or inappropriate activities. Overall, they are also constrained by the low levels of funds available to the group and their own limited business acumen and technical skills.

It appears that Kenya's large number of well-organized women's groups are a major untapped resource. While there are large successful cooperative movements — for example in coffee and more recently in dairy — women's groups have not generally been viewed as important social capital (associations and networks) that can fuel production growth in the rural areas. There has been no systematic effort to develop the capacity of women's groups as important production groups.

During discussions of coping strategies at the individual, group and community levels, women's self-help groups received frequent mention in every district. Mini-case studies on the functioning of these groups provide additional insight:

- Every village had more than one active or defunct women's group. Often, they emerged from existing collective action community groups.
- Membership in women's groups was an important part of coping strategies particularly for female-headed households.
- In addition to income production, two welfare activities were frequent objectives of groups: first, raising cash to pay school fees and to meet hospital expenses; and second, assisting with transport costs for burial.
- Women's groups were financially more prosperous in the medium and high potential agricultural areas. In the poorer areas, women's groups pooled resources for basic survival and petty trading. The majority of the groups felt constrained by their limited financial resources.
- Most groups levied membership fees and monthly contributions which ranged from

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**Box 25: Even in Mandera, Women's Groups Persist**

Even in the harsh circumstances of Mandera — a dry semi-desert district which has reported the harshest environment of any of the areas studied, and which is isolated from markets and city centers — women's groups persist in their efforts. In Arda Kalacha, a village in which everyone was categorized poor or very poor, a women's group came into being seven years ago to assist needy people, initiate *harambees* (public fund-raising events) and help the poor pay for school fees. The group has 30 members.

Despite inadequate and short rains, women undertake small-scale farming during the two brief rainy spells and walk 18 kilometers to the nearest trading center to sell their produce. A few years ago, the group invested in poultry raising: for several years they sold eggs successfully at the trading center. Recently, a disease wiped out a majority of the hens, but the project is continuing. After a while, the women collected resources to start goat herding, but these were also killed, this time in the drought of 1992. The few that survived were sold. Rather than giving up totally, the group then resorted to buying stock for petty trading; they now sell sweets, cigarettes and biscuits in the community. Despite their very limited resources, they continue to extend help to the most destitute in the community who are unable to participate in or contribute to the group's efforts.
Ksh 5 to Ksh 1,000 per month. Often these fees were used to establish excludability of benefits.

- While the poor were excluded when membership fees were greater than Ksh 100 per month, many women’s groups targeted their activities specifically to the poor. If this was the primary purpose of the group, the poor were exempt from payment of fees. Such groups helped the poor with food, school fees and housing construction.

- Even the women’s groups with fairly large membership fees (Ksh 500 to Ksh 1,000) often invested in failed activities. Most groups, however, worked hard and despite experiencing many failures persisted in trying to make their lives better through collective effort.

- Women’s groups often had men as members, were supported by men and the community at large and were organized along clan or kinship lines.

Money alone will not help the women’s groups to become economically viable production groups that reach the poorer segments of rural society. In order to tap the potential of Kenya’s existing women’s groups, major obstacles must be overcome. These include legal registration of the groups so that they are eligible for credit and provision of management training.
5. Urban Nairobi

The Situation of Female-Headed Households in the Mathare Valley and Korogocho Slums

In addition to the seven rural districts studied for the PPA, research was also conducted in two of Nairobi's worst slums. The Mathare Valley and Korogocho slums, an area covering about 15 square kilometers, are some of the 78 informal settlements in the city and are situated in Kasarani Division. The division has the highest number of informal settlements within Nairobi. The rate of population growth in the slums is very rapid due both to high fertility rates and immigration. In 1975, for example, Mathare Valley had an estimated population of 70,000; by 1987, the population of Mathare Valley was estimated at between 150,000 and 180,000, with a population density of about 1,250 persons per hectare.

The women and children of these urban slums are among the poorest people in Kenya. When interviewed more than 90% of the residents categorized themselves as poor or very poor. The majority of women living in Mathare Valley and Korogocho left their rural homes because of significant stress. Of the 60 women interviewed in the study, 17% migrated to Nairobi because of the break-up of their marriage; 13% said they had come to the city because of abandonment and another 13% because they were widowed. Other factors included having a child out of wedlock (13%) and fleeing a violent husband (12%) or alcoholic parents (5%).

