THE INFLUENCE OF SOCIO-ECONOMIC FACTORS AND POOR GOVERNANCE ON POVERTY REDUCTION IN KENYA:

A CASE OF KANGEMI SLUM IN WESTLANDS, NAIROBI

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2009

DECLARATION

I declare that this project report is my original work and has not been presented to any other college or examination body.

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This project report is presented for examination with my approval as the University supervisor

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This report is dedicated to my late father, Julius Marube who despite struggling very hard to educate me did not live long enough to see me reach this significant stage of education. Daddy, rest thee well!!

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UNIVERSITY OF MAIRORI LIRRAR.

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ABBREVIATIONS AND ACRONYMS

AIDS Acquired Immuno Deficiency Syndrome

AMREF African Medical Research Foundation

ASAL Arid and Semi Arid Lands

CDF Constituencies Development Fund

CFC Constituency Fund Committee

EMOP Emergency Operations

ERA Education For All

ERS Economic Recovery Strategy

GDP Gross Domestic Product

HIPC Heavily Indebted Poor Countries

I-PRSP Interim Poverty Reduction Strategy Paper

KANU Kenya African National union

KDHS Kenya Demographic Health Survey

KIHBS Kenya Integrated Household Budget Survey

KNALS Kenya National Adult Education Survey

KNBS Kenya National Bureau of Statistics

LATF Local authorities Transfer Fund

MDG Millennium Development Goals

MNPD Ministry of Planning and National Development

MP Member of Parliament

MTEF Medium Term Expenditure Framework

NARC National Rainbow Coalition

NGO Non-Governmental Organization

NMC National Management Committee

NPEP National poverty Eradication Plan

OVP Office of the Vice-President

PEF Poverty Eradication Fund

PPA Participatory Poverty Assessment

PRSP Poverty Reduction Strategy Paper
RHBS Regional Household Budget Survey
RMLF Roads Maintenance Levy Fund
SPSS Statistical Package for social Sciences
UPE Universal Primary Education
WFP World Food Programme

WMS Welfare Measurement Survey

WSSP World Summit for Social Development

YEDF Youth Enterprise Development fund

ABSTRACT

The main objective of the study was to establish the main impediments to poverty reduction in Kenya with a case of Kangemi slum in Nairobi. The main problem is that although poverty has been identified as a major cause of inequality in the country and several interventions put in place, no much progress has been reported. It has been the responsibility of the successive governments to ensure equality amongst citizens and every effort has not been spared to address this but there still seems the war on this is insurmountable and has been quite a challenge.

A look through earlier studies on the same conforms to the results of this study especially when one looks at basic social amenities like education, medical care and water. Several targets have been set in the past like providing education for all but it has not been a easy as most of the time we reach the target year and realize we have yet again missed it. This has been true for medical care and water as the government has always promised free medical care and access to clean drinking water by certain periods and failed to achieve.

In this study, only primary data which was mainly quantitative was used. To achieve this, a semistructured questionnaire was administered to interviewees who were selected from a list of qualified respondents. The data achieved was cleaned and entered into the computer and by use of statistical package for social sciences (SPSS) software analysis was done to generate the results. It is from the results that this report was written.

From the results several issues came up key among them was that the war on poverty has been hampered mainly by poor governance and unemployment. That majority of the interventions which have been put in place get other considerations especially those which are political came out clearly. Corruption and unaccountable leadership epitomize the poor management of the resources mobilized for the fight against poverty. The recommendations from the respondents were many including accountable leadership, creation of employment and provision of social amenities like education and medical care. The study also recommends further research to complement this one and many more as the war on poverty goes on.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

General literature and the country's Participatory Poverty Assessment (PPA1) and PPA2 study reports (World Bank, 1994 and African Medical Research Foundation (AMREF)-Government of Kenya (GOK), 1997) define poverty as a multidimensional phenomenon comprising economic, political, physiological and psychological deprivation. Its manifestations are vulnerability, powerlessness, humiliation, social inferiority, physical weakness, isolation, lack of assets, and inaccessibility to basic needs. In the circumstances, the poor are a disabled lot who lack land, livestock and farm equipment, who cannot both participate in the political process and provide decent burial to their deceased, who have many mouths to feed but who live in poor houses, and who suffer from alcoholism, child labour and insecurity.

In 1965 shortly after gaining independence the government of Kenya committed itself to the alleviation of poverty among Kenyans in general (Government of Kenya, 1965). However 46 years later, poverty is still rampant and afflicts a large proportion of the population especially those in rural areas. Currently it is estimated that 46% of the population live below the poverty line (Government of Kenya, 2008). Despite the rampant poverty it was not until 1992 that government poverty monitoring activities and analysis were intensified in Kenya through the Welfare Monitoring Surveys. Other initiatives of monitoring poverty have been through soliciting views from the poor on how poverty affects them and what can be done to alleviate it through the participatory approach to assessing poverty (AMREF, 1998a, 1998b; Narayan and Nyamwaya, 1996).

Previous studies on poverty in Kenya (Mwabu et al, 2000; Greer and Thorbecke, 1986a, 1986b; Collier and et al, 1980; Government of Kenya, 1998 and 1999) show that the poor are clustered into a number of social categories including the landless, the handicapped, households headed by females, households headed by people without formal education, subsistence farmers, pastoralists in drought prone districts, unskilled and semi-skilled casual labourers, AIDS orphans, street children and beggars.

There is no doubt that poverty reduction remains a major objective of any government and that the success of the government intervention programmes will depend upon how well the economy performs. Foreign capital inflow and access to expert markets have been crucial to economic growth in the past, and they will be so in the future. Encouragement of the foreign investment and trade is also strongly emphasized by the government (Deng, A. et al, 1996).

1.2 Statement of the Problem

The country's baseline poverty profile was constructed in 1994 using the 1981/82 Regional household budget survey (RHBS) and the welfare measument survey (WMS1) conducted in 1992 (Mukui, 1994). Based on the WMS2 conducted in 1994, a second poverty profile was constructed in June 1997. Despite their various shortcomings (such as differences in methodology, timing, sampling and definitions, and numbers of invalid cases limiting their comparability), the two profiles reveal the country's temporal and inter-temporal poverty landscape.

There are many programmes aimed at alleviating poverty in Kenya, such as micro-financing and development projects. The programmes and projects have important poverty alleviation aims. However, most seem to have problems at the implementation stage, constantly leading to failure to alleviate poverty as envisaged.

The persistence of poverty throughout Kenya's history, despite government's efforts to combat it, suggests that the adopted policies have not been effective or adequate in addressing the problem making poverty reduction a big national challenge. Its persistence and spread is now recognized as a major threat to a very significant section of the Kenyan society, with worrying consequences for security and economic well-being of those affected. This study therefore sought to assess the influence of socio-economic factors and poor governance on poverty reduction.

1.3 Objectives of the Study

This sub section presents an overview of the objectives of the study and these include the one main objective and another four specific objectives

1.3.1 Main Objective

The broad objective of the study is to carry out a survey on the major impediments to the fight against poverty in Kenya and suggest areas that require further research.

1.3.2 Specific Objectives

The specific objectives are as follows:

- i) To establish the influence of the level of education on poverty reduction in Kangemi
- ii) To determine the effects of overpopulation on poverty reduction in Kangemi
- iii) To assess the extent to which unemployment has influenced poverty reduction in Kangemi
- iv) To determine how poor governance has affected the poverty reduction strategies so far in place

1.4 Research Questions

The study will attempt to answer the following questions about poverty in Kangemi:

- i) What is the influence of the level of education on poverty reduction?
- ii) In what ways has the level of population affected the fight against poverty in the community?
- iii) To what extent has unemployment influenced poverty reduction in the community?
- iv) What are the effects on the poverty reduction strategies which have come as the result of poor governance?

1.5 Significance of the Study

The study is necessary especially for understanding the trends in poverty and why previous efforts at alleviating it have not been successful, and what needs to be done to put such efforts back on track. A study of this kind is critical in guiding the implementation of poverty alleviation initiatives of the sort contained in the National Poverty Eradication Plan of 1999 (Government of

Kenya, 1999). In this study causes of poverty and characteristics of the people it afflicts will be explored. An attempt will be made to study the previous and current initiatives aimed at alleviating poverty as areas of further research will also be identified.

Various people will benefit from the findings of the study and these will include planners as this work will supplement earlier studies on the same and related topics. The other people who will be beneficiaries of the study are researchers to depict loopholes which will require further research and the common man and woman particularly the poor, who will benefit indirectly from the policies put in place as a result of the recommendations of the study.

1.6 Scope and Limitations

The scope of the study was Kangemi slum in Westlands constituency, Nairobi where a representative sample was worked out to ensure all the constituents have an equal chance to participate. The leading limitation of this study was lack of money to enable the researcher mount a serious survey. As such, the results were limited to a small proportion which was not as representative as possible. The other limitation is lack of time as the researcher was tasked to do a lot within a limited span of time. All these worked against the possibility of getting highly dependable data which can be used by policy makers.

