

**EFFECTIVENESS OF NATIONAL POVERTY REDUCTION
STRATEGIES ON POVERTY REDUCTION AS PERCEIVED
BY RESIDENTS OF LAINI SABA LOCATION IN KIBERA
DIVISION, NAIROBI PROVINCE, KENYA**

BY

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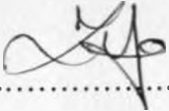
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**A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILLMENT
FOR THE DEGREE OF MASTER OF ARTS IN PROJECT PLANNING AND
MANAGEMENT OF THE UNIVERSITY OF NAIROBI**

2010

DECLARATION

This research project report is my original work and has not been submitted for award of a degree in any other university.

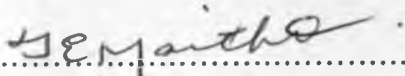
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DEDICATION

To my late father Dickson Aggrey Ombwayo, my husband Eric and our children Felicia, Robert and Evans for your support and encouragement.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
AMREF	Africa Medical Research Foundation
ARV	Antiretroviral
ASAL	Arid and Semi Arid Lands
CBS	Central Bureau of Statistics
CDF	Constituency Development Fund
ERS	Economic Recovery Strategy
FPE	Free Primary Education
GDP	Gross Domestic Product
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
IMF	International Monetary Fund
KKV	Kazi kwa vijana programme
KWAHO	Kenya Water for Health Organization
MDG	Millennium Development Goals
MOEST	Ministry of Education Science and Technology
MOU	Memorandum Of Understanding
MSF	Medecins Sans Frontieres
NACC	National Aids Control Council
NARC	National Rainbow Coalition
NPEP	National Poverty Eradication Plan
PRSP	Poverty Reduction Strategy Paper
SPSS	Statistical package for Social Sciences
UNDP	United Nations Development Programme
UPE	Universal Primary Education
WMS	Welfare Monitoring Survey

ABSTRACT

The purpose of the study was to determine the effectiveness of national poverty reduction strategies on poverty reduction as perceived by residents of Laini Saba location in Kibera Division, Nairobi Province in Kenya. This is part of an urban informal settlement which has been identified as one of the areas most affected by poverty with more than half of the people living below the poverty line (CBS 2001). Poverty still persists in many parts of the country despite the many strategies established to improve peoples' standard of living. Urban poverty has been recognized to be a major development problem and is associated with the rising urban population caused mainly by rural-urban migration. This study adopted a survey research design and the target population comprised residents of Laini Saba location and incorporated the households relocated under the slum upgrading programme. The total population of Laini Saba location is estimated to be 50,000 people and a sample size of 384 was determined using statistical population surveys. Data was collected by use of questionnaires and also through observation. There was a pilot study carried out in Saran'gombe location to determine reliability and validity of the research instruments and the results of the study were used to improve the questionnaire. Data was analysed using Statistical Package for Social Sciences (SPSS version 17.0). Descriptive statistics were used to summarize the data whose findings were presented in Tables using frequencies and percentages. The conclusion of the study was that the slum upgrading Programme is effective in poverty reduction in Laini Saba location of Kibera Division. According to the study public health facilities in Kibera in terms of accessibility, charges and management are not effective on poverty reduction. Free Primary Education (FPE) happened to be one of the most highly recognized programmes in the Kibera Laini Saba Location compared with the other programmes introduced by the government. Finally, employment and especially through the Kazi kwa Vijana programme has been effective on poverty reduction in Kibera, Laini Saba Location. Major recommendations were that the rent paid for the upgraded houses should be affordable. More public health facilities should be provided to ensure access to health care by all. There is need for more public primary schools and bursaries to allow for transition to secondary schools. Also, there should be transparency in the Kazi Kwa Vijana programme to ensure the programme benefits the youth as intended.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

One of the major problems the world is facing today is rampant poverty. Statistics show that more than half of the worlds' population (3 billion) live below \$2.50 a day and that every day, 30,000 children die from causes related directly to poverty (IMF Report, 2005). Living conditions in poor urban slums, characterized by a lack of basic public services and infrastructure, precarious housing, overcrowding and often escalating social problems, remain a major and growing challenge in cities all over the developing world. It is now estimated that one in three city dwellers, a billion people, a sixth of the world's population, live in slums. Governments and the development community have invested significantly in improving the lives of slums dwellers through a range of upgrading programs which typically include infrastructure investments (water and sanitation, waste management, electricity, roads), and in some cases interventions aimed at improving tenure security, social infrastructure, housing quality, access to credit and access to social programs. The immense and growing scale of slums has, however, outpaced the impact these programs alone can have (Baker, 2005).

Africa is currently undergoing an urban population explosion. Despite slow economic progress since the 1970s, African cities have experienced the fastest population growth rates in world history, at over five percent a year, and a large proportion of all future population growth in Africa is expected to occur in urban areas (Olotuah, 2005). As a result of rapid urban growth under economic constraints, the majority of residents in Africa's large cities, and an increasing proportion of Africans overall, now live in overcrowded slums and shanty towns where health conditions and livelihood opportunities are poor (Olotuah, 2005).

Kenya is categorized in the third world as a relatively poor country and according to the World Bank Economic survey of 2005, the country was ranked at number 154 in the world. The main challenges include access to quality health care, affordable educational facilities, reliable shelter, food, water and proper sanitation. Soon after independence in 1963, the

Government of Kenya identified illiteracy, diseases and poverty as the main problems facing the country. A policy on poverty reduction was stated in sessional paper No.10 “African Socialism and its application to planning in Kenya” in 1965. The emphasis was on rapid economic growth and equitable distribution of income. The first National Poverty Reduction Plan launched by the then president of Kenya, Daniel Arap Moi in February 1999 sought among other things, to reduce the poor in the total population by 20% by 2004 and a further 30% by 2010(NPEP,1999-2015).

Geographical variations in the distribution of poverty in Kenya are currently quite large. The IMF report (2005) indicates that three quarters of the poor live in rural areas while the majority of the urban poor live in informal settlements. The poor in urban areas are concentrated in small areas (slums) where living conditions are pathetic. The key determinants of poverty in Kenya include location (rural/urban), household size, level of education of head of household, gender (male versus female headed households), agricultural output (cash crop farmers or subsistence farmers), access to land, and ownership of livestock. Factors highlighted in participatory poverty studies as affecting household consumption include having low agricultural productivity and poor access to markets, being unemployed or earning low wages, living in areas with poor infrastructure and with limited availability of affordable basic services, living with HIV/AIDS or with a disability, being a member of a minority or other group that is discriminated against, and living in an area with a poor and degrading environment (PRSP 2001-2004).

The poor constitute more than half the population of Kenya with three quarters living in rural areas. The Welfare Monitoring Survey (WMS) of 1997 revealed that the incidence of rural poverty was 51% while overall poverty reached 53% of the rural population. In urban areas, 38% were afflicted by food poverty while overall poverty of the population was 49%. The number of the poor has continued to rise ever since. It is estimated that the proportion of the population living in poverty has risen from about 48% in 1990 to 55% in 2001 and then to more than 56% in 2003. (PRSP 2001-2004).