Most of these women arrived in Nairobi virtually without assets of any kind. Many are from the same districts studied in the rural poverty assessment; the cycle of poverty which often starts there with female-headed households continues in the urban setting. The majority of women in the urban study were heads of households through divorce (34%), through being widowed (23%), or because they were “never-married, single mothers” (23%). In addition, while many of the women came from

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Box 26: Women’s Voices from Nairobi’s Slums

“My brothers chased me from home because I had two children. You know, living where people hate you is difficult. So I decided to leave. I got my room in Korogocho. The death of my Dad led to my not going to school when I was in the village. In the process I got my first child, who led to the second one. I wish my father had not died.”

“When my husband died, my in-laws told me to get out. So I came to town and slept on the pavement. This lady who gave me this house found me and brought me here. I am her maid, and I also sell the water for her. She pays me 30 shillings a day.”

“Both my parents used to drink, and therefore neglected the children. They could not do anything worthwhile to assist us. I got married in 1982 and divorced in 1987. We divorced because my husband was an alcoholic. He started selling property ... to get money for alcohol. We had no shamba. When I stopped him from selling things, he beat me. He chased me, and I came to Korogocho.”
rural areas, few can go back, as illustrated by
the following statement from one of the women:

"I don't have any house or any land or anything
because I parted company with my husband and
he does not want us. The oldest boy whom I got
before marrying the first husband tried to go home
the other day, but the men chased him away."

Infrastructure

Housing

None of the women in the study owned the
land on which they lived. Very few of the
women (12%) owned the structures they lived
in; an overwhelming majority (80%) rented
their homes. The inhabitants were, for the
most part, squatters on land which is predomi-
nantly owned by the government or city
council.

The houses which most of the women (82%)
lived in were made of mud and wattle; card-
board, plywood or even milk cartons were used
to patch walls. Roofs were made of corrugated
iron and tins, and in most cases were old and
leaking. Ventilation is poor. Room size averaged
around 8' x 8'; very few women had two rooms
for their own use (33% of the women lived in 8' x
8' rooms and 25% in rooms of 16' x 16'). Rents in
both slums ranged between Ksh 200 - 750; the
majority of inhabitants paid between Ksh 200
and Ksh 350. More than two-thirds of the
women described their housing as "inadequate."
Yet even this inadequate housing can be taken
from them. Because people are squatters,
owning only their house (at best), the local
government or city council (with the permission
of the central government) can, at any time,
remove the structures without compensating the
owners.

The distance from city center to these settle-
ments ranges from 5 km to 17 km, the nearest
being the Mathare Valley slum. All roads in
Mathare Valley and Korogocho are temporary,
with numerous footpaths. Access by vehicles in
Mathare Valley is limited due to the rough
terrain and the high density of the built-up
structures. While the roads in Korogocho are
planned, they have been swallowed up or
blocked by inadequate waste disposal.

Water and Sanitation

While water in the urban centers of Kenya is
commonly connected to individual households,
this was not the case in the slums of Mathare
Valley and Korogocho. Water is obtained from
standby taps owned by private individuals,
who draw it from the main City Council pipes.
Some people get water from the nearby rivers,
especially those who cannot afford to buy
supplies on a daily basis. Vendors who own
water kiosks control and sell water to buyers.

Box 27: Focus Group Discussions:
Responses by Vumilia Women's Group

As part of the Participatory Poverty Assessment,
a focus group of women living in Nairobi's
urban slums was interviewed. When asked to
characterize who a poor person is, their basic
definition was: "When people are poor, it means
they do not have food and clothing for them-
selves and their children."

Other characteristics of poor people identified
by the women's group included:

- no money to buy anything
- no land, house or property
- they steal scavenge and beg
- they have large families
- they are orphans
- they cannot afford education, medicine,
hospital charges, nor start a business
- they are squatters
- they have physical and mental disabilities
- have ill mannered children
- have no relations or support group
- job insecurity
- have no husband
- share room with children
- inflation battered
- dependent on God's Grace to survive
- no means of livelihood even with prayer
and deep thought.
Learning from the Poor

Water costs between Ksh 0.50 and Ksh 1 for a 20-litre container (debe). In a few cases, landlords had water connected to one room.