1.7 Assumptions

All research studies make assumptions. The most obvious was that the sample represented the population. Another assumption was that an instrument was valid and that it measured the desired constructs. Still another was that respondents were answered to the survey questions truthfully. In being more specific especially for this particular study the main assumption was that those interviewed were either poor or had experience with the poor and that they agreed that poverty had been on the increase in the area in the recent past. The other assumption was that interventions have been put in place to fight the ravaging poverty. Finally, there was this assumption that the interventions have failed to curb the poverty.

1.8 Definition of Operational Terms

Absolute Poverty – a condition characterized by severe deprivation of basic human needs

Amenities – resources which offer basic facilities for daily living

Basic needs – they include two elements, certain minimum requirements of a family for private consumption and essential services provided by and for the community at large

Begging – a request for alms or charity for oneself

Community – a group of people that is organized around common values and social cohesion with a shared geographical location generally in social units larger than a household

Consumption – process of "using up" goods and services

Data – information or facts usually collected as the result of experience, observation or experiment, or processes with a computer system, or premises

Deprivation – a lack of welfare, often understood in terms of material goods and resources but equally applicable to psychological factors

Development – conceived to be continuing transformation of cultural, political, social and economic conditions, patterns or situations of a region, society or country considered underdeveloped

Empowerment – people who are relatively powerless are able to gain power

Governance – the manner in which power is exercised in the management of a country's economic and social resources for development

Household – a domestic unit consisting of the members of a family who live together along with non-relatives such as servants i.e. occupying a single dwelling unit and eating from one cooking pot

Impediments – hindrances to the fight against poverty

Income – receipts accruing (in cash and in kind) that are of regular and recurring nature, and are received by the household or its members at annual or more frequent intervals

Literacy – the ability to read, write and the ability to use language to read, write, listen and speak

Participation - the process by which people influence decisions which affect their lives

Population – a collection of human beings and individuals within the collection share a factor it may be reduced by statistical means, but such a generalization may be too vague to imply anything

Poverty – is deprivation of common necessities that determine the quality of life, including food, clothing, health care, shelter and safe drinking water and may also include the deprivation of opportunities to learn and to obtain better employment to escape poverty

Poverty line – a threshold below which people can be considered to be 'poor'

Power – the ability to direct the conduct of others who accept that direction

Unemployment – generally identified with lack of salaried work

Welfare – a state of well-being

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature review for the study. It gives a background of poverty generally in the country followed by a detailed analysis of the poverty status. It also presents an analysis of the reduction strategies which have been put in place to mitigate the effects of poverty. One of the devolved funds, that is, the constituencies development fund (CDF) has also been looked at in this chapter just to give a glimpse of what such funds can do for poverty reduction. There is also a description of social amenities like education and literacy, health care and water and sanitation which have been considered as a way of wedging war on poverty. Finally, in this chapter there is a conceptual framework of the study'

2.2 Background of the Study

About half of Kenya's rural population (approximately 9 million people) was below the poverty line in 1992, a proportion unchanged from 1982. In urban areas, approximately a million and a quarter persons or 30 per cent of the population was below the poverty line. In the early 1980s, Kenya's social indicators were distinctly more favorable than those of most countries in the region, and there was further progress. But many indicators stagnated in the early 1990s.

The total number of the absolute poor in the country rose from 11.5 million in 1994 to a projected 12.6 million in 1997. Over the same period, the absolute rural poor rose from 10.3 million to a projected 11.3 million while the absolute urban poor rose from 1.2 million to a projected 1.3 million. The rural areas, therefore, account for about 90 per cent of Kenya's absolute poor (OVP & MPND, 1997). Based on the head-count ratio, the overall incidence of poverty in the country between 1994 and 1997 stagnated at about 44 per cent, implying that almost half of the population was unable to consume a required minimum of food and essential non-food commodities.

The overall depth of poverty in country over the same period averaged 30 per cent, implying that the poor were 30 per cent short of the minimum requirement of food and non-food essential commodities. At the same time, the average inequality of income (expenditure) over the same period was 0.45, suggesting a highly unequal distribution of income (expenditure) among the absolute poor. There are also persistent differences between rural and urban areas and between the poor and the non-poor. These are the findings of the *Kenya Poverty Assessment* (March 1995) which is one of the few studies in the region to document and measure changes in poverty indicators over a decade. Using data from a number of sources, it shows that while Kenya achieved some improvement in its social indicators, the lack of sustained per capita income growth resulted in continued poverty for an increasing number. And that the benefits of good health and education did not accrue to all.

2.3 Poverty Status

In Kenya, the number of people living in absolute poverty is estimated to have risen from 11 million in 1990, representing 48 per cent of the population, to 17 million in 1997, representing 52.3 per cent of the population (Republic of Kenya 2001). This trend was halted and results of the Kenya integrated household budget survey conducted in 2005/06 indicates that absolute poverty declined to 45.9 per cent of the population in 2006. The survey further indicates that for rural areas, the Gini coefficient of expenditure per adult equivalent declined from 0.417 in 1997 to 0.380 in 2005/06, while the urban Gini coefficient rose from 0.426 in 1997 to 0.447 in 2005/06. The decline in the rural Gini coefficient indicates that income disparities in rural areas have on average gone down while the disparities in urban areas have increased substantially (Republic of Kenya 2007a).

In Kenya, by the mid-1970s national absolute poverty was estimated at 42 per cent while food poverty was 39 per cent with considerable regional variation (Greer and Thorbecke1986a, 1986b; Republic of Kenya 1998; Mwabu and Mullei 1998; Mwabu *et al.* 1999). Absolute poverty rates for 1982, 1992, and 1994 were estimated at 47 per cent while food poverty rates were estimated at 67 per cent in 1982, 72 per cent in 1992, and 47 per cent in 1994 (Republic of Kenya 1998). Analysis of survey data from the first and second welfare monitoring surveys revealed that 47 per cent of the rural population was food poor in 1994 compared to 72 per cent

in 1992 (Republic of Kenya 1998). Absolute poverty was estimated at 47 per cent for 1999 and 1994.

In urban areas, food and absolute poverty was estimated at 29 per cent. Absolute and food poverty rates were highest in North Eastern and Eastern Provinces at 56 and 58 per cent of the population respectively. Central Province had the lowest absolute and food poverty rates of around 32 per cent whereas Kisumu was the poorest of the urban areas with absolute and food poverty rates of 46 per cent and 44 per cent, respectively, and Nairobi had the lowest rates of 27 per cent and 26 per cent for food and absolute poverty, respectively.

The districts with the highest levels of food poverty in 1994 were Marsabit (86 per cent), Turkana (81 per cent), Isiolo (81 per cent), Samburu (79 per cent) Tana River (71 per cent), Makueni (70 per cent), Machakos (66 per cent), Kilifi (65 per cent) and Kitui (64 per cent). From the 1999 population and housing census and the 1997 welfare monitoring survey data, it was estimated that of the 56 per cent of the total population in Kenya that live below the poverty line, about 52.9 per cent are in the rural areas and 49.2 per cent in the urban areas (Republic of Kenya 2003). It was also estimated that about 34.8 per cent of the rural population and 7.6 per cent of the urban live in extreme poverty and therefore cannot meet dietary needs even with their total spending devoted to food.

Poverty estimates in Kenya have further been disaggregated by region. The geographical dimensions of poverty (Republic of Kenya (2003, 2005) show that the level of poverty differs across regions. Over time, Central Province has always registered lower levels of poverty whereas North Eastern, Nyanza and Coast Provinces have the highest levels of poverty. Poverty estimates for the year 2000 indicate that Central Province had the lowest level of poverty, estimated at 35.3 per cent, while North Eastern Province had the highest level of poverty at 73.1 per cent.

The latest Kenya integrated household budget survey (KIHBS) conducted in Kenya in 2005/06 indicate that absolute poverty in Kenya declined from 56.8 per cent in 2000 to 45.9 per cent in 2006 and that still poverty is lowest in Central province, estimated at 30.4 per cent and highest in

North Eastern, estimated at 73.9 per cent. Among the rural population, 49.1 per cent of the rural population was found to be absolutely poor, with the highest level of 73.9 per cent recorded for North Eastern province and the lowest level of 30.4 per cent recorded for Central province. The survey measured the incidence of poverty in urban areas to be lowest for Nairobi city at 21 per cent and the highest for Nakuru municipality at 50 per cent (Republic of Kenya 2007b).

2.4 Poverty Reduction Strategies

Poverty reduction has been the focus of government policies for many years, prior to the call by the Bretton Woods institutions to heavily indebted poor countries (HIPC) countries to formulation Poverty Reduction Strategy Papers (PRSP). The preparation and implementation of deliberate poverty reduction strategies in Kenya marked the start of a policy shift from just pursuing high economic growth to pursuing high and sustainable growth with redistribution. As alluded to above, the high growth registered by the country soon after independence did not reduce poverty. Poverty increased amidst high economic growth due to high inequality experienced by these countries at independence and even to date.