Major causes of poverty in Kenya include poor economic performance, unemployment and low incomes, HIV/AIDS, landlessness, insecurity, poor infrastructural development, gender imbalance and poor governance. The Poverty Reduction Strategy Reports further give characteristics of the poor as those clustered in certain Socio-economic categories that include small farmers, pastoralists in arid and semi arid lands (ASAL), agricultural labourers, casual workers, female-headed households, HIV/AIDS orphans and street children. The formal sector has failed to absorb the ever increasing labour force and this is attributed to slow economic growth and declining levels of investment. The country has in the recent past recorded dismal economic performance culminating in negative 0.3% growth in Gross Domestic Product (GDP), resulting in increased incidences of poverty and unemployment. (NDP 2002-2008). The HIV/AIDS pandemic in Kenya has reached alarming proportions and the country is ranked among the highly affected in Africa. It is estimated that about 16% of the adult population is infected and this being the most productive section of the population (25-29 years for females and 30-49 years for males) has a greater economic impact than other endemic diseases. HIV/AIDS leads to loss of skilled manpower and increased dependency ratios (PRSP 2001-2004).

Reports on health status indicate that majority of the poor do not afford private health care and rely on public health facilities. However, some of the poor in both rural and urban areas find even public health charges unaffordable. From empirical studies, 13% of the urban and 29% of the rural poor have never attended school and dropout rates have been increasing due to high cost of education. Majority of households do not have access to safe drinking water although the problem is higher for the poor. In urban areas, large populations living in informal settlements within towns and cities have no access to safe drinking water. In rural areas, this is a regional problem with North-Eastern and Eastern regions being most affected (CBS, 2003).

In Kenya, poverty is also gender determined. Studies show that 69% of active female population work as subsistence farmers compared to 43% of men and since subsistence farmers are among the very poor, women become very vulnerable. In 1997, the proportion of poor female-headed households was higher than the male-headed households. Kenya ranks

highly as an inequitable country in terms of income distribution because a high proportion of wealth is concentrated in a very small proportion of the total population. This inequitable access to means of production, distribution of wealth, reduced access to economic goods and services and remunerative employment are all causes of poverty in the country (CBS, 2001).

It is in recognition of the challenges caused by poverty in the country that successive Governments of Kenya have since independence embarked on a number of strategies to reduce poverty levels and incidences in the country (PRSP 2001-2004). . The problem of poverty has been addressed in the National Development Plans, Poverty Reduction Reports and Vision 2030. Kenya is also committed to the achievement of the Millennium Development Goals that respond to the worlds' main development challenges.

Human development is about much more than the rise or fall of national incomes. It is about creating an environment in which people can develop their full potential and lead productive, creative lives in accord with their needs and interests. People are the real wealth of nations. Development is thus about expanding the choices people have to lead lives that they value. And it is thus about much more than economic growth, which is only a means—if a very important one—of enlarging people's choices (UNDP 2009).

Urban areas have grown extremely rapidly compared to rural areas. Between 1960 and 1990, the population of urban areas is estimated to have grown by 180% in Africa, 150% in Latin America and 135% in Asia, while rural areas grew by only 45% in the same decades. This increase in urban population is attributed to rural-urban migration which is mainly due to imbalances between economic opportunities in rural and urban sectors, the expected good quality urban life, educational and other social services (Todaro 1997). Due to rural-urban migration, the number of slums in Nairobi and other towns in Kenya is increasing uncontrollably because of the population increase.

Like other cities in developing countries, Nairobi has been growing fast with the population growing at a high rate. This rapid increase in population implies the infrastructure must also be expanded to match this growth. There is a serious strain on the resources because the

original infrastructure did not anticipate such rapid population growth rate. The city is now faced with a myriad of social and economic problems which include a high rate of open unemployment, inadequate water supply, shortage of quality housing, inadequate transport facilities, social services such as health, education and sewage disposal system (Odegi-Awuondo 1994).

Kibera has been identified as the largest informal settlement in Eastern and Central Africa and one of the areas most affected by poverty (CBS 2001). The emergence of Kibera as an informal settlement is connected with the phenomenal growth of the city of Nairobi and is situated five kilometers south of Nairobi city centre which is the capital city of Kenya. It houses more than a quarter of Nairobi's population. The name 'Kibera' originated from a Nubian word which means forest (Karanja et al 2002).

The Kenya Water for Health Organization (KWAHO) has been involved in many projects in Kibera since 1987. Its main objective has been to alleviate poverty and reduce suffering among the disadvantaged people in the informal settlement. From the experience of working in Kibera, KWAHO established that the community faces many problems such as scarcity of safe water, environmental pollution, housing congestion, infectious diseases, lack of proper infrastructure, extreme poverty and insecurity. (<http://www.kwaho.org/Ioc-d-kibera.html>)

1.2 Statement of the problem

Kenya like many other developing countries has experienced rapid urbanization in the last few years. While the natural growth of population has been the major contributor to urbanization, migration from rural areas to urban centers has been the major factor (Todaro1997). Rapid urbanization in Kenya is associated with a number of development challenges. Key among these challenges is the deterioration in urban physical environments and the general living conditions. A large and increasing number of the urban population in Kenya is living in overcrowded and unsanitary slums and squatter settlements which often do not have access to basic infrastructure and services. The rise of squatter settlements and slums in urban centres is a source of great concern. Poverty in Kenya is largely a rural phenomenon but the proportion of the poor who live in urban areas is rising fast. In 1992, the proportion of urban poor was estimated at 29% compared to 42% in rural areas. In 1997, the figure had risen to 49%

compared to 52% in rural areas. Substantial urban poverty not only limits the scope for mobilising the revenue of urban authorities but more importantly also it limits the effective demand for housing and other basic urban services due to low income ((CBS 2003).

The study focused on urban poverty because urban population has been increasing rapidly due to rural-urban migration which has put a strain on physical and social infrastructure. Poverty still persists in many parts of the country despite the many strategies established to improve peoples' standards of living. With the rising incidences of poverty in both rural and urban settlements, it was necessary to adequately examine the effectiveness of the national poverty reduction strategies in poverty reduction. Laini Saba location of Kibera Division was chosen for this study because this is part of the sprawling area which has been identified as the largest informal settlement in East and Central Africa and also one of the areas most affected by poverty with more than half of the people living below the poverty line (CBS 2001).

1.3 Purpose the study

The purpose of the study was to determine the effectiveness of national poverty reduction strategies in poverty reduction in Laini Saba location of Kibera Division, Nairobi Province.

1.4 Research objectives

The research objectives were:

1. To determine the effectiveness of the slum upgrading programme on poverty reduction in Laini Saba location of Kibera Division, Nairobi Province.
2. To establish the effectiveness of access to public health facilities on poverty reduction in Laini Saba location of Kibera Division, Nairobi Province.
3. To examine the effectiveness of Free Primary Education in poverty reduction in Laini Saba location of Kibera Division, Nairobi Province.
4. To establish the effectiveness of employment creation in poverty reduction in Laini Saba location of Kibera Division, Nairobi Province.