The sewage disposal system in the area is poor. Inhabitants use pit latrines, dumping grounds and the river to deposit human waste. While there are some public toilets, they are generally overcrowded and dirty with poor drainage. For example, one pit latrine in Korogocho was used by sixteen households. The overflowing latrines force the inhabitants to use the dumping ground instead. In general, because of the pressure on space, the pit latrines are built very close to the households, making the area extremely unhealthy.

Health Facilities

While health facilities are located not far from the slums, the majority of women in the study said they would only go to the hospital as a last resort. Prayer, over-the-counter medications and traditional herbalists were usually relied upon first. Hospitals were expensive and after paying for treatment, most did not have any money left with which to buy drugs. In addition, the cost of food and rent were so high that the majority of slum residents simply could not afford to treat their sick.

Education Facilities

Mathare Valley has three primary schools, each of which has a nursery. Korogocho slum has three primary schools, two nursery schools and two informal primary schools. Total enrolment in Korogocho is 4,720 pupils in formal primary schools and 1,300 in the informal schools. It is estimated that only 50% of the eligible children are enrolled in the few educational facilities.

Coping Strategies and Institutional Support

Food

Food is abundant in the slums, but the residents do not have enough money to pay for it.

Box 28: Life Histories of Focus Group Respondents

Woman A: displaced from Molo in 1992 due to the tribal clashes; has eight children who helped her with her casual labor in Molo on people's farms; her house was burned in Molo and all her belongings lost.

Woman B: also a victim of tribal clashes in Molo where her husband was killed; has seven children with whom she stays in Mathare Valley; they collect paper for sale at Ksh 2.50 per kg. at Eastleigh.

Woman C: born in Mathare Valley slum; has eight children and is jobless; was given a place to sleep by an elderly man and shares the room with his children; her mother suffers from high blood-pressure.

Woman D: her father died and then her mother and children moved to Nairobi; there are now eleven in their family—seven brothers and four sisters; she has eight children of her own.

Woman E: chased from Narok during the tribal clashes; came with her mother who is now very sick; a friend gave them accommodations; she does casual labor in order to feed her mother.

Woman F: chased by husband when she had her fourth child; now has five children and buys and sells vegetables to raise money for food.

Woman G: came from Muranga; her mother died in 1961 when the three children were very young; the father moved to Kayole (Nairobi) where he was involved in casual labor as a farm hand; she did not go to school and labored with her sister to put the brother through school, but he dropped out in Standard 3; in 1990, her father died and soon afterwards her sister also died; in most instances she is not able to feed her only daughter so she sends her to the Kiboro feeding program; she is not able to pay rent and is supported by church members; she is HIV positive.
Most of the women relied on "rejects from the butcher," such as animal hoofs, and heads, legs and intestines of chickens. About 85% of the women said they did not have enough food for their entire family. Seventy-three percent of children eat only one or two meals per day. In a food crisis, 50% of the women said they would starve; 34% would borrow from neighbors.

Most families prepared their food at home though there were numerous food vendors who sold cooked food right at their doorsteps. Food commonly sold included chapati, mandazi and parts of chicken (mainly the heads, legs and intestines which the sellers obtained from large-scale chicken-meat processors). Also on sale for consumption were the hoofs of animals like pigs, goats and cows.

The most commonly used fuel sources were firewood, charcoal and paraffin stove (Table 21). Paraffin was considered the least expensive fuel, although most respondents seemed to prefer charcoal. Firewood was a constraint to some respondents because their landlords did not allow its use.

Some respondents described their cooking facilities as barely adequate. Those with large households could not use paraffin stoves because of the amount of food they had to cook. Those households resorted to using more expensive charcoal. Overall, most respondents preferred firewood (58%) and a few, paraffin (5%).