Kenya identified poverty, disease and ignorance as major constraints to human development that needed to be addressed by the post-independence government with the preparation of Sessional Paper No. 10 of 1965 (Republic of Kenya 1965). However attempts at addressing poverty in the first three decades after independence in 1963 remained macro. Major initiatives in Kenya as articulated in various Sessional Papers and five-year development plans include the following: land resettlement schemes in the 1960s after independence; provision of free basic needs (education and health) in the 1960s; promotion of rapid growth and creation of employment opportunities in the 1960 and 1970s; District Focus for Rural Development in the 1980s to open up rural areas to markets; and promotion of the informal economy in the late 1980s which were regarded as having a high potential for alleviating poverty through the creation of employment opportunities.

The government assumed that the benefits of growth from high performing sectors and regions could trickle down to benefit everybody. These assumption and belief in the "trickle down" process proved ineffective (Ikiara 1998). This was the basis of "redistribution with growth",

which became a popular slogan with the authorities. However, by the mid-1970s it was realized that the strategy was not producing the desired effects as the problems associated with a rapidly growing population, unemployment and income disparities were more apparent than they had been in 1963. The failure of economic growth to solve the problems continued to be observed in the 1980s and 1990s. In effect, although economic growth is no doubt a necessary condition for meeting basic human needs, it is not in itself sufficient to address poverty. With this realization, the government shifted focus to pursuing sectoral policies, in addition to maintaining a stable macroeconomic framework. The failure of economic growth to solve the poverty problems necessitated a shift of policy focus to equity and resource distribution.

In 1999, Kenya prepared a National Poverty Eradication Plan (NPEP) for the period 1999 to 2015 as a government's deliberate initiative to give prominence to poverty reduction efforts. The plan signalled the government's resolve to address the poverty challenge not only as a political necessity and moral obligation, but also on grounds of sound economic principles that recognized the critical role and potential contribution of the poor to national development. In line with the goals and commitments of the 1995 Copenhagen Summit set out in the declaration of the World Summit for Social Development (WSSD), the government committed itself to the eradication of poverty, the achievement of universal primary education, various aspects of health for all, and the social integration of disadvantaged people. The NPEP has three major components: (i) a charter for social integration; (ii) improved access to essential services by low income households that lack basic health, education and safe drinking water; and (iii) a strategy for broad economic growth, with each setting out a framework for further action by government, civil society, and the private sector and donor partners.

To implement the NPEP, the government prepared the Interim Poverty Reduction Strategy Paper (I-PRSP 2000-2003) in 2000 (Republic of Kenya 2000b). The I-PRSP outlined measures to improve economic performance and actions to reduce poverty by deliberately shifting the composition of budgetary expenditures towards priority poverty reduction programmes and empowering the poor by providing them with means to help themselves through income-earning opportunities, ready access to means of production, the provision of affordable basic services and the protection of the law. To mainstream the poor into the development process, the government,

through a participatory process, prepared a poverty reduction strategy paper (PRSP) for the period (2001–2004). The PRSP informed the development of a pro-poor and pro-growth Medium Term Expenditure Framework (MTEF) budget that linked policy planning and budgeting, thereby ensuring harmonized financing of growth and poverty reduction (Republic of Kenya 2001).

The PRSPs do take a comprehensive approach towards poverty reduction. However, in practice the designed policies have lacked a clear priority setting in actions, leading to the conclusion that the PRSPs "do not represent strategies as such", but rather a list of good intentions. This lack of priorities weakens the capacity to adapt poverty reduction policies to changes in the economy and increased budget constraints. The PRSPs are also weak in connecting actions to budget allocations and expected outcomes. This slow progress towards more result-oriented budgeting is hampering the transparency and accountability in the use of funds for the PRSPs as well as the monitoring of the impact of fiscal policies on poverty reduction (Sida Studies, 2006).

In 2003, the government prepared the Economic Recovery Strategy for Wealth and Employment Creation (ERS) 2003–2007. The ERS identified rapid economic growth; strengthening institutions of governance; rehabilitation and expansion of physical infrastructure; and investment in human capital as key policy actions to spur economic growth. To reduce poverty, the ERS focused on the provision of Universal Primary Education (UPE), improved access to basic health, development of traditional overlooked arid and semi-arid areas, and upgrading of the living conditions of the urban poor (Republic of Kenya 2003). In 2007, Kenya prepared its Vision 2030 which aims at making Kenya a "newly industrialized middle income country providing a high quality life for all its citizens by the year 2030" (Republic of Kenya 2007b).

2.5 Constituencies Development Fund

In the last two decades, Kenya has witnessed an increase in the number of funds targeted at the local level governance units, such as, districts and constituencies. These funds include the Local Authorities Transfer Fund (LATF), Poverty Eradication Fund (PEF), Constituency HIV/AIDS Fund, Roads Maintenance Levy Fund (RMLF) and the Constituencies Development Fund (CDF). The common objective of these funds is to alleviate poverty, narrow regional imbalances

in resource distribution, improve the quality of life and the general level of economic development.

None of these funds has generated as much public interest as the CDF. The 2003 Act establishing the CDF also created structures through which citizens could participate in project identification, implementations, monitoring and evaluation. The Act also stipulates the procedures for prioritization and selection of projects; funds disbursement and accounting; participation of government ministries and departments; roles of the various committees and auditing and monitoring the activities. The fund has sparked great interest among ordinary people because the y feel that for the first time this can be directly involved in deciding how government monies will be used in their comminiti8es. At its inception, the government earmarked at least 2.5 per cent of ordinary collected revenue to be administered by parliament through the CDF. Three quarters of the amount is divided equally amongst the 210 constituencies while the remaining quarter is allocated the constituencies based on their poverty index.

Although a good idea a lot of concerns were raised resulting in amendments of the act in 2007. The CDF (Amendment) Act 2007 introduced significant changes in the CDF operations. Under the revise act, the National Management Committee (NMC) was renamed the Board of Management of CDF and its powers and responsibility slightly changed. Its main function is the administration of the fund. The Board is answerable to Parliament through the Constituency Fund Committee (CFC), a parliamentary select committee in charge of CDF which comprises eleven members of parliament (MPs) one of whom is the chair.

2.6 Education and Literacy

The role of education, most specifically basic education, is increasingly understood as a highly educated elite cannot make a proper economic contribution if the mass of the population remains illiterate or nearly illiterate. The process of advance depends uniquely on the economic cooperation of different kinds of labour and talents. Effort in relation to basic education is as much a matter of attitude as of money. This has the crucial further implication that a very large improvement in the overall performance of the Third World in basic education, and hence a large

increase in the global rate of poverty reduction, could be achieved without major extra cost simply by more effective government. But government behaviour also reflects public attitudes, which in turn reflect culture (May, J., 2001).

Education policy has remained central in Kenya's development process. Kenya considers education a basic right and basic need because of its importance for human development. Kenya has pursued mixed policies in education: Immediately after independence, Kenya offered free education which was however reversed and cost-sharing strategies in education were introduced in 1986. Cost sharing limited the access of children from poor households to schools thereby forcing children to drop out of school, especially the girl child. Other factors that affected education include: Inadequate schools and facilities; an inadequately designed education system, which is particularly unsuitable for those engaging in a pastoralist or nomadic lifestyle; low level of awareness among pastoralist communities on the importance of education; and discrimination against the girl child in education, particularly as a result of negative cultural norms and taboos, and also the excessive work load that is placed on women in general. In addressing the above problems, the government has given autonomy to the schools and districts in the recruitment of teachers. Under the WFP lead Emergency Operations (EMOP) programme in the drought-affected ASAL area there has been an expansion of the school feeding programme. Its coverage grew from 350,000 to over 1.1 million students.

In 2003, the government reintroduced free primary education and started to provide for books and since 1993/94, the government has been providing bursaries and loans to poor and needy students, both of which are meant to reducing the cost of education to the poorest. The policies implemented by the government of Kenya are geared towards the attainment of Universal Primary Education (UPE) and Education for All (EFA), both of which are in line with the MDGs. Overall public expenditure in Kenya on education as a share of GDP increased from 5.9 per cent in 2002/03, to 6.2 per cent in 2005/06 which translates to an average expenditure of 25 per cent of total government expenditure (Republic of Kenya 2006c). Over time, literacy levels have improved in Kenya.

Results of the Kenya National Adult Literacy Survey (KNALS) conducted in 2006 indicate that the national level literacy rate is 61 per cent and the numeracy rate is 64.6 per cent. Males have a higher literacy rate than female estimated at 64.2 per cent to that of female estimated at 58.9 per cent. Similarly, male numeracy is higher at 67.9 per cent compared to that of females, at 61.4 per cent. The figures reveal that as of 2006, an estimated 7.8 million Kenyans adult population (15 years +) was illiterate. There exists wide regional differential with Nairobi province having the highest literacy and numeracy rates of 87.1 per cent and 86.6 per cent, respectively and North Eastern, which also happens to be the poorest province, with the lowest literacy and numeracy rates of 8.1 per cent and 9.1 per cent, respectively (Republic of Kenya 2007a).

In terms of dealing with the quality of facilities and physical access to education, the Ministry of Local Government through the Local Authorities Transfer Fund (LATF) and members of parliament through the Constituency Development Fund (CDF) have significantly contributed to the expansion of school facilities and made it possible for children from poor families to access education through provision of bursaries.