1.5 Research questions

The study was guided by the following questions:

1. How effective is the slum upgrading programme on poverty reduction in Laini Saba location of Kibera Division, Nairobi Province?
2. How effective is access to public health facilities on poverty reduction in Laini Saba location of Kibera Division, Nairobi?
3. How effective is Free Primary Education on poverty reduction in Laini Saba location of Kibera Division, Nairobi Province?
4. How effective is employment creation on poverty reduction in Laini Saba location of Kibera Division, Nairobi Province?

1.6 Significance of the study

The problem of poverty still persists in many parts of the country and the situation is increasingly worsening in urban informal settlements. The recommendations made by the study will contribute to the policy on poverty reduction, improve on the implementation of poverty reduction strategies and this will be replicated in other parts of the country. The Government and other Community Development policy makers will be able to formulate policies which will significantly lower the poverty levels in the country. This study will contribute to the existing body of knowledge on poverty reduction and will also be used as a reference material by other researchers.

1.7 Scope and Limitation of the Study

The study area was Laini Saba location of Kibera Division in Nairobi Province and incorporated households relocated under the slum upgrading programme. It involved both men and women to get their experiences so as to determine the effectiveness of the national poverty reduction strategies in reduction of poverty in the research study site.

The study area, Laini Saba location of Kibera Division in Nairobi Province is a congested slum area without good access roads and this posed a challenge since data was collected during the rainy season. There was suspicion on the intentions of the study and also expectations from the study population on the immediate benefits of the study.

Secondly, there was a limitation of authenticity of the data received. It was not easy to establish whether or not the target respondents were the ones who participated in offering the data that was analyzed. Given that the questionnaires were dropped and picked later, it was not possible to be present to ensure that the right respondents participated in the study

1.8 Delimitation of the study

Data collection was allocated adequate time in the work plan and two research assistants were recruited to assist the researcher to distribute questionnaires to respondents and gather the required information for the study. The purpose of the study was clarified through the letter of introduction and this restored the confidence of respondents. The researcher also personally explained to respondents that any information received would be used for academic purpose only.

1.9 Basic assumptions of the study

It was assumed that respondents would cooperate and provide the required information. Also another assumption was that the Socio-Political environment would be conducive for data collection since slum areas are volatile and prone to unrests. Another assumption was that respondents were aware of the existence of the National Poverty Reduction Strategies introduced by the government to address the problem of poverty.

1.10 Definition of Significant Terms

Poverty means severe deprivation of basic human needs which include lack of proper shelter, poor health, hunger, lack of basic education

Poverty line refers to the global definition of poverty by the World Bank in terms of absolute poverty. Poverty is defined on the basis of income needed to satisfy minimal basic needs such as food, clothing, shelter and health care.

Absolute poverty refers to the number of households unable to afford basic needs and this situation manifests in many forms such as hunger, illiteracy, lack of access to safe drinking water, basic education, shelter and health facilities. These are people living at \$2.50 a day or less.

Extreme poverty refers to those households unable to afford basic needs required for survival, usually living at \$1 a day or less.

Poverty reduction is the perceived improvement of the quality of life from a lower level to a higher level.

Effectiveness means extent of contribution to poverty reduction.

Household refers to a unit of persons who live in one house.

Slum upgrading refers to relocation of residents of Laini Saba Location of Kibera Division to the modern housing units to pave way for development of the area.

Health facilities mean access to health care provided in public health facilities.

Sanitation refers to the equipment and systems that keep places clean especially by removing human waste.

Poverty of access refers to the inability of the poor to access basic infrastructure and services.

Primary Education refers to basic education provided in a formal school learning environment.

Free Primary Education refers to the waiver of fees and levies for tuition in public primary schools by the government

Employment creation is a countrywide initiative by the government to create employment opportunities for the youth, one of the initiatives being the Kazi Kwa Vijana programme.

Open unemployment is a situation where people who are able and willing to work can not find work to do.

Urban poverty refers to the socio- economic status of the poor people living in urban areas.

Rural poverty refers to the socio- economic status of the poor people living in rural areas.

Decanting site refers to the holding area for those people relocated from Laini Saba location to pave way for infrastructural development.

Vulnerability is closely linked to asset ownership. In general, the more assets people have, the less vulnerable they are.

Strategy refers to a broad plan of action to achieve a pre-determined goal.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed theories of poverty; literature related to poverty and identified gaps to be addressed by the study. A theory is an explanation that links several concepts or factors and poverty is a complex social phenomena whose causes depends on the situation.. At the global level, poverty has been addressed by the World Bank through various reports. Locally, the government of Kenya has addressed the problem of poverty through the National Development Plans, Vision 2030 and other various strategies.

2.2 Theoretical Review

Bradshaw (2005) identified and discussed five commonly used theories of poverty and each theory results in a different intervention strategy.

2.2.1 Poverty Caused by Individual Deficiencies

This theory of poverty gives several explanations that focus on the individual as responsible for his or her poverty situation. According to this theory, individuals in poverty situation are blamed for creating their own problems. They are deemed to be either lazy, incompetent, make bad choices in life while others have inherent disabilities such as lack of intelligence. However, this individualistic theory has been critiqued by those who hold the view that any individual can succeed by skill and hard work and all that is required is motivation and persistence (Asen,2002).

Ironically, neo-classical economics reinforces individualistic sources of poverty. The core premise of this dominant paradigm for the study of the conditions leading to poverty is that individuals seek to maximize their own well being by making choices and investments, and that (assuming that they have perfect information) they seek to maximize their well being. When some people choose short term and low-payoff returns, economic theory holds the individual largely responsible for their individual choices--for example to forego college education or other training that will lead to better paying jobs in the future.

The economic theory that the poor lack incentives for improving their own conditions is a recurrent theme in articles that blame the welfare system's generosity on the perpetuation of poverty. In a *Cato Journal* article, economists Gwartney and McCaleb argue that the years of the war on poverty actually increased poverty (adjusted for noncash transfers) among working age adults in spite of unprecedented increases in welfare expenditures. They conclude that "the application of simple economic theory" suggests that the problem lies in the war on poverty programs: They [welfare programs] have introduced a perverse incentive structure, one that penalizes self-improvement and protects individuals against the consequences of their own bad choices. (Gwartney and McCaleb 1985).

This and similar arguments that cast the poor as a "moral hazard" also hold that "the problem of poverty continues to fester not because we are failing to do enough, but because we are doing too much that is counterproductive" (Gwartney and McCaleb 1985:15). Their economic model would solve poverty by assuring that the penalty of poverty was great enough that none would choose it (and welfare would be restricted to the truly disabled or otherwise unable to work). A less widely critiqued version of the individualistic theory of poverty comes from American values of individualism—the Horatio Alger myth that any individual can succeed by skills and hard work, and that motivation and persistence are all that are required to achieve success (Asen, 2002:29-34). Self-help literature reinforces the belief that individuals fail because they do not try hard enough. Frank Bettger (1977:187-8), in the Dale Carnegie tradition, tells how he got a list of self-improvement goals on which to focus and became one of the most successful and highly paid salesmen in America. He goes on to say that anyone can succeed by an easy formula--focused goals and hard work. This is the message of hundreds of self-help books, articles, and sermons. By extension, this literature implies that those who do not succeed must face the fact that they themselves are responsible for their failure. While scientifically it is routine to dismiss the individual deficiency theory as an apology for social inequality (Fischer, et al, 1996), it is easy to see how it is embraced in anti-poverty policy which suggests that penalties and incentives can change behavior.