Table 21: Sources of Cooking Energy in Mathare Valley and Korogocho Slums as Prioritized by Residents (%)

<table>
<thead>
<tr>
<th>Energy Type</th>
<th>Source 1</th>
<th>Source 2</th>
<th>Source 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Firewood</td>
<td>59</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Charcoal</td>
<td>25</td>
<td>55</td>
<td>83</td>
</tr>
<tr>
<td>Somebody Else</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Paraffin</td>
<td>5</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>13</td>
<td>0</td>
</tr>
</tbody>
</table>

Education

Most of the women from both slums had two or three children in school and on average three school-age children in the household not yet enrolled. In the Mathare Valley slum, 32% of the families had no drop outs from school; 18% had one child drop out; and 50% had two or more children who have dropped out of school. In the case of Korogocho, 56% of the families had no drop outs from school; 14% had one child drop out; and 31% had two or more children who have dropped out.

The majority of women (56%) cited lack of school fees as the reason children had to drop out. These families faced a number of other constraints as well. The women spoke of not having enough money to buy school uniforms, pay for the "building fund" or purchase stationery. In some instances, when the household did not have enough food, children refused to go to school. Thus, hunger itself became a significant factor in "dropping out" of school.

The average cost of maintaining a child in nursery school ranges between Ksh 100 and Ksh 500; in primary school, Ksh 501 - 1,000; and in secondary school, over Ksh 1,000 per year (Table 22). At the time of the study the exchange rate was Ksh 63 to US1$. The women indicated that they relied on various organizations for support, such as bursaries from the District Development Committee, the Redeemed Gospel Church of Kenya, the National Council of Churches of Kenya (NCCK), Action Aid Kenya (AAK) and World Vision International.

Health

Common childhood diseases include diarrhoea, measles, vomiting, coughing, kwashiorkor, marasmus, tuberculosis, worms and dysentery. The youth suffer from stress, worms, typhoid, scabies, nervous breakdown, drug abuse, gunshot wounds, infections and bleeding from abortions, non-pill related bleeding, contraceptive pill complications and sexually transmitted diseases. Parents had stress, blood pressure, sexually transmitted diseases (including HIV/
Table 22: Cost of Educating Children in Mathare and Korogocho Slums (%)

<table>
<thead>
<tr>
<th>Cost</th>
<th>Category</th>
<th>Cost of Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Fees</td>
</tr>
<tr>
<td>Less than Khsh 100</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>101-500 Ksh</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>501-1000 Ksh</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>1001+Ksh</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Ext. Asst.</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>Do Not Know</td>
<td>29</td>
<td>30</td>
</tr>
</tbody>
</table>

The area is served by both local and external agencies. However, local groups have been plagued by problems including theft of assets, often by the group's treasurer. Other women's groups have raised fees, effectively barring very poor women from joining. The National Council of Churches of Kenya, an NGO, was cited by many respondents as "being of great benefit." The group counsels women, pays school fees, buys school uniforms, gives loans to promote businesses for women who are heads of households, provides a feeding program for malnourished children and supports vocational training for youth. A few other NGOs provided similar, but fewer, services.

Despite the presence of NGOs, the respondents complained that the NGOs seemed to be helping the same groups or households and were not getting to those who were most in need. The NGOs had little coordination with each other which created problems in providing services.

Whereas there is a Community Hall in Mathare Valley, Korogocho is without one. However, there are associations for youth, women and men. The principal aim of these associations is to combat poverty and deprivation. One example is the Mathare Youth Sports Association. Groups of business women perform "merry- go-round" contributions on a weekly or monthly basis to promote their businesses or buy household utensils. There is also an association of men who sold goats.

Perceptions of Poverty by Women Residents of Mathare Valley and Korogocho Slums

Women's perception of the causes of poverty covered a range of issues including: housing, employment, food, health and clothing, cost of education, orphans, waste disposal systems, prevalence of illicit brewing and alcoholism,
disability, large families (many children), lack of opportunities for slum dwellers to participate in decisionmaking and prioritization of development projects, lack of entrepreneurial skills, marital problems and lack of land ownership rights.