2.7 Health Care

There is a two-way relationship between health care and poverty - poverty means an increase in health care costs due to disease prevalence caused by lack of education on preventable diseases as well as nutritional habits; on the other side sick people will not be economically productive hence intensifying poverty. Therefore, good health is seen as reducing poor families' economic and social vulnerability, thereby providing a healthy and productive labour force for the nation to create broad-based economic growth. Good health enhances productivity and self reliance. The provision of primary health care to all citizens has been one of the goals of the Government of Kenya. Like education policy at independence, the government provided for free medical services until 1989 when cost sharing was introduced.

The health sector objective is to enhance the accessibility and affordability of quality basic services for all Kenyans, with special emphasis on the poor and vulnerable. To achieve these, the health budgetary provision continues to increase and is estimated at seven per cent of total government expenditure; the government is implementing the 2005-2010 health strategic plan

which aims at reducing health inequalities across the country, strengthen capacity of district and provincial hospitals and restructure the Kenya medical supplies agency.

Nonetheless, reforms in the health sector have not been as effective in Kenya. This is because infant mortality rate has increased to 77 per 1,000 in 2003 from 62 in 1993, the under-five mortality rate increased to 115 per 1,000 in 2003, full immunization coverage declined to 60 per cent from 65 per cent in 1998 and the children receiving no vaccination increased from three per cent to six per cent in 2003. The only positive indicator in this category of mortality indicators in Kenya is the maternal mortality rate which declined to 414 in 2003 from 590 maternal deaths per 100,000 in 1998 (Republic of Kenya 2006b).

Compared to other third world countries like Botswana and Namibia, the mortality rates in Kenya are unacceptably high, especially taking into account that Kenya's population is more than seventeen times that of Botswana and Namibia. Equity and efficient principles are the main drivers of the government of Kenya's policy on public spending. The key spending and resource allocation objectives include increased allocation of resources to rural health services, increase spending on drugs and non-pharmaceuticals, reduced spending on curative services and tertiary-care facilities.

The HIV and AIDS pandemic has further constrained the achievement of accessible and affordable health care as it is a drain on public and private resources. Since the first case was diagnosed in 1984, HIV and AIDS spread rapidly in Kenya during the 1990's reaching prevalence rates of 20-30 per cent in some areas of the country. It is further estimated that over 1.5 million people have died due to AIDS-related illnesses, resulting in 1.8 million children left as orphans. It is estimated that a total of 1.4 million Kenyans are infected with HIV, of whom about two thirds are women. The gender difference is most pronounced among young people. In the 15-24 age range, female prevalence is nearly five times higher than male prevalence. AIDS is impacting disproportionately the young people (aged between 15- 24). Already, life expectancy has dropped from 60 years in 1993 to about 47 years in 2004 mainly due to AIDS.

Overall, average urban prevalence is estimated at 10 per cent, which is almost twice that in rural areas estimated at 5.5 per cent (Republic of Kenya 2005). With the realization that AIDS affects health, lifespan, and productive capacity of the individual and severely constrains the accumulation of human capital and its transfer between generations, Kenya declared AIDS as a National Disaster in late 1999. Increased awareness campaigns have seen trends in HIV and AIDS reversed. Estimates from the Kenya Demographic Household Survey (KDHS) conducted in 2003 and sentinel surveillance data reveal that national prevalence has declined significantly to seven per cent (Republic of Kenya 2005).

2.8 Water and Sanitation

Access to water and good sanitation are central to reducing poverty. Kenya failed to realize its policy of 'water for all by the year 2000' as had been envisaged in government policy documents prior to year 2000. Nonetheless, the policy still remains central in current government policy. This is because water and sanitation affect agriculture, livestock and health sectors. In an effort to fulfill the water for all policy, the government of Kenya acting on the Water Act 2000 has established a number of institutions to include: the Water Services Board; the Water Services Regulatory Board, the Water Service Trust Fund, Resources Management Authority, among others.

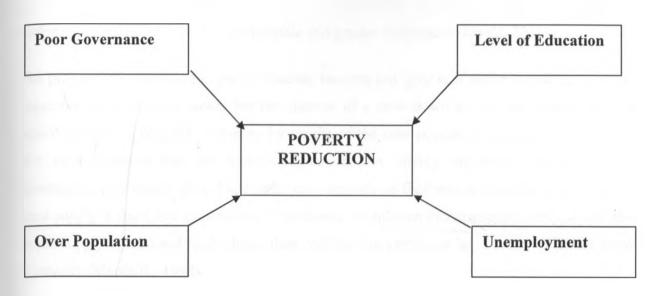
Besides, the government has, as of 2005, commercialized water services in Nairobi, Nyeri, Kisumu, Nakuru, Eldoret and Meru; its has rehabilitated 45 hydrological and quality water monitoring stations and rehabilitated and augmented water and sanitation schemes - 32 water supply and 44 sanitation schemes. In rural areas and Arid and Semi-arid (ASALs) the government completed rehabilitation of 83 rural water supply schemes and 150 small dams and water bans in 44 districts of ASALs; it drilled 39 boreholes and completed rehabilitation and construction of flood dykes in Nyando and river Nzoia as well as rehabilitation and augmentation of Yatta irrigation canal. Overall, 53 per cent of the rural population and 75 per cent of the urban population have access to safe and reliable water (Republic of Kenya 2006 b). In terms of sanitation, the government through LATF and CDF and development partners has constructed latrines in slums areas, markets places and bus stops.

2.9 Factors Influencing Poverty Reduction

Poverty being a social problem is caused by a litany of factors. These include poor governance which in turn includes misuse of power, corruption and giving responsibility to unaccountable leaders generally. This has been a major problem especially to developing nations and it will take long before the issue of leadership is sorted to improve governance which will in turn go a long way in addressing poverty. Another factor is the issue of illiteracy. When a locality's population is illiterate it becomes difficult for the residents to fight poverty as it is not possible for them to find gainful employment. They are also not in a position to understand the basics of and that is why there is a saying a literate population is a wealthy population.

Illiteracy leads to massive unemployment which is another factor causing poverty. When there is unemployment many people have little to make up for their living hence levels of poverty are always on the increase. This is not only because people are not able to find white collar jobs which are targeted by the elites of society but due to the fact that even the other areas of employment are not well fed by the mostly uneducated population. Overpopulation which may also come as a result of a combination of factors including illiteracy and unemployment contribute a great deal to poverty. This is because large families are a burden to society especially when there no enough resources for the people to depend on and the situation gets complicated when the young mothers are not able to either utilize or access family planning services for the purposes of getting family sizes which are manageable. This leads to a cycle which can be captured by the following figure.

Figure 2.1: Conceptual Framework



The duty of the people themselves is to promote their social and economic welfare, to stimulate their desire for, and facilitate the attainment of a higher standard of living. In so far as the government falls short in the performance of its duty to the people by allowing the natural resources to deteriorate, and in that of its duty to the taxpayer by failing to expend with sufficient rapidity the market for the goods, it will have also failed in its duty to promote the economic welfare of the people (Cowen, P. et al, 1996).

Sudden increases in open unemployment can only mean that the general demand for labour falls relatively to the supply. The immediate effect is the rise in open unemployment. After that there are two consequential effects; a rise in general non-employment and a fall in average wages as some of the people who have lost their jobs find new but lower paid ones. This is as a result of the first cause, which is the failure of the economy to sustain an adequate general level of demand for labour. Inevitably, those who suffer most are those whose economic bargaining position is already fragile, that is, the unskilled, less skilled and less educated members of the work force (Marris R., 1998).

There has been intensive work under taken on the development of policy for education which has been matched by government expenditure. The amount for education has been the single largest amount in our annual national budget. However, in terms of outcomes, the picture is less promising for the formal education system. Matriculation results continue to show both poor performance overall and marked geographic and gender differences (May J, 2001).

The problem of population is partly circular, because not only is it easier to reduce poverty is population growth slows down, but the chances of a slow down are, in fact, higher the more rapidly poverty is reduced. Influence by results of the new population census, which gave the first clear evidence that the human population was briskly increasing, Thomas Malthus developed a very simple idea. The human race depends on food which depends, in turn, on land. Land supply is fixed and constrained. If the human population increasespersistently, it will press on the supply of land and food. Hence there will be war, pestilence and famine which are factors of poverty (Marris R., 1998).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This part contains explanations and descriptions of the methods and procedures that were used in conducting this study. This part covers the population of the study, data collection instruments and procedures of data collection and data analysis techniques that were applied.

3.2 Research Design

The study employed the survey research design. The study targeted the residents of Kangemi slum most of whom are poor as they live difficult lives. The study was mainly carried out through a face to face interviewer based questionnaire administration where the research assistants visited the selected households and administered the questionnaires and then recorded the responses. For purposes of triangulation informational materials were reviewed through the literature review of this study.