2.2.2 Poverty caused by Cultural Belief Systems that Support Subcultures of Poverty

This second theory of poverty suggests that poverty is caused by a “culture of poverty”. Poverty is created by transmission over generations of a set of beliefs, values and skills that are socially generated but individually held. Individuals should not be blamed for their poverty situation since they are victims of their dysfunctional culture. Culture of poverty is a sub- culture of poor people in ghettos, poor regions, or social contexts in which they develop a shared set of beliefs, values, and norms for behavior that is separate from but embedded in the culture of the main society. (Lewis, 1996).

Once the culture of poverty has come into existence, it tends to perpetuate itself and by the time slum children are six or seven years old they have usually absorbed the basic attitudes and values of their sub-culture. They then become psychologically unprepared to take full advantage of changing conditions or improving opportunities that may develop in their life time (Ryan,1976). Today, it has been noted that some subcultures can work in the favour of groups trying to escape poverty, for example, entrepreneurship among Asian and Indian immigrants.

Cultures are socialized and learned, and one of the tenets of learning theory is that rewards follow to those who learn what is intended. The culture of poverty theory explains how government antipoverty programs reward people who manipulate the policy and stay on welfare. The underlying argument of conservatives such as Charles Murray in *Loosing Ground*_(1984) is that government welfare perpetuated poverty by permitting a cycle of “welfare dependency” where poor families develop and pass on to others the skills needed to work the system rather than to gain paying employment. The net result of this theory of poverty is surmised by Asen’s (2002: 48) perceptive phrase, “From the war on poverty to the war on welfare.”

This theory of poverty based on perpetuation of cultural values has been fraught with controversy. No one disputes that poor people have subcultures or that the subcultures of the poor are distinctive and perhaps detrimental. The concern is over what causes and constitutes the subculture of poverty. Daniel Patrick Moynihan found the concept particularly applicable

to his study of Black poverty in the early 1960s and linked Black poverty to the largely “dysfunctional” Black family found in central cities. Valentine (1968:20) criticizes E. Franklin Frazier, who with Daniel Patrick Moynihan (1965), portrayed the culture of the negro poor as an “immoral chaos brought about by the disintegration of the black folk culture under the impact of urbanization”.

From a community development perspective, if the theoretical reason for poverty lies in values and beliefs, transmitted and reinforced in subcultures of disadvantaged persons, then local anti-poverty efforts need to intervene to help change the culture. This is socialization as policy. This may work in three ways, based on Valentine’s (1968) suggestion of different models of cultural theories of poverty

If one thinks of the culture of the poor as a dysfunctional system of beliefs and knowledge, the approach will be to replace that culture with a more functional culture that supports rather than undermines productive work, investment, and social responsibility. Innovative prisoner release programs, for example, may try to relocate prisoners from the environment where they got in trouble and assure that they adopt new values appropriate for work. A number of experiments have tried with mixed results relocating poor from ghetto housing projects into suburbs with the hope that the new culture will help the family emerge from poverty (Goetz, 2003).

On the other hand, if one thinks of the culture of poverty as an opportunistic and nonproductive subculture that is perpetuated over generations, then the focus will shift to youth to stop the recreation of the detrimental culture. Head Start, and many educational programs are according to Zigler and Styfco (1996) are successful at providing an alternative socialization for the next generation to reduce poverty, though the programs need more coherence and quality.

Similarly, community developers are often involved in helping establish after school programs for teens where their peer culture is monitored and positive social values are established, while keeping youth away from gangs and detrimental behavior. These programs

are a policy favorite (Levitan et al 2003) because they are believed to change the culture of youth while their values and norms are still malleable.

A third approach to the culture of poverty is to try to work within the culture to redefine culturally appropriate strategies to improve the group's well being. For example, community developers can enhance and build upon cultural values with the subcultures of the poor which can become assets for economic development. Local crafts cooperatives are examples, as are programs that tap the traditions of small business and entrepreneurship found in subcultures as different as urban gangs and middle class single mothers. Institutions by which ethnic groups or clans assist each other in creating and financing businesses are well documented in the literature. While programs promising micro-enterprise as a path from poverty are often oversold (Goldstein, 2001), the mystique of Gramin Bank type programs as a road out of poverty offer culturally compatible strategies that build on a groups strengths.

2.2.3 Poverty Caused by Economic, Political, and Social Distortion or Discrimination

This theory argues that poverty is caused by systemic barriers in the society which cause people to have limited opportunities and resources with which to achieve income and well-being. These structural barriers prevent the poor from access and accomplishment in key social institutions including jobs, education, housing, health care, safety and political representation. Literature on poverty suggests that the economic system is structured in such a way that poor people fall behind regardless of how competent they may be. The minimum wages earned by the poor do not allow them to be economically sufficient. There is also lack of growth in sectors supporting lower skilled jobs. In addition, low-skilled workers rarely enjoy fringe benefits which include health care and promotions. An attempt to eliminate structural barriers to better jobs through education and training has not been quite successful since those in less advantaged areas do not have access to good facilities and their achievement is usually low, with very few pursuing higher education (Chubb and Moe,1996).

Much of the literature on poverty now suggests that the economic system is structured in such a way that poor people fall behind regardless of how competent they may be. Partly the problem is the fact that minimum wages do not allow single mothers or their families to be

economically self sufficient (Jencks 1996:72). The problem of the working poor is increasingly seen as a wage problem linked to structural barriers preventing poor families from getting better jobs, complicated by limited numbers of jobs near workers and lack of growth in sectors supporting lower skilled jobs (Tobin 1994). Interestingly research is showing that the availability of jobs to low income people is about the same as it has been, but wages workers can expect from these jobs have fallen. Fringe benefits including health care and promotions have also become scarce for low skilled workers. These and related economic changes documented by Quigley (2003) show the way the system has created increasingly difficult problems for those who want to work.

Changing the system can take place at three levels. From a grassroots level, social movements can exert pressures on vulnerable parts of the system to force desired change. Although most studies show a decline in support for poor peoples social action, Rank (2004: 189-191) argues that change could be mobilized to support better jobs for the poor and a more effective system since as the subtitle of his book states, "American poverty affects us all". For example, public pressure including unionization can increase wages and gain employment for persons systematically excluded. Civil rights movements have had a strong impact on breaking down formal barriers, as has the woman's movement. Community organizing in the Alinsky (1945) tradition has helped reduce poverty across the country (Rank, 2004:233).

A second strategy within community development for changing the system involves creating and developing alternative institutions which have access, openness, innovation, and a willingness to help the poor gain well being. This strategy is at the cornerstone of most community development corporations which aim to provide alternative businesses, housing, schooling, and programs. In addition, business strategies such as employee ownership or networks of minority or women's businesses also work. Community owned businesses such as community banks also provide alternative structures.