Some felt that the people of Mathare Valley and Korogocho slums had self-imposed poverty and that there was only a small number of genuinely poor people. However, most were of the impression that there were indeed pockets of poverty in the valley, especially among single-headed households with large families. The women felt, however, that a large number of households were poor due to alcoholism and laziness.

In Mathare Valley, 74% of the women understood poverty as meaning families had no money to meet basic needs such as food, education expenses, adequate housing and health services. In Korogocho, the same definition was held by 56% of the respondents. Length of stay in the valley was not a factor cited by people as a cause of poverty.

According to the women interviewed, 97% of the residents were poor (40%) or very poor (57%). The number of medium and rich residents in the slums was negligible. The majority of women (63%) felt that they were poor; 29% felt that they were medium; just 2% felt that they were rich.

The very poor women household heads had no source of income, no husband nor any property. Their families were large and they usually had very young children. In order to eat, they squatted and begged food and clothing. The parents had tattered clothes; the children were malnourished. Those with some source of income could afford one meal a day, clothing and rent. However, they were not able to take sick family members to a hospital or pay school fees. Both the poor and very poor said they rely on prayer to solve their immediate and long-term problems.

**Conclusion**

The study has shown that the majority of women who have come to Nairobi's worst slums are either single (never married), divorced or widowed. Most have several children. As a result of their marital status, the women look for different ways and means of livelihood.

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**Box 29: Role of NCCK in Mathare Valley and Korogocho Slums**

The goal of National Council of Churches of Kenya (NCCK) is based on the Biblical book of John 10:10: "That they may have life and have it in abundance." NCCK's Urban Community Improvement Programme (UCIP), provides emergency relief, organizes groups of women for self help and income generating activities, conducts training on using low-cost materials to improve housing and sponsors a center for nutrition and family education to fight malnutrition.

The Council's Women and Children in Stress Project was started in 1991, following various government and NGO studies which identified women and children as the most vulnerable to the social, economic and psychological problems associated with urban life. The project aims to alleviate stress by providing counseling to women, children and youth; educational sponsorship and uniforms to children from stressed families; assistance and skills training for youth and school drop outs; and credit facilities for small business as a way of giving women a source of income and enhancing their standard of living.

The Maternal Child Health and Family Planning project was begun in 1987. It provides credit facilities to women, skills training to youth and community health and population education, including delivery of contraceptives. These activities are spread throughout Mathare, Huruma, Kariobangi and Korogocho slums.
Learning from the Poor

The study revealed that the women of Mathare Valley and Korogocho believe that people are poor if they cannot earn enough money to enable them to feed their families, provide decent housing and keep their children in school. Women used two categories to classify those living in poverty: "poor" and "very poor." The very poor are those who are handicapped physically or mentally, including alcoholics. According to the women, the very poor make no effort to feed their children, hence the children mostly eat at the feeding centers.

The poor, on the other hand, were seen to be those female-headed households who conducted small business or casual work at the homes of well-to-do families mainly in Eastleigh, or worked in people's plots in Kasarani, or collected tins, paper and bottle-tops which could be resold to earn just enough money to buy one meal each day.
6. Mandera District Study

Mandera is poorer than any other district in Kenya. Nearly 92% of the people have no education, contrasted with 52% in all of Kenya. The PPA found that 100% of women heads of households rank themselves as “very poor” and 55% of the total population similarly classify themselves as very poor. In Kenya as a whole, the percentages are 21% and 37%, respectively.

Several features distinguish Mandera from the agricultural districts studied in the PPA. First, it is a semi-arid desert area; during the long dry seasons, the nomads take their livestock and move to where the grass is, often in neighboring Ethiopia. Villages in Mandera become completely deserted during these dry period migrations. This creates acute problems for school headmasters who are trying to maintain schedules.

Another striking feature is that villages in Mandera are far removed from each other. One of the villages studied was 300 kilometers from District Headquarters. According to a Drought Baseline Study by the Central Bureau of Statistics and UNICEF, after the 1991-92 drought, 15% of the population had to walk five days or more to reach a health facility. The prevalences of stunting and malnutrition among children were 51% and 62%, respectively.