3.3 Population Site

Kangemi has an approximate population of about 150,000 people 75% of whom are people who are less than 30 years of age. The community is an informal settlement since it has affordable houses made of mud walls whose rent ranges from Kshs 800 to Kshs 1,000; iron sheets walled whose rent is between Kshs 1,200 and Kshs 1,500 and stone walled houses whose rent start from Kshs 2,000. The Kangemi people are engaged in small businesses such as hawking of second hand clothes, cereals, milk, vegetables and a range of other farm products. The community has an open air market that provides a space for approximately 2000 small traders. The other members of the community are employed as casual labourers in construction sites, domestic workers, security guards, public transport crew members, teachers and health workers.

There is a dispensary owned and run by the City Council of Nairobi located in the centre of the slum. Most of the times it does not have medicine and after diagnosis a patient is requested to

buy medicine at pharmacy stores. In most cases people buy medicine in pharmacy stores over the counter without doctors' prescriptions since consultation fees which is over Kshs 500 is by all means is very expensive for the slum dwellers. There are a number of schools in Kangemi, most of them being privately owned. There is one government high school and three primary schools owned by the city council while those which are privately owned are about ten.

3.4 Population and Sample of the Study

The focus of this study was on all the residents of Kangemi who are above the age of 18 and 50 years. However, for the purposes of this study, the researcher only interviewed household heads, spouses and in some cases any responsible adults in the selected households in the absence of the two. The major assumption was that the selected households were representative of all the other households in Kangemi. This is because of the time and resource constraints which could not allow the researcher to reach all households in the area. Due to the labeling of the households by the Kenya National Bureau of Statistics (KNBS) the researcher was able to identify the selected households with ease which went a long way in fast tracking the study.

Primary data was obtained from the selected respondents by use of cluster sampling. A sample size of 126 respondents across the slum was interviewed. These were obtained by first of all obtaining a household listing from KNBS and from the list the researcher selected the households where the interviews were conducted using a table of numbers. The sample size used was obtained using the formula by Mugenda and Mugenda (2003)

$$n = Z^2 pq/d^2$$

Where: n = the desired sample size (if the target population is greater than 10,000)

Z = the std normal deviation at the required confidence level (at 95% confidence

level the std normal deviation is 1.96)

p= the proportion in the target population estimated to have characteristics being measured.

$$q=1-p$$

d= the level of statistical confidence set (in this case the level has been set at 99%)

If there is no estimate available for proportion in the target population assumed to have the characteristics of interest, 50% should be used as recommended by Fisher et al;

Hence,
$$n = (1.96)^2 (0.5) (0.5) (0.05)^2$$

This would have been the ideal sample according to the above formula but because of lack of resources the researcher achieved 126 questionnaires against a target of one third of 384

i.e.
$$1/3$$
 of $384 = 128$

3.5 Research Instruments

Only primary data was used in this study. The study was also exclusively quantitative. To achieve this, a semi-structured questionnaire consisting of both closed and open ended questions was used. Open ended questions aimed at obtaining qualitative data on the general view as to why and if there was any need for interventions of poverty reduction while the closed questions aimed at obtaining quantitative data for statistical analysis.

3.6 Data Collection Methods

Once the questionnaires were ready the researcher armed himself with an introduction letter from the university explaining the nature of the study and its importance to the general population. Two competitive research assistants were engaged to assist the researcher in walking through the slum to conduct the exercise of data collection. After this the real work commenced and took approximately 5 days.

It was a face-to-face interview where the researcher or his assistant clarified any arising issues from the respondents. All the respondents were assured of confidentiality of the information

given out in the questionnaire. This was however possible and enhanced by using qualified research assistants who understood the professional ethics of research.

3.7 Validity and Reliability

As a way of validating the tools of the survey a pretest of 10 questionnaires was carried out and the necessary adjustments done to the tools before the main study. This was to enable the researcher to gauge the applicability of the questionnaires to ensure that it captured the aspirations of the respondents and that the study was able to answer the research questions as required and went a long way in addressing the objectives of the study. To ensure reliability of the data a decision was made to interview every tenth household in the survey area. This way everybody was given opportunity to participate hence making the data as representative as possible. This was to ensure that the data collected was consistent and that if another study of the same nature is carried out in the future the data will essentially be the same and only separated by the margin of error.

3.8 Data Analysis

The collected data was cleaned first before it was converted into a computer format. Statistical Package for Social Sciences (SPSS) was used for analyzing the data. The analysis was done using percentages, frequency tables, histograms and cross tabulation tables. The frequency tables and percentages were used to present ratings of various parameters by the respondents as well as their opinions. Factor analysis was used to reduce a set of variables used to a small set of highly independent factors. This was necessary to identify and retain only a few basic factors that explained sufficiently large variance on the criteria used.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter gives data analysis, presentation and interpretation of the data gathered from the survey. Data analysis was done by use of the statistical package for social sciences (SPSS) and presentation done by use of tables and cross tabulations. Every result has also been given interpretation according to the answers given by the respondents from the survey and that has been related with the objectives of the study.

4.2 Profiles of Respondents

On seeking to understand the people who participated in the study the following Table 4.1 was used to summarize their identification data.

Table 4.1 Respondents' biodata

e University
12.9
3

Majority of those who participated in the study were within the age bracket of 18-30 years who constituted 65.3 per cent. This confirms the earlier assertion that 75 per cent of the residents in Kangemi are youthful. In terms of gender 67.5 per cent of those who were interviewed were males and that many of them, that is, 46 per cent have attained at least secondary school level of education while 33 per cent have attained college education signifying a relatively educated society. Those who have only attained primay education constitute 8.1 per cent while those who have university education were 12.9 per cent.

4.3 Personal Classification of Poverty

The study let the respondents classify themselves in terms of their abilities to access basic needs and their answers were captured in Table 4.2.

Table 4.2 Personal levels of poverty

Personal classification of poverty					
Levels of poverty	Very poor	Poor	Moderate	Rich	Very rich
Percentage	17.5	26.2	50.8	3.2	2.3

On classification of individual abilities to access basic needs, 50.8 per cent of the residents said they are of moderate abilities. This is against the general belief that people who live in slums have problems accessing basic needs and that they are very poor. A mere 17.5 per cent are the only ones who felt that they are in abject poverty while 26.2 per cent classified themselves as poor. There were residents who classified themselves as rich meaning they have no problem accessing basic necessities.

4.4 General Level of Poverty in Kangemi

The feelings of the residents of Kangemi were sought about what they thought about the levels of poverty in the slum and their answers are shown in Table 4.3.

Table 4.3 Levels of Poverty

General levels of poverty in Kangemi					
Levels of poverty	Very poor	Poor	Moderate	Rich	Very rich
Percentage	22	43	31	1.6	2.4

Asked how they could describe the life of majority of the people who live in Kangemi, 43 per cent of the respondents said that majority are poor while 31 per cent felt that many of the people

are of moderate abilities in terms of living standards. Although Kangemi is a slum residents still feel that life is not as bad. Another 22 per cent agree that majority are very poor. Still within the same slum there are people who view their counterparts in the area as rich and very rich, albeit in small proportions of less than 1 per cent for those who are rich and 2.4 per cent for those who very rich.

4.5 Characteristics of a Very Poor Person

To be sure that the residents understood what poverty means to their context the researcher sought to know who they classified as the very poor and their answers are shown in Table 4.4.

Table 4.4 Characteristics

Characteristics of a very poor person				
Characteristics	Percentage			
Poor housing	24.6			
Poor clothing	14.1			
Begging	4			
Poor nutrition	24.4			
Poor health care	5			
Poor sanitation	4			
Unemployment	10.3			
Drug abuse	1.3			
Illiteracy	6			
Tracking	3			
Hopelessness	4			

Here respondents were asked to list at least three characteristics of a very poor person specific to Kangemi to help the researcher understand how the people of the slum classify the poor. From Table 4.4 24.6per cent of those who were interviewed cited poor housing and shelter while following closely at 24.4 per cent mentioned poor nutrition signifying that there are people in the slum who are conscious of the diets of the food eaten. Another 10.3 per cent felt that those who are poor are usually unemployed. Still others mentioned characteristics like hopelessness, use of drugs, illiteracy poor sanitation, health and begging as among the main characteristics.

4.6 Main Causes of Poverty

Table 4.5 summarizes the answers given by the residents when asked to list the main causes of poverty in their own understanding.

Table 4.5 Causes of Poverty

Causes of poverty				
Cause	Percentage			
Unemployment	31.7			
Poor Governance	18.3			
Illiteracy	18.3			
Laziness	4.8			
Alcoholism	6.3			
Lack of inheritance	4			
Unfavorable loans	2.4			
Exploitation	4.8			
Overpopulation	7.9			
Insecurity	1.6			

On the causes of poverty 31.7 per cent of those interviewed cited unemployment as the major cause while 18.3 per cent were of the view that poor governance was to blame for the predicament. Another 18.3 per cent also cited illiteracy and lack of information which can be closely linked with unemployment as the other cause of poverty. Overpopulation (7.9 per cent), alcoholism (6.3 per cent), laziness and exploitation (4.8 per cent) are the other causes mentioned by those interviewed.

4.7 Effects of Poverty in School Enrolment

Table 4.6 gives a presentation of the answers from the respondents on what they thought to be the effects of poverty on school enrolment.