Finally, change can occur through the policy process (Page and Simmons, 2000). The range of federal and social policies that can be adjusted to accomplish poverty reduction include providing jobs, raising wages, expanding the safety net, assuring effective access to medical care, and coordinating social insurance programs. In order to protect these programs in an era

of governmental retrenchment, it is increasingly clear that the poor and their advocates need to be more politically mobilized. Legal changes to enforce civil rights of the poor and to protect minority groups are needed. For example, the American Disability Act has established many gains for otherwise able persons who happen to be blind, deaf, or with limited mobility. One of the boldest policy moves is suggested by Quigley (2003) and others who advocate a constitutional amendment to guarantee a job to anyone who wants one and to guarantee that anyone working full time would be able to earn a living wage.

2.2.4 Poverty Caused by Geographical Disparities

This is a geographically –based theory that calls attention to the fact that people, institutions and cultures in certain geographic areas lack the objective resources needed to generate well-being and income and that they do not have power to reclaim redistribution. That poverty is most intense in certain areas is a reality and sources from development literature have linked this geography of poverty to factors that include disinvestment, proximity to natural resources, density and diffusion of innovation (Morril and Wohlenberg, 1971).

That poverty is most intense in certain areas is an old observation, and explanations abound in the development literature about why regions lack the economic base to compete. Recent explanations include disinvestment, proximity to natural resources, density, diffusion of innovation, and other factors (Morrill and Wohlenberg, 1971). In a thorough review of the literature on rural poverty, Weber and Jensen (2004) note that most literature finds a “rural differential” in poverty, but that the spatial effect is not as clearly isolated from individual effects as needed for confidence. Goldsmith and Blakely offer a comprehensive perspective on the link between development and poverty in urban contexts. In their book, *Separate Societies* they argue that the joint processes of movement of households and jobs away from poor areas in central cities and rural regions creates a “separation of work, residence, and economic, social and political life” (1992: 125). These processes which we already discussed are multiplied by racism and political indifference of the localities in which they flourish.

One theoretical perspective on spatial concentrations of poverty comes from economic agglomeration theory. Usually used to explain the emergence of strong industrial clusters

(Bradshaw, King, and Wahlstrom, 1998) agglomeration shows how propinquity of similar firms attracts supportive services and markets, which further attracts more firms. In reverse, the propinquity of poverty and the conditions leading to poverty or the consequences of poverty (crime and inadequate social services) generate more poverty, while competitive areas attract business clusters, drawing away from impoverished communities. Low housing prices in such locations may attract more poor persons, for example, leading to housing disinvestment by building owners. In a world in which the criteria for investment is “location, location, location,” it is not unreasonable to track investment going to neighborhoods, communities and regions in which there is already substantial investment, while leaving less attractive areas.

A second theoretical insight is from central place theory and related “human ecology” examinations of urban growth that trace the flows of knowledge and capital (Rural Sociological Society, 1990:71-74). As Niles Hansen (1970) points out, rural areas are often the last stop of technologies, and low wages and competitive pricing dominate production. The lack of infrastructure that allows development of human resources limits economic activity that might use these resources. Places left behind experience the largest competition in restructuring of the economy because the jobs in these categories are most likely to move to less developed countries. An increasing body of literature holds that advantaged areas stand to grow more than disadvantaged areas even in periods of general economic growth and that there will be some “trickle-down” but not an equalizing as classical economists would have us believe (Rural Sociological Society, 1990: 114-119).

A third perspective involves selective out-migration. One part of Wilson’s book, *The Truly Disadvantaged* (1987), holds that the people from ghetto areas with the highest levels of education, the greatest skills, the widest world view, and most extensive opportunities were the ones who migrated out of central city locations to other places. In addition, he argued, these departing people also were the community’s best role models and were often civic leaders. Rural poverty is similarly attributable to selective out migration. Population density (both low rural density and the negative impact of high density) is another part of a growing body of theory on spatial variables in social science using the tools of GIS to track spatial dynamics of opportunity and poverty (Bradshaw and Muller, 2003).

A geographical theory of poverty implies that responses need to be directed to solving the key dynamics that lead to decline in depressed areas while other areas are growing. Instead of focusing on individuals, businesses, governments, welfare systems, or cultural processes, the geographical theory directs community developers to look at places and the processes by which they can become self-sustaining. Interestingly, a few disadvantaged communities around the world are finding their way out of poverty and as such show that it can be done. However, as Morrill and Wohlenberg (1971:119-120) point out, it is hard.

Some who view regional poverty analyses made proposals in the 1970s to encourage out migration under the premises that it would reduce poverty to have people in a place where there was a growing economy. Instead, the rural poor people moving to the city became urban poor, with much the same hopeless situation. It has been said that much of urban poverty is actually displaced rural poverty.

No matter how badly buffeted by geographical forces, community development programs attempt to help communities identify their assets and address their condition. Many government and foundation programs have assisted in this effort and progress can be demonstrated. Several approaches have been taken to build stronger geographical areas.

2.2.5 Poverty Caused by Cumulative and Cyclical Interdependencies

This theory looks at the individual and their community as caught in a spiral of opportunity and problems, and that once problems dominate they close other opportunities and create more problems that make any effective response nearly impossible (Bradshaw, 2005). Individual situations and community resources are seen to be mutually dependent and as observed by Sher, at the community level, a lack of employment opportunities leads to out-migration, closing of schools, which leads to poorly trained workers, firms not being able to utilize cutting edge technology and to inability to recruit new firms to the area which leads back to a greater lack of employment (Sher,1977).

At the individual level, this cycle also repeats itself. Lack of employment leads to lack of consumption and spending because of inadequate incomes, and to inadequate savings. Which means people cannot invest in training, start or expand business and all these contribute to

inadequate community opportunities. The cycle of poverty makes children of the poor unable to access quality health care, attend good schools and compete equally for employment opportunities. Individual lack of jobs and income may also lead to deteriorating self-confidence, weak motivation and depression and eventually create a culture of despair and hopelessness (Bradshaw, 2005).

Helping poor people achieve “self-sufficiency” is an increasingly significant phase in poverty reduction. While called various names, the emphasis is on providing both “deep and wide” supports and services for people. A full step from poverty requires six interdependent elements of self-sufficiency that can be identified and tracked (Miller et al, 2004). These include; Income and economic assets; Education and skills; Housing and surroundings (safe, attractive); Access to healthcare and other needed social services; Close personal ties, as well as networks to others and; Personal resourcefulness and leadership abilities.

A key piece of this comprehensive approach to helping individuals from poverty is that there is no way the public can do all of this for every person without first increasing social capital among communities or subcultures of the poor. Miller has a strong belief that strong interpersonal ties as in villages or organized groups can provide shared assistance that professionals can not. The key is helping groups of poor people build supportive communities with shared trust and mutuality. This program consciously seeks the benefits of building social capital (Putnam 2000) based on ‘affinity groups’ where people share common interests from their ethnicity, religion, family history, living area, or other sources of friendship.