Minimal agriculture is practiced along one river. The extreme poverty in the area was attributed by people to heavy losses of livestock (camels, cattle, sheep, goats, and chickens) and crops during the 1984 and 1992 droughts. During the two brief rainy seasons, malaria becomes a problem. The “long” rains normally fall in April-May, the “short” rains in October-November.

Who are the Poor and Why are they Poor?

When asked who were the poor in the area, most village residents replied, "We are the poor." A total of 77% of people classified themselves as “poor” or “very poor,” compared with an average of 63% in the other districts.

Apart from the emphasis on drought and migration, reasons given for poverty closely paralleled those in the other districts. The cost of living was said to be on the rise, with the price of 1 kilogram of sugar given as Ksh 10 in 1990, Ksh 25 in 1992, and Ksh 50 in 1994 (an increase of 100% per year and 400% in four years). The cost of a camel had also risen to Ksh 10,000.

The status of women was said to have changed. In the past, the woman’s place was in the house looking after the children. Due to increasing poverty, women now have to fend for themselves alongside the men, including doing odd jobs, working as servants for the well-to-do, collecting firewood and gum arabica, hawking and begging.

The children showed a clear understanding of poverty. They viewed a poor person as one who has no animals, no shamba, no job and no source of food. They also understood that poverty is brought about by epidemics and other unanticipated incidents that can make children orphans.

Coping Strategies

The principal coping mechanism mentioned in Mandera, apart from seasonal migrations, was
food relief provided by government and NGOs. Donors and assistance from the Government of Kenya were mentioned more frequently in Mandera than in the other six districts studied.

Other coping mechanisms mentioned were doing odd jobs, hawking in the larger centers, working for the well-to-do, begging and child labor.

In meeting health and education needs, the Koran was mentioned, including attending Koranic schools and reading passages from the Koran over the sick. Other strategies included marrying off daughters in school to save on fees and make room for boys. In some cases, child labor kept some children out of school while they earned extra money to support their siblings who were attending school.

The principal strategy for accessing water was trekking long distances, often 20 to 30 kilometers, to find a water source. Assistance was rendered by the use of camels or donkeys to fetch the water.

District Officials & Service Provision

The study found that district decisionmakers seemed to have a very limited view of the extent and nature of poverty in the district. Some leaders, for instance, viewed the poor as concentrated mainly around town centers like Mandera and felt that this would allow the poor to get food from distribution centers.

The situation in Arda-Kalacha village with respect to services provision is fairly typical. The nearest school and health center are both 18 kilometers away; the closes watering point is 9 kilometers away; district headquarters is 180 kilometers away. Although some basic infrastructure exists, it is poorly maintained and during the rainy season the roads are flooded. The headmaster said a few problems facing his school included lack of teachers, desks and even walls for the school.

A mobile immunization program was initiated in 1987 by the Ministry of Health. Communities are quite satisfied with the mobile group which is responsible for distribution of drugs and immunizations free of charge. Field officers educate the community on health-related problems. Since 1992, agencies like UNICEF and MDM (Spain) have been helping in the programs.

The Arda-Kalacha Women’s Group was started seven years ago. Membership is open to all and there are 30 members. The group has had projects in small-scale cereal farming, poultry-raising and goat-rearing. While farming efforts have had some success, poultry disease wiped out a majority of the hens (but the project is continuing) and the 1992 drought killed most of the goats (the remaining few were sold). Despite hardships, the group continues to assist its members and other beneficiaries, — including destitutes, the sick, aged, blind, disabled and students from poor families.

Gender Analysis

In Lambur village, the following picture was given. Within a family, the man owns camels, sheep, goats and cows but not the chickens. He also owns the radio, land and farm implements. The woman owns kitchen utensils, her ornaments and the baby. Food and the house fall under joint ownership of the couple.

If the man dies and the widow is childless, she retains her ornaments, kitchen utensils and food. If she has children, she splits land and money with her parents-in-law and brothers-in-law. If she has sons, she retains almost all the property, which eventually is taken over by the sons.

Education in One Village

Kiliweheri village is in extreme western Mandera district, 300 kilometers from District Headquarters. The only formal education is a primary school which has never gone beyond
Standard 5 due to lack of water. Because the village is deserted during the dry season, students and teachers are forced to shift to other locations before the end of the term. According to the headmaster, in addition to lack of teachers and lack of desks, the school needs a workshop, more books, a latrine, a dining hall, protection from ants which have destroyed the bookstore and protection from villagers who use the school fence for firewood.