Table 4.6 Effects of Poverty

Reasons	Percentage
Lack of school levies	27
Absenteeism	38
School drop outs	18
Lack of Equipment	17

When respondents were asked whether poverty affected school enrolment a staggering 96 per cent answered in the affirmative and on probing on how it affects 38 per cent cited absenteeism as the main way poverty affects enrolment. With this comes drop outs which in return affect enrolment. Another 27 per cent mentioned lack of the various levies which as a result of poverty makes children drop out of school hence affecting enrolment. The remaining population was of the view that poverty leads to drop out direct (18 per cent) while others believe it is the lack of equipment that encourages poor enrolment in schools.

4.8 How Poverty has contributed to Health Problems

On seeking to know how poverty affects health provision the researcher sought the feelings of the residents which are shown in Table 4.7.

Table 4.7 Factors of Poverty

How poverty has contributed to health problems					
Factors	Lack of access	Lack of other needs	Few medical facilities		
Percentage	46.2	23.9	29.9		

Asked whether they thought poverty affected the health status of the people 92.8 per cent agreed that indeed poverty is a major contributor to poor health as 46.2 per cent cited lack of access to the medical care as the major way poverty contributes to poor health. Since people are poor they are not able to afford medical care and doctor's consultation fees. Another 29.9 per cent of those interviewed felt that medical facilities are not enough and even the few which are available can not handle the large numbers in the slums. Yet another 23.9 per cent felt that pressure on their families for other basic needs pushes that of health down the ladder which has been detrimental to the well being of the people.

4.9 How Poverty Has Contributed to Water Problems

Table 4.8 gives the answers given by respondents on what they thought are the effects of poverty on water and sanitation.

Table 4.8 Effects of poverty on water

How	Percentage
Lack of Toilets	14
Poor drainage	52
Lack of clean water	30
Illegal connections	4

A proportion of 88.9 per cent were in agreement that poverty contributes greatly to the problems complicating the water and sanitation. Asked how poverty had affected the provision of clean drinking water and sanitation majority, that is, 52.7 per cent cited poor drainage system as the manifestation of how poverty can be blamed for inaccessibility to clean drinking water. Meaning that if people had not been affected by poverty they will have fixed the drainage system hence avoid problems associated with water. Another 30 per cent of the respondents mentioned lack of clean water as a result of poverty that can lead to water borne diseases which is also a manifestation of poverty. Yet another 30 per cent and 4 per cent of those interviewed were of the view that lack of toilets and illegal connections respectively also complicated matters related to water and sanitation

4.10 Awareness of Government Interventions to Fight Poverty

The researcher sought to know whether the respondents were aware of interventions being put in place to fight poverty and their answers are shown by Table 4.9.

Table 4.9 Areas of Intervention

A	wareness of G	overnment inter	ventions to fight po	overty
Areas of intervention	Education	Heath	Water	Others
Percentage	78.6	62.7	42.9	8.7

Table 4.9 shows the level of awareness on government interventions is high as majority (78.6 per cent) seemed to be aware of interventions targeting the education sector, 62.7 per cent said they were aware of those interventions targeting the health sector while another 42.9 per cent were aware of those targeting the water and sanitation sector. Another proportion of 8.7 per cent of those interviewed said they were aware of interventions targeting other sectors of the economy and these included roads and the jua kali sectors. This signifies the level of ignorance of the residents of the slum in terms of knowledge on interventions especially those targeting infrastructure.

4.11 Specific Interventions to Fight Poverty

The researcher went further asking the residents whether they knew the specific interventions and their answers were summarized in the Table 4.10.

Table 4.10 Specific interventions

Education	%	Health	%	Water	%	Others	%
Free School	43.1	Medicine	22.3	Boreholes	84.6	Juakali	80
Infrastructure	26.5	Cost share	39	Treatment	15.4	Roads	20
Bursary	16.7	Infrastructure	38.7				
Equipment	13.7		- , ~				

When asked whether they are aware of the interventions the government is putting in place to fight poverty majority seemed to be aware but the level of awareness differed in terms of sectors with that of education taking a lead at 78.6 per cent and closely followed by health interventions standing at 62.7 per cent. On further investigation on the specific interventions across the sectors 43.1 per cent of those aware of education interventions cited free primary and subsidized education as the main interventions. Others mentioned the building and rehabilitation of schools (26.5 per cent), bursary allocations to needy students (16.7 per cent) and provision of school equipment (13.7 per cent) as some of the other interventions.

In regard to those interventions targeting health sector 39 per cent felt that cost sharing is the main way the government has intervened to help its people access medical care. This was closely followed by 38.7 percent of those who felt that building and rehabilitation of the health facilities was the best intervention while there was 22.3 per cent who viewed provision of free medicine as the most appropriate strategy. Of those who said they were aware of interventions in the water sector 84.6 per cent said digging boreholes is what the government has done to solve the problems of water while 15.4 per cent thought treatment of the water was appropriate.

4.12 Knowledge on Government Devolved Funds

The answers from respondents on knowledge of government devolved funds are captured in Table 4.11.

Table 4.11 Knowledge of the funds

Knowledge on Government devolved funds				
Devolved fund	CDF	YEDF	RMLF	LATF
percentage	92.9	62.7	48.4	38.1

The researcher wanted to know whether the residents were aware of the government devolved funds which is currently one of the most popular strategies the government has put in place, and 92.9 per cent said they were aware of the constituencies development fund (CDF). Another 62.7 per cent of the respondents said they were aware of youth enterprise development fund (YEDF), 48.4 per cent were aware of roads maintenance levy fund (RMLF) and yet another 38.1 per cent reported to be aware of the local authorities transfer fund (LATF).

4.13 Mode of Awareness for CDF

The mode of awareness on CDF was sought and the answers were captured by Table 4.12.

Table 4.12 Modes

Mode	Percentage		
Community	39		
Chief's baraza	11		
Media	50		

For those who mentioned that they were aware of CDF, they were asked the mode through which they became aware of the fund and 50 per cent said it was through the media which include the radio, newspapers and television. This underscores the importance of the media in propagating the development agenda for the government and other stakeholders of development. Another 39 per cent cited word of mouth from their friends and relatives within the community as method through which they became aware of the fund while 11 per cent mentioned the chiefs' barazas as their main mode through which they became aware of the CDF

4.14 Cross Tabulation of Awareness on CDF Projects

The researcher also sought to know the level of awareness of the respondents on CDF projects in the area and summarized the answers in Table 4.13.

Table 4.13 Cross Tabulation Table

	Cost	Money	Status	Total	Percentage
Health	7	2	15	24	24
Education	8	7	28	43	42
Water	4	4	18	26	26
Roads	3	2	2	7	7
Security	0	0	1	1	1
Total	22	15	64	101	
Percentage	22	15	63		100

When the respondents were asked whether they knew any CDF projects in their vicinity 71 per cent answered to the affirmative meaning it is indeed a popular strategy as far as devolution and development are concerned. Further the researcher wanted the respondents to list the projects they knew and 40.7 per cent listed projects under education, 32.9 per cent listed the ones under water and sanitation while 20.9 mentioned those under health. A small number (4.7 per cent) listed projects on roads and bridges while 1.2 per cent listed security projects.

The researcher went further to know what the residents knew of the projects they had listed and from Table 4.13, 22 per cent said they knew the costs of the projects, 15 per cent said they knew the money so far dispersed to the projects across the sectors while 63 per cent knew the status of the projects as at the time of the study. This reveals the secrecy with which the money issues evoke as a relatively small population seemed to be aware of the money so far dispersed and the general costs of the projects.

In terms of the sectors 43 per cent seemed to know the costs, money so far dispersed and status of education projects as compared to those who knew about water projects, that is, 26 per cent. Another 24 per cent were aware of the health projects as compared to 7 per cent and 1 per cent who knew about roads and security projects respectively.

4.15 Reasons for Poverty Increase

On seeking to know why poverty was on the increase despite several interventions the Table 4.14 summarizes the feelings of the residents.

Table 4.14 Reasons for poverty increase

Reasons for poverty increase				
Reasons	Percentage			_
High prices	10.4			
Insecurity	4.0			
Laziness	3.2			
Poor background	1.6	.9.		
Drug abuse	6.4			
Unemployment	9.5			
Poor governance	38.4			
Over population	21.4			
Low education levels	4.8			

Asked why the respondents thought poverty has been on the increase despite concerted efforts put in place to fight it, 38.4 per cent cited poor governance which includes corruption, mismanagement of resources and lack of political will as the major culprit against the war. Another reason identified and which was specific to the slum is overpopulation as about 21.4 per cent of those interviewed mentioned it as the reason why fighting poverty has been a pipe dream. High prices of the basic commodities, unemployment of the youth and alcoholism and use of drugs were also significant to the residents as they stood at 10.4 per cent, 9.5 per cent and 6.4 per cent respectively.

Low levels of education, insecurity, laziness and poor backgrounds were also mentioned although by small proportions but were worthy noting as the residents seemed to take cognizance the sectors play in the war on poverty which has been ravaging the population. Being residents of a slum everybody can agree with them that they look up to the government to sort out their problems and that is why majority are blaming the government for letting them down in the fight against poverty.