Cyclical Interdependencies diagram

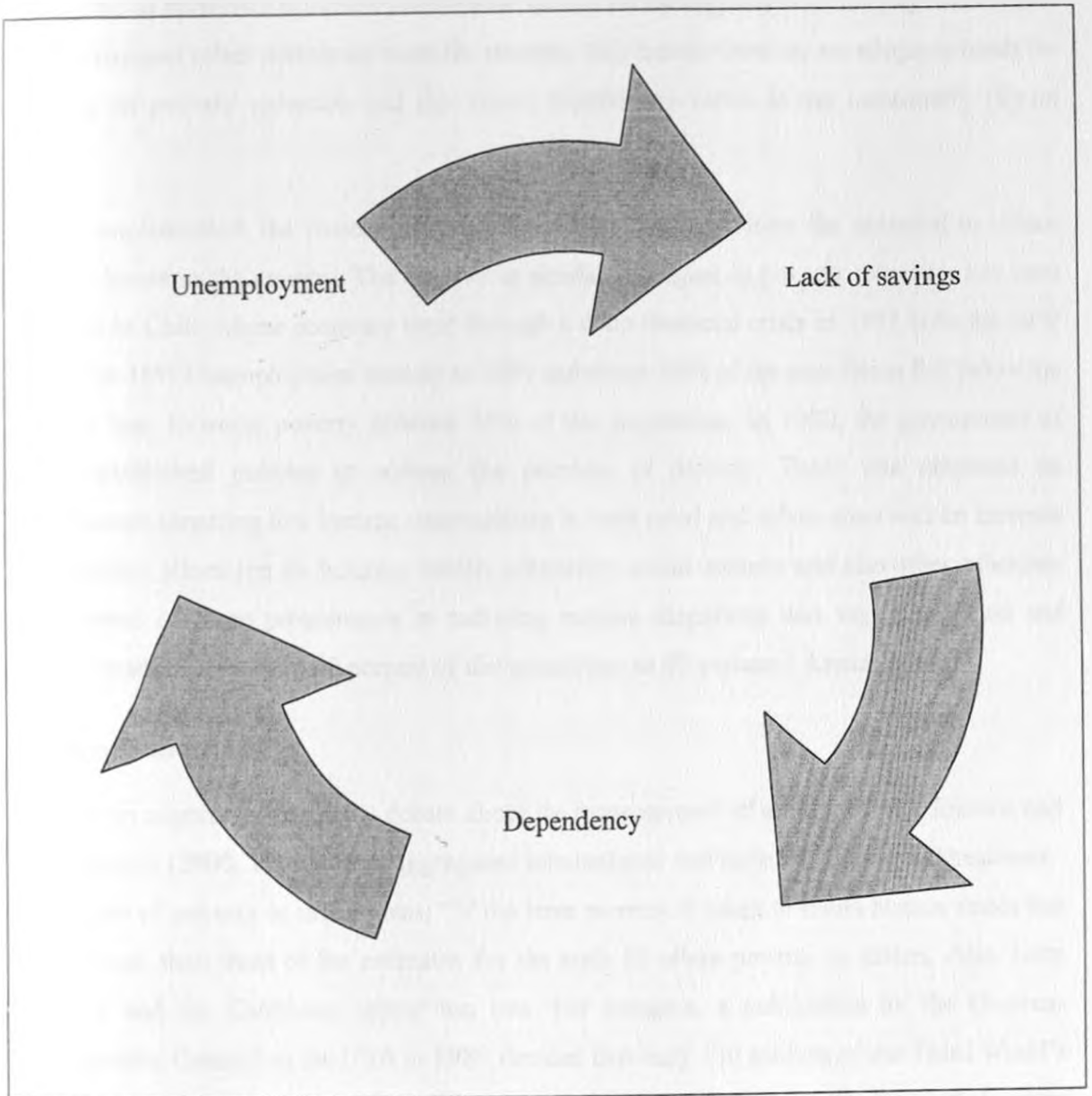


Figure 1 Modified cyclical Interdependencies diagram

Source: Kyalo (2008)

Figure 1 clockwise, from unemployment, a person who is unemployed lacks financial and material resources hence no opportunities to improve his or her economic status. This leads to individual crisis which becomes a community problem because of the resultant dependency.

Starting anticlockwise from unemployment, a person who is unemployed lacks capacity to participate in economic activities hence he or she has no savings and does not pay taxes. Since the government relies mainly on taxes for revenue, this means there are no adequate funds for training on poverty reduction and this raises dependency ratios in the community (Kyalo 2008).

If well implemented, the National Poverty Reduction Strategies have the potential to reduce poverty levels in the country. The success of similar strategies in poverty reduction has been reported in Chile whose economy went through a deep financial crisis in 1982 with the GDP falling by 16%. Unemployment rose up to 30% and about 50% of the population fell below the poverty line. Extreme poverty affected 30% of the population. In 1990, the government of Chile established policies to address the problem of poverty. There was emphasis on programmes targeting low income communities in both rural and urban areas and an increase in budgetary allocation for housing, health, education, social security and also other subsidies. The impact of these programmes in reducing income disparities was very significant and poverty was reduced from 40 percent of the population to 20 percent. (Arenas, 2003)

2.3 Empirical Review

There is an ongoing – if muted – debate about the measurement of urban poverty. Jonsson and Satterthwaite (2000, 1) argue that aggregated international and national figures underestimate the degree of poverty in urban areas: “If the term poverty is taken to mean human needs that are not met, then most of the estimates for the scale of urban poverty in Africa, Asia, Latin America and the Caribbean appear too low. For instance, a publication by the Overseas Development Council in the USA in 1989 decided that only 130 million of the Third World’s ‘poorest poor’ lived in urban areas. This means that more than nine out of ten of its urban population were not among the poorest poor (Leonard 1989). The 1999/2000 World Development Report (World Bank 1999) suggested that there were 495 million ‘urban poor’ by the year 2000, which means that three-quarters of the urban population are ‘not poor’.

Many empirical studies have shown the high costs paid by particular urban groups (or those living in particular settlements) for non-food essentials such as housing, water and fuel. Finally, different livelihoods require different costs, and these may not be adequately taken

into account in a standardized bundle of “basic needs” goods and services. For example, the nature of urban labour markets may require expenditure on transport and clean smart clothes for work. The following paragraphs consider each of these issues in turn (Kombe 2002).

Housing markets can be expensive and low-income households may spend a considerable proportion of their income on rent (UNCHS 1993, 1996). Even those who squat on land illegally may need to make payments to community leaders who manage the land, or to local “strongmen”. A recent study of a number of low-income areas in Karachi found average monthly incomes to be between US\$ 25–42 (Urban Resource Centre 2001, 224–6). Seventy per cent of household heads interviewed spent between 10–20 per cent of income on transport services. Another study in three low-income settlements in Dar es Salaam found that the overwhelming reason to travel was for livelihoods. Household surveys found that in Mabibo (8 km from the centre), 20 per cent of income was spent on bus costs; and in Charambe (20 km from the centre), 14 per cent of income was spent on bus costs (Kombe 2002).

In many urban contexts, prices for water for those who lack official connections, and for sanitation for those with no toilets in their home and who have to use pay toilets, are high (UN-Habitat 2003). For example, low-income communities in Cebu City (the Philippines), due to a lack of piped supplies, generally buy vended water at P3–35 per cubic metre (US\$ 0.02–0.80) and spend an average of 9 per cent of their income on water (Etemadi 2000, 71).

Undertaking informal enterprises may require bribes and/or fines when the activities are discovered. As illustrated in Bangalore, informal vendors may have to make numerous illegal payments to the police and officials who have “control” over public urban space (Benjamin and Bhuvaneswari 2001, 131–8).