In the dry season "camels before education" is the motto for nomads who withdraw their children from school and migrate in search of greener pastures. Just before Ramadan, a large number of weddings take place and hence an increase in the number of girls who drop out of school to get married. Nevertheless, the school has made some advances. Students have been able to improve their performance in the national Kenya Certificate of Primary Education (KCPE) exam, and the 4K Club has been able to attend a few seminars on soil conservation. There has been an increase in the number of students over the past 10 years, Most teachers hate to be posted to Mandera district, and therefore the few who accept are considered "angels" by the community as a whole.
7. Afterword

"We didn't trust the PPA process. Now we understand it, accept it and it has become ours."
- Mr. Osundwa, Director
  Ministry of Planning
  Government of Kenya

The purpose of the Kenya PPA was three-fold: first, to understand poverty from the perspective of the poor and those who provide services to the poor; second, to bring this knowledge to policymakers to influence their attitudes and decisions; and third, to begin a process of dialogue between policymakers, district-level service providers and the poor. The many detailed PPA findings based on the knowledge of the poor have been used already by different stakeholders to make policy.

The PPA idea and process is new and still in the stage of invention and learning by doing. However, the methods and principles of participatory research are at least two decades old. It is particularly important to document the lessons learned about process so that the learning with each PPA conducted is cumulative.

This section of the report presents the six main lessons that emerged.

Establish Credibility

Initially, the credibility of methods is inseparable from the credibility of the researcher. Hence, the fact that the World Bank is now promoting the use of these methods creates an opportunity to test these methods to address national policy issues.

Despite a new openness to try a participatory approach to understanding poverty, there is still skepticism about the utility of the approach. This creates its own pressures. In this environment, it is critical to listen, learn, be patient and spend time with the Poverty Assessment task manager, other decisionmakers and to remain in a consultation "stance" until the reports are completed and cleared.

At the end of this process, in the Kenya case, the task manager said "I do my statistical analysis and go back to what the poor say as a check. In many cases, the PPA provided important information which I am convinced cannot be obtained from surveys - for example, the information about the poor's perceptions of poverty, distribution of property on divorce, the detailed information on school dropouts and how people cope. In other cases, the PPA refuted or confirmed the numbers we had from the statistical survey, on which I did not have full confidence because of the many problems experienced in doing the survey. For example, the PPA pointed out the greater poverty among female-headed households and also provided
very convincing information about the extent of the water problem, neither of which were captured by the survey."

To address the issue of generalizability, much time was spent with statisticians. The sample selection of villages was done jointly by a group of government and Bank statisticians and Kenyan anthropologists using the sample framework set up for the census. The Welfare Monitoring Survey was used to anchor the content and sampling of the PPA study. Based on the results of the WMS, six of the poorest districts were chosen to represent different agroecological zones. Within each district, the village clusters or "enumeration" areas were chosen randomly. Adoption of this process meant that when the results became available statisticians and planners were interested and took the findings seriously.

Don't Hurry the Process to Meet Deadlines

Hurrying process beyond a certain point kills the process and creates a false sense of participation. Most PPAs until recently have been done in a hurry to gather data in time to feed into the Bank's poverty assessment documents, which in turn are meant to determine the Country Assistance Strategies. The Kenya PPA was conducted under the same time pressures: the study was conceived, funds raised, people identified, team trained, data collected and analyzed and draft reports produced in just four months.

Obviously, shortcuts had to be taken. While the participatory processes at the community level were given adequate attention, other areas suffered. Workshops to involve district officials, for instance, were cut back. Most neglected was the continuous interaction and feedback to senior government officials in the Bureau of Planning and Central Bureau of Statistics. The price of neglect was high: The Government of Kenya initially distanced itself from the PPA report and findings despite involvement of some staff from the Bureau of Statistics in field work, and visits by the Director of the Bureau to the PPA training and with a research team during field work. A proposed film of the process was cancelled.