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4.16 Recommendations of Fighting Poverty in Kangemi

When asked what they recommend to be done to fight poverty in Kangemi Table 4.15 summarizes their recommendations of what can be done to succeed in the fight on poverty.

Table 4.15 Recommendations

Recommendations of fighting poverty in Kangemi		
Recommendations	Percentage	
Employment creation	32.8	
Good leadership	22.4	
Improve education	29.6	
Social amenities	9.6	
Fight drug abuse	3.2	
Foreign investments	2.4	

After shifting blame on the war on poverty the residents were asked to recommend on what they think can be done to succeed in the fight against the problem and 32.8 per cent were of the view that creation of employment especially for the youth will boost the war greatly. Another 29.6 per cent felt that the best way of dealing with the malady is by improving educational standards

which will go a long way in helping the population in easily accessing information and helping in creating awareness of the other people. Those who felt that good leadership which includes accountable leaders, fighting corruption, decentralization of resources and close monitoring of the resources as a yardstick on the war on poverty stood at 22.4 per cent.

Provision of social amenities including free education, affordable health care and clean drinking water were 9.6 per cent underscoring the need for the government and other stakeholders in the fight to consider the issue of basic needs as important in the war. Another 3.2 per cent were of the view that to deal with poverty people need to first of all fix the problem of alcoholism and drug use as 2.4 percent thought foreign investments should be pursued to help in the war.

4.17 Recommendations to Reduce Poverty

The researcher also sought recommendations on how the respondents thought poverty can be eradicated generally in the country and their answers were summarized by Table 4.16.

Table 4.16 Recommendations

Recommendations to reduce poverty in Kenya			
Recommendation	Percenta	ge	
Creation of employment	15.2		b.
Youth empowerment	12.8		
Good Governance	50		
Foreign investment	3.2	-	
Rural Development	9.6		
Social Amenities	7.2		

When the researcher scaled up the fight against poverty and asked the residents on what they recommend to be done to successively carry out the exercise in the country 50 per cent said that good governance was key to the war. This included fair distribution of resources, fighting corruption and the leaders being accountable to their subjects. Creation of employment became second at 15.2 per cent and closely followed by youth empowerment at 12.8 per cent which can be seen to be reinforcing the fact that majority of the people faced by this problem is actually the youth.

Rural development, provision of social amenities and encouraging foreign investment were also mentioned as recommendations which if given consideration can go a long way in fighting poverty. For people who have known nothing but difficult life in the slum to come up with such recommendations was encouraging as it can be taken that majority of the general population actually know what their problems are and most importantly they are aware of what can be done to deal with those problems.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the findings of the survey which simply means putting in brief what came out of the survey. In this chapter a discussion of the findings as the results related to the objectives are also explored. How the survey was able to answer the research questions have been captured by the conclusions under this chapter. The aspirations of the respondents are also given in the form of recommendations of the study. Finally, suggestions for further research are given here asking those interested in the sector to do more to compliment what is available currently.

5.2 Summary of Findings

On classification of individual abilities to access basic needs, 50.8 per cent of the residents said they are of moderate abilities in terms of access to basic needs. However when it came to talking of the general population in the slum 43 per cent of the respondents felt that majority are poor. Although this may look like a contradiction, it is not as people have hope and confidence in themselves and not in others. This disparity of answers could also be seen in the varied responses which ranged from the very poor to the very rich despite the area being a slum. So when a person is given an opportunity to talk about oneself the answer will be different from what others know about the individual.

When respondents were asked to list at least three main characteristics of a very poor person specific to Kangemi 24.6 per cent cited poor housing while 24.4 per cent said poor people are characterized by poor nutrition. This underscored the fact that many people are conscious with their shelter and food more than anything else. It can also be observed that it never gets lost on the residents that being classified as a slum many look at housing and food as the main considerations for the classification. This was meant to help the researcher understand how the people of the slum classify the poor in their community.

On the causes of poverty 31.7 per cent of the residents underscored the role unemployment plays in fueling poverty. This information is true as it concurred with that from other earlier studies that majority of the residents of Kangemi are casuals with construction firms around and that others are domestic workers. These are the people who do not regard themselves to be in employment and will always blame their poverty on unemployment. Another 18.3 per cent also said that poor governance and illiteracy were to blame for their predicament. In this they claimed that corruption, misuse of power and discrimination in terms of resource allocation have contributed greatly to poverty ravaging the general population.

On whether poverty affects school enrolment, health care and water and sanitation, 96 per cent, 92.8 per cent and 88.9 per cent respectively were in agreement that poverty is a problem to the three sectors. Many cited absenteeism as a result of poverty as the main cause of school drop outs. This can happen as result of no or less food to feed on and children can not go to school when they are hungry. In terms of health care, due to lack of resources many of the people rarely access the social amenity at all while few will be able to get clean drinking water because it will not be possible without the necessary structures.

When asked whether they are aware of the interventions the government is putting in place to fight poverty 78.6 per cent said they were aware of education interventions, 62.7 per cent were aware of health interventions while 42.9 per cent were aware of water and sanitation interventions. This could be understood as many of the projects that have been initiated by government actually target the education sector and they come in terms of building new schools and rehabilitating or expanding those in existence and need facelifts. Those projects targeting health sector were also in terms of building new health facilities or giving those which exist a facelift. This is because the current government is keen to improve infrastructure to spur economic growth by use the multiplier effect.

When researcher sought knowledge on whether the residents were aware of the of the government devolved funds which is currently one of the most popular strategies the government has put in place, 92.9 per cent were aware of the constituencies development fund (CDF). This underscores the significance attached to the CDF, an idea which was implemented by the National Rainbow Coalition (NARC) Government in the year 2003 through an Act of

Parliament. It is an idea which has transformed the lives of many people not only in Kangemi but also in the country as a whole. Another 62.7 per cent of those interviewed seemed to be aware of the youth enterprise development fund (YEDF). This was another reinforcement of the fact that many of the people living in Kangemi are youthful and that publicity which has been elicited by the YEDF is real. Of those interviewed, 38.1 per cent were aware of the local authorities transfer fund (LATF) despite the slum being administered by the Nairobi City Council which is a major beneficiary of the local fund.

When the researcher sought to know from the respondents the mode of awareness of the CDF 50 per cent of the respondents said that they became aware about the CDF through the media which include the radio, newspapers and television. This underscores the importance of the media in propagating the development agenda for the Government and other stakeholders of development. Although being a government agenda only 11 per cent said they became aware through the chiefs' barazas which has been the mode through which government programmes of development were propagated especially during the Kenya African National Union (KANU) government.

When the respondents were asked whether they knew any CDF projects in their vicinity 71 per cent answered to the affirmative meaning it is indeed a popular strategy as far as devolution and development are concerned. This is to further reinforce the belief that indeed the CDF has been a revolutionary idea to the development of the country in the recent past. A good number were able to tell the researcher that among the specific things they knew about the projects include the costs of the projects, money so far dispersed and the status of the mentioned projects. This will be good news for those who came up with the idea of CDF as it was meant to give the grassroots people to be in charge of the projects right from its identification through monitoring and evaluation and finally to utilize its benefits.

On why poverty has been on the increase despite concerted efforts put in place to fight it, 38.4 per cent cited poor governance which includes corruption, mismanagement of resources and lack of political will as the major culprit against the war. The general population agree that corruption has been indeed a major problem in this country and the people of Kangemi are no exception to this reality. Lack of political will especially towards the fight against corruption has complicated

the matters of poverty. Overpopulation was another reason cited by 21.4 per cent of the respondents as among those factors which have complicated the war as massive numbers strain the already overstretched resources.

High prices of the commodities like food and fuel have also been a major impediment to the fight against poverty as they increased inflation making life for the poor unbearable. Unemployment of the youth, alcoholism, and use of drugs, low levels of education, insecurity, laziness and poor background were also mentioned. Being residents of a slum many can agree with them that they look up to the government to sort out their problems and that is why many are blaming the government for letting them down in the fight against poverty. This is because development is an activity of governments, not peasants as development is undertaken for them not by them (Heyer, J., et al, 1979).

Asked to recommend on what they think can be done to succeed in the fight against poverty 32.8 per cent were of the view that creation of employment especially for the youth will boost the war greatly. This is because of the belief that with employment many of the problems can be eliminated as is always the case whenever there is money at one's disposal. Another 29.6 per cent of the residents felt that the best way of dealing with the malady is by improving educational standards which will go a long way in helping the population in easily accessing information and helping in creating awareness of the other people. Since they had cited low levels of education as one of the causes for poverty it was understood when they recommended that education standards be improved to fight poverty. Also reacting to poor governance as a cause of poverty there were 22.4 per cent who thought that good leadership is what they needed to fix the problem. This to them is supposed to be taken as the yardstick on the war on poverty.