Direct expenditure on health can be high, in part because of the high levels of ill-health or injury and in part because of the high costs of treatment. One study of low-income settlements in Dhaka reported that: “for the majority of households, some kind of expenditure on health care each month is the norm ... and healthcare was found to be the largest expenditure in most households after food and house rent” (Kabir, Rahman, Salway and Pryer 2000, 711).

Urban poverty is a multidimensional phenomenon. It is generally associated with various deprivations which make the working, living and social environments of the poor extremely insecure. These disparities severely limit the options for improving the lives of the poor. Three important dimensions of poverty have been identified in literature (UNESCAP, 2000): poverty of money, poverty of access, and poverty of power. Poverty of money is a case where the urban poor lack sufficient resources to afford the minimum acceptable quality of shelter and other services. Conventional economic definitions of poverty use income or expenditure. This involves use of a “headcount” measure, which takes into account the number of persons having incomes below a certain level of income to be considered poor. From an income perspective, there are two basic levels or types of poverty in development literature: absolute poverty and relative poverty. Simply put absolute poverty is defined as the cost of the minimum necessities needed to sustain human life.

The poor in most urban settings live in overcrowded and unsanitary slums and squatter settlements. They lack good health facilities, housing and services. The poor at the same time lack tenure security and are vulnerable to insecurity, diseases and natural and man-made disasters. Because of their vulnerability and inability to influence decision in their settings, the poor also suffer from “poverty of power”. More often than not, the poor lack information to advance their case. The conceptual definition of poverty has been widening and now includes more subjective definitions such as vulnerability, entitlements and social exclusion (Baker, 1995). These concepts have been useful for analyzing what increases the risk of poverty and the reasons why people remain poor. Vulnerability is closely linked to asset ownership. In general, the more assets people have, the less vulnerable they are. Entitlements refer to the complex ways in which individuals or households command resources which vary between people over time in response to shocks and long term trends. Social exclusion is a state of ill-being and disablement or disempowerment and inability which individuals and groups experience (ILO, 1996).

2.4. Slum upgrading programme

Slums are neglected parts of cities where housing and living conditions are appallingly lacking. Slums range from high density, squalid central city tenements to spontaneous squatter settlements without legal recognition or rights, sprawling at the edge of cities. Slums share the same miserable living conditions. Slums do not have basic municipal services such as water, sanitation, waste collection, storm drainage, street lighting, paved footpaths and access roads for emergency. Schools and clinics are not within reach for slum dwellers and there are no safe areas for children to play. Social life in slums is virtually lacking due to inadequate places for the community to meet and socialize. Visible disparities between slums and better-off neighborhoods increase the social tensions in poorer areas. Slums keep worsening because unplanned growth of settlements makes conventional service provision complicated

Slum upgrading or slum improvement means a package of basic services which include clean water supply and adequate sewage disposal to improve the well-being of the community. But fundamental is legalizing and 'regularizing' the properties in situations of insecure or unclear tenure. Solid waste collection is frequently included with its positive impact on health, along with street lights for security and night activity. Slum upgrading programmes address the socio-economic concerns of the low income urban communities by providing clinics and health education programs, school facilities to attack the lack of basic education, and lastly programs are offered to increase income earning opportunities and the general economic health of a community. (World Bank 2001).

According to UN-HABITAT reports (2001), Kenya's capital city Nairobi has some of the most dense, unsanitary and insecure slums in the world. Almost half of the city's population lives in over 100 slums and squatter settlements within the city, with little or inadequate access to safe water and sanitation. Housing conditions in slums are deplorable and most residents have no form of secure tenure. The Kenya slum upgrading programme is a key core poverty programme aimed at addressing the challenge of housing problems affecting the majority of the urban population who live in slums and informal settlements. The programme aims at improving the lives of people living and working in the slums and informal settlements in all urban areas of Kenya and to contribute to poverty reduction and fulfillment

of the Millennium Development Goals, specifically Goal No. 7, target 11 of improving the lives of 100 million slum dwellers by the year 2020. The GOK and the UN-HABITAT entered into a Memorandum of Understanding (MOU) on 15/2/2003 to upgrade slums and informal settlements in Kenya starting with Nairobi's largest slum, Kibera.

In order to upgrade the Kibera slums, sections of the community were to be relocated in phases, to a decanting site in order to free up the area for infrastructural services to allow for construction works. The Langata decanting site was identified as a suitable holding ground for the residents who will have to be relocated. Under this programme, 17 blocks of 5 storeys high flats totaling 600 three roomed self contained units were to be constructed by November. 2007. The GOK, through the Ministry of Housing also undertook to construct a 1.25km access road through Kibera informal settlement commencing at Mbagathi Way.(NPEP 1999-2015).

The Kenya vision 2030 for housing and urbanization is “an adequately and decently housed nation in a sustainable environment”. The medium-term for 2012 is to increase the annual production of housing units from the current 35,000 annually to over 200,000. There is also need for an effective capacity for regional and urban development planning starting with adequate housing for those now living in slums.

2.5 Access to public health facilities

The Ministry of Health in Kenya is responsible for providing health care to the Kibera population. Kenyatta National Hospital which is the biggest referral hospital in East and Central Africa is close to Kibera slums. Hygiene is commonly known as cleanliness or conditions and practices that serve to promote or preserve health. A population that does not take into consideration hygiene is at risk of infection and illness. The United Nations Habitat (2006) has described sanitation and hygiene challenges in terms of poor basic services such as lack of proper waste collection services, poor rain water drainage system and poor infrastructure.

Under the National Poverty Eradication Plan Government planned to provide health for all in order to ensure improved health care and public health for low income households. To achieve

this, the Government plans to increase the number of health centers and improve public health care facilities. The plan aims at reducing morbidity of low income and disadvantaged groups from Malaria, acute respiratory infections, diarrhea and skin infection by 15% by 2010 and by 25% by 2015 (NPEP 1999-2015)

The health sector reform under the Kenya Poverty Reduction Strategy was meant to enhance accessibility and affordability of quality health services for all Kenyans, especially the poor and the vulnerable. The National Strategic Plan on HIV/AIDS (2002-2005), was a strategy by the government in the fight against HIV/AIDS. The government also established a cabinet sub-committee on restructuring of the National Aids Control Council (NACC).

Access to health care has also been addressed through the Kenya Vision 2030. The government aims to provide an efficient and high quality health care system to improve the overall livelihoods of Kenya. In addition, the government will provide access to those excluded from health care due to financial reasons (Kenya vision 2030).

2.6 Free Primary Education in Kenya

The Kenya government policy to achieve Universal Primary Education (UPE) has to be seen within developments in the wider international context. The Universal Declaration of Human Rights, adopted in 1948, declared that “everyone has a right to education.” The World Conference on Education for All (EFA), held in Jomtien, Thailand in 1990, sparked off a new impetus towards basic education especially with its so-called vision and renewed commitment. It noted, “that to serve the basic needs for all, requires more than a recommitment to basic education as now exists. What is needed is an expanded vision that surpasses resource levels, institutional structures, curricula and conventional delivery systems, while building on the best in the practices.”