Tensions and Turning Points

One of the difficulties encountered in the study was the challenge of ensuring communication between people whose research and working paradigms are quite different. Initially, dialogue with the planners would get stuck on the issue of comparability of subjective poverty definitions across villages. (Since a PPA had never been done in Kenya, there were no precedents.) There were also tensions between anthropologists and PRA trainers within the PPA team. Lastly, there were tensions between government officials and AMREF, the regional NGO which had been contracted to manage the PPA.

The turning point with senior planners and statisticians came when they were shown some of the visual materials which had been developed to gather information of priority problems and gender analysis. Seeing the materials led to appreciation and understanding of the process and its possibilities.

Tensions between anthropologists and participatory trainers were diffused by creating a training team involving all the senior supervisors including the statisticians, and then having each person take the lead in the area of their expertise, rather than simply putting the participatory trainers in charge.

The turning point for the anthropologists who felt they knew how to work with village people and hence resisted trying the visual SARAR methods was field testing of these methods as part of the training process. Once again, seeing was believing, and as a result the team reached consensus on a vision and strategy for combining different methods with the PPA.
Building Capacity While Rushing

Sustainable change needs to be rooted in local expertise and institutions. However, when PPAs are put together at short notice, it can be difficult for in-country participatory trainers and researchers to drop everything they are doing to participate. In the case of Kenya, while the country has at least two networks of participatory trainers, only one person could make herself available for the PPA – and this only after taking the drastic action of quitting her job.

As the demand for participatory skills increases, international organizations need to take a long-term view and invest in capacity building in-country. PPAs, for example, require professionals with technical skills in participatory methods as well as institutions which can manage large research projects involving extensive travel.

Internalization Requires Time and Follow-up

The lowest point in the Kenya PPA process came when the Ministry of Planning distanced itself from the study in September 1994. This resulted from breakdowns in communication which could have been avoided. While frequent contact between the study team and the Ministry was maintained in the early stages, there was almost no contact once field work started.

Worse, government representatives received the green cover poverty assessment report which incorporated the PPA findings before they had seen the PPA report itself. Confronted with PPA findings based on processes and research methods they did not fully understand and could not explain to their superiors, they initially chose to distance themselves officially from the study.

From the Bank perspective, once the PPA task was complete, no time was made available to follow up or sort out issues with government officials and AMREF. Fortunately, a subsequent PPA in Tanzania provided the opportunity for Bank staff to stop over in Kenya to continue a dialogue with government officials. Through these discussions agreement was reached to bring the research team back together and hold a national PPA seminar hosted by the government to discuss and disseminate the PPA findings.

As a result of this follow-up work, the Government of Kenya eventually embraced the PPA approach. With government support, an in-country Kenyan research team financed by ODA is presently in the field doing the second round of a national PPA in conjunction with the National Welfare Monitoring Service. The Bureau of Statistics are developing a core PPA module to monitor poverty. Once again, AMREF is coordinating the PPA for the Government of Kenya.

Involve Other Agencies

In addition to the Government of Kenya and the World Bank, there were a number of other key stakeholders in the PPA.

The process of consultation not only raised interest in the study but also quickly generated funding commitments. Both ODA and UNICEF cut through their bureaucracies to commit funds, although the actual flow of funds took much longer. After field work was completed, presentations were made to ODA and UNICEF at their request. ODA used the findings to start more concentrated work to address urban poverty issues and to think through its strategies for working with NGOs. UNICEF strengthened its work in Kisumu and evaluated its approach in Mandera.

AMREF already had a participatory trainer working on health issues who unfortunately could not be involved in the study because of prior commitments. However, AMREF's involvement in managing the PPA resulted in support by their Director for adopting the
participatory approach into its other work. The PPA research teams have been used since by UNICEF and UNDP. The World Bank education sector staff are conducting participatory assessments to assess early childhood education needs. Some of the senior research supervisors have adapted many of the SARAR tools to their other work. The senior anthropologist at the university has adapted the SARAR tools to AIDS and primary health care programs; the only economist in the team returned to Kisumu and trained his NGO staff in the PPA methodology.

In Kenya, the work continues at many levels....