The recommendations were not any different when the residents were asked what they thought could serve the country well in the fight against poverty. Of those interviewed 50 per cent said that good governance was key to the fight against poverty. Another 15.2 per cent were of the view that creation of employment and youth empowerment could be what this country needs to fix most of its problems including poverty. Rural development can most likely tame rural urban migration and reduce the overpopulation in the slum and this also came up on the list of the recommendations of the Kangemi residents.

5.3 Discussion

In this study only primary data was used. This was collected from residents of Kangemi slum in Westlands constituency. The respondents indicated that they understood interventions which have been put in place to fight poverty. They seem to realize that the existing approaches in Kenya, valuable as they may be, will not be sufficient to solve the contemporary problems of development. There is real political pressure building up in slum areas and the implementation of existing plans will not be sufficient to relieve the frustration that exists in such areas where the vulnerable people live.

Another area where information came out was that the residents understand what befalls them and the interventions being initiated by the government. The residents are conscious of the role of the government in as much as development is concerned. The available literature on development imply that if external intervention did not take place there would be no development at all. They are therefore within their rights in citing poor governance as being the major contributor to their poverty and that interventions are a must for them to come out of the problem.

It was also notable that the respondents are aware of the specific interventions which have been initiated so far in the process of fighting poverty. There is also an indication from the residents that economic growth is no longer perceived as the only factor in the fight against poverty in Kenya. This can be evidenced by Berg, E. (1988), who recognized other factors such good health, ability, ambition, political contacts, energy and perhaps ruthlessness to be equally important when it comes to equity enhancing measures.

Another phenomenon which came out from the study was the issue of overpopulation as being a factor in poverty reduction. That growth in population impacts on poverty reduction is a reality came out of the study. According to Marris, R. (1998), in South Asia the second half of the twentieth century, not only did the total population grow considerably but the poverty population also increased, in fact it doubled. At the end of the century, although South Asia had less than a quarter of the world's total population, the region had nearly half of the world's poor people.

Unemployment was another factor identified as contributor to poverty reduction. That there is a good number of people who have not been employed cannot be foresaid as it could be witnessed as one walks through the slum. This is as a result of lack of opportunities or lack of skills needed for employment. Experience shows that countries can achieve decent levels of human development if their governments allocate, on average 20 per cent of public spending to human development priorities (USTD, 1997). Lack of skills can be as a result of illiteracy which was also cited as a factor in poverty reduction strategies.

The role of government was noted from the survey as a good number said that good governance contributes to poverty reduction. Whether the system is democratic or authoritarian, it is essential that the political leadership is genuinely devoted to the course, that is poverty reduction and understands that this must be backed up by administrative action, and also requires the support of the people. Politicians are in principle elected for no other purpose other than to help their people. There is no other legitimate aim to the profession of politics.

5.4 Conclusions

The survey sought to outline the causes of poverty and from the study unemployment came out as the main cause of poverty in the slum. This can be understood as the majority of the people of the slum are youthful and at the prime age of employment. The other causes of poverty included poor governance, illiteracy, overpopulation and alcoholism. All these came out from the study and went a long way to show that people are aware of what bedevils them.

It also came out that poverty has a lot of impact on the provision of social amenities like education, health and water. Many people were of the view that poverty is the main cause of their inability to access the basic needs and that the interventions so far have not achieved what they sought to when they were put in place.

The survey sought the recommendations of the residents on what they thought could be done to fight poverty effectively and a good number of them thought good governance which includes fighting corruption, accountable leadership and equitable distribution of resources as a way that poverty can be fought. Another recommendation which was mentioned by many people was creation of employment and improvement of education standards.

5.5 Recommendations of the Study

Creation of employment opportunities need to be considered as it can go a long way in fighting poverty. With such opportunities well utilized the youths will be given a lifeline for their disposable incomes from employment probably increase their purchasing power. With the ability to purchase increasing even the economy will be spurred and this will in turn help in boosting the fight against poverty.

Election of accountable and duty conscious leaders is another issue which needs consideration if the war against poverty is to make impact. It is now common knowledge that in the world over if there are no good leaders good governance will be pipe dream. Governance entails the processes, mechanisms and institutions, through which citizens articulate their interests, mediate their differences and exercise their legal rights and obligations.

Improvement of the standards of education could boost the war on poverty as an educated population is a wealthy population. All governments the world over must strive by all means to ensure that its children go to school so that they prepare for their future. In most countries education takes a big chunk of the budgetary allocation underscoring the importance with which governments attach to education.

Encouraging foreign investment can help create employment and market for the products of the country. There is no country which can exist as an island unto itself hence it is always important for nations to engage each other in bilateral and multilateral trade. This encourages investments of nations in other countries to perpetuate international co-operation and hence create opportunities for the host countries.

Provision of free or affordable social amenities like health care, water, roads and security should also be considered. Putting infrastructure in place first of all creates employment and market for the raw materials which can be supplied by the locals where the projects are undertaken. At the same time such amenities help especially the common people who have no way of accessing them and only live at mercy of those who have. Meeting basic human needs is essentially a joint obligation between households on the one hand and the state on the other. The role of the state should be the creation of an enabling environment in which individual members thrive.

Big populations without resources are not necessary as they put pressure on the few resources which only helps to complicate matters further. It will be necessary therefore for people to be educated on the importance of getting and raising small families for the sake of being able to provide for them. It will also be necessary for the government to consider rural development to encourage people to stay there and this will discourage overpopulation and growth of slums in urban centres. This can be made possible by putting more resources into agriculture in particular irrigation to make more arable land available so that more people can engage in the sector. Devolution of resources to the grassroots is another way of encouraging people to stay in the rural areas.

5.6 Recommendations for Further Research

It would be interesting to show the link between socio-economic factors and poor governance on the one hand and poverty reduction on the other hand. More so, the direct contribution of the factors of poverty reduction. The study therefore recommends further research on the influences of the socio-economic factors and poor governance and why majority of the people have remained poor despite interventions to fight the phenomenon of poverty.

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APPENDICES

APPENDIX ONE: RECOMMENDATION LETTER

Department of Extra-Mural Studies

School of Continuing and Distance Education

University of Nairobi

P. O. Box 30197 – 00100

Nairobi.

6th July, 2009.

TO WHOM IT MAY CONCERN

REF: MARUBE, DENNIS NYAMIAKA: L50 / 70868 / 2007

The purpose of this letter is to introduce the aforementioned person who is a bona fide masters student of the University of Nairobi. He is currently carrying out a study as part of his partial fulfillment of the requirements for the Master of Arts (Project Planning and Management) degree of the University of Nairobi. The purpose of the study is to better understand the challenges facing poverty reduction in Kenya and identify areas that need to be addressed.

The information you furnish him will be very important in evaluating the current strategies employed in fighting poverty, appraise in their effectiveness and will provide an academic basis for recommending further poverty reduction strategies. The information obtained here will be purely for academic purposes and will be treated with utmost confidentiality.

Any assistance given to Mr. Marube will be highly appreciated.

DR. CHARLES KIMAMO

Lecturer Department of Psychology

UNIVERSITY OF NAIROBI.

APPENDIX TWO: HOUSEHOULD QUESTIONNAIRE

Good morning/Afternoon/evening? I am
Yes Continue No
1. IDENTIFICATION DATA
District
Level of education
Date of interviewInterviewer
II AWERENESS AND KNOWLEDGE
1. How do you classify yourself in terms of ability to get the basic needs of life like food?
a) Very poor b) Poor c) Moderate d) Rich
e) Very rich
2. How can you describe the life of majority of the people live in Kangemi?
Very poor Poor Moderate Rich
Very rich .
3 What are the three main characteristics of a very poor person in Kangemi?

4. What are the main cause	es of poverty in this area?
5. Has poverty affected sci	hool enrolment of children of Kangemi?
a) Yes b) N	lo
6. If yes, how?	
7 Has poverty affected the	health care of the people in this area?
a) Yes b) N	0
8. If yes, How?	
9. Has poverty contributed	to water and sanitation problems in this area?
A) Yes b) N	o
10. If yes, how?	
11. Are you aware of any g	overnment interventions to poverty in your area?
a) Yes b) No	
12. If yes, in which area are	the interventions? (Multiple Answers are allowed)
a) Education b) He	ealth c) Water d) Other (Specify)
13 What has been done spec	cifically?

Education
Health
•••••••••••••••••••••••••••••••••••••••
Water
Others
14. Which of the following government devolved funds do you know?
a) CDF b) LATF c) Roads and maintainance d) youth funds
d) 521 d) b) 111 d) Roads and maintainaire
e) Others (specify)
III CONTITUENCIES DEVELOPMENT FUND
How did you learn about CDF?
a) Community
16. Are you aware of any CDF project or activities in this area?
a) Veg
a) Yes b) No
17. Please list them down (at least 3)
18. Which of the projects that you have listed do you know?
A) The cost of the projects Yes No
A) The cost of the projects Yes No
B) The money disbursed so far Yes No
C) The status of the projects Yes No
19. Why do you think poverty has been on the increase despite the various interventions to reduce it?

20. What can you recommen	d to be done to fight poverty in Kangemi?
21. What can you recommend	d to be done to fight poverty in the country as a whole?
	Thank you very much for your time.
	*