The National Poverty Eradication Plan, (NPEP) provides a national policy and institutional frame work for urgent action against poverty in Kenya. The need for the NPEP arose from persistence of poverty despite previous efforts to combat it through National Development Plans and special programmes. The NPEP aimed at reducing absolute poverty to half of the

prevailing level of 56% by 2015, through provision of basic social services. Part of the NPEP was provision of basic education for all. The Government undertook to raise primary school enrollment and completion rates for the poor through efficient school management. The goal was to attain Free Primary Education by 2015. The government instituted free primary education in January 2003 that saw enrollment increased by 1.5 million children in 2003.

During the 2002 general elections, the National Rainbow Coalition (NARC) made the provision of free primary education part of its election manifesto. Following its victory, on January 6, 2003 the Minister for Education, Science and Technology (MOEST) launched the Free Primary Education (FPE) to fulfill NARC's election pledge. Fees and levies for tuition in primary education were abolished as the government and development partners were to meet the cost of basic teaching and learning materials as well as wages for critical non-teaching staff and co-curricular activities. The government and development partners were to pay Kshs. 1,020 for each child enrolled in a public primary school in that year. The FPE did not require parents and communities to build new schools, but they were to refurbish and use existing facilities such as community and religious buildings. If they wished to charge additional levies, school heads and committees had to obtain approval from the MOEST. This request had to be sent to the District Education Board by the Area Education Officer, after a consensus among parents through the Provincial Director of Education, a fairly lengthy and tedious process.

Before the NARC pronouncement the number of primary schools in the country had increased steadily from 14,864 in 1990 to 18,901 in 2001/2 representing a 27.2% increase. Enrolment in absolute terms had also gone up from 5,392,319 to 6,314,726, being a 17.1% rise over the same period. The percentage of girls' enrolment also increased in the same period to 49.3%, implying that gender parity in enrolment in primary schools at the national level had nearly been achieved. Following the NARC intervention in January 2003, it was estimated that the national enrollment rates rose from around 6,314,726 to 7,614,326 by the end of the year, representing a 22.3% increase nationally. It was also estimated that another 3 million children were not enrolled in school. Despite the various logistical problems that seem to be hampering a successful implementation of the FPE, the policy sounds commendable as it has meant

cushioning children from poor socio-economic backgrounds, especially girls from failing to participate in primary education or dropping out of school due to lack of fees and other school levies (MOEST 2003)

Education and training is one of the key sectors in the social strategy of Vision 2030. The overall goal for 2012 is to reduce illiteracy by increasing access to education, improving the transition rate from primary to secondary schools and raising the quality and relevance of education.

2.7 Employment creation

The National Poverty Eradication Plan by the Government of Kenya for poverty reduction was to improve employment opportunities for the poor and the informal sector was expected to play a major role in reduction of income poverty in the urban areas (NPEP 1999-2015).

In an effort to address the persistent problem of poverty, the government of Kenya outlined in the Poverty Reduction Strategy Papers the actions designed to meet the medium-term objectives of the Economic Recovery Strategy for Wealth and Employment creation(ERS). The objectives of ERS was poverty reduction with an aim of reducing the proportion of people living below the absolute poverty line by 10% by 2006 from 57% in 1997 and also reduce proportion of people living in hunger by 10% by 2006. This is also in line with the Millennium Development Goal number one which is, reduction of extreme poverty and hunger (UN Millennium Summit, 2000).

Another strategy to reduce poverty was to strengthen employment creation and productivity by creating 0.5million jobs annually between 2003-2006. (IMF2005). Studies have shown that urban job creation is an insufficient solution to urban unemployment problem if there is no simultaneous attempt to improve rural incomes and employment opportunities. This is because migration rates are assumed to respond positively to both higher urban wages and urban employment opportunities. It then follows that for any new urban jobs created, two or three people who were productively occupied in the rural areas may come to the city. There for, urban job creation may be a pull factor that will raise rural-urban migration and higher levels of urban unemployment (Todaro, 1997).

The Kazi Kwa Vijana programme (KKV) was launched in March 2009 as a nation-wide government initiative to create employment opportunities for 200,000-300,000 Kenyans, primarily the youths, who are at the risk of hunger and starvation. This programme was to enable them earn income, buy food and meet other basic needs. Those employed in the KKV would be engaged in manual-based small projects in their own communities. In rural areas, they were to build water dams and irrigation, repair borehole and access roads, clear bushes, sow organic fertilizers and seeds and plant trees. In urban areas, the KKV workers were to build and operate water kiosks, develop and implement waste management systems, repair and maintain access roads, all to improve quality of life particularly in the slums areas.

Priority areas of the PRSPs of African countries could have great potential in promoting youth employment, although they do not explicitly include this objective (Olotuah, 2005). Urban and rural youth unemployment are interrelated to a large extent. Because of the relative importance of rural to urban migration by young people, the profile of unemployed youth tends to be similar in both urban and rural areas, the majority of the unemployed being unskilled or semi-skilled. Thus, in addressing urban youth unemployment, emphasis should be on activities that are mostly labor intensive. The Public Investment Programs in individual countries should play a major role in this regard.

Although the proportion of skilled unemployed youth is relatively small in most African countries, there is a need to pay a special attention to their situation. In this regard, domestic and private investment promotion is of paramount importance. In this context, the provision of business opportunities to the youth in creating micro- and small enterprises in manufacturing and services would be most appropriate. In many African countries, such sectors as agro-industries, metal working industries, New Information and Communication Technologies (NICTs), accounting and business management counseling are most suitable for establishing micro- and small scale businesses.

The approach of promoting micro- and small businesses is particularly relevant for countries where appropriate institutions already exist (Olotuah, 2005). The setting up of micro- and small businesses could also be appropriate for foreign investors in search for locations adequate for outsourcing their activities, such as Call Centers or Data Processing Units.

2.8 Conceptual Frame Work

The conceptual framework as shown in figure 2 is a diagrammatical representation of relationships between variables. In this study, independent variables are the national poverty reduction strategies while the dependent variable is poverty reduction.

Independent Variables

Slum Upgrading Programme

- Better housing
- Proper sanitation

Access to public health facilities

- Increased public health facilities
- Subsidized health care charges
- Seeking treatment

Free Primary Education

- Enrollment
- Enough teachers

Employment Creation

- Job training
- Micro finance

Moderating Variables

Security

Government Policies

Cultural practices

Food security

Family planning

Intervening Variables

Dependent Variable

Poverty Reduction

- Better housing
- Proper sanitation
- Access to clean water
- Increased primary school enrolment
- Improved access to public health facilities
- Informal Employment

Figure 2 Conceptual Frame Work

Efficient implementation of poverty reduction strategies will reduce poverty levels in the country. Reduced poverty levels and incidences will result in increased savings and investment by the government and also at household levels, hence increase in access to quality education, good housing, better health, safe drinking water, adequate food supply and more jobs created.

Security and government policies are the moderating variables in this study. Security is important because people require a safe environment where they can operate without fear. There is also need for government policies which support poverty reduction. Intervening variables are cultural practices, food security and family planning. People require adequate food supplies for survival. Some cultural practices contribute to poverty and unless they are addressed, the poverty reduction strategies will not achieve the desired goals. Family planning is also important in poverty reduction because it enables a house hold to choose a family size that it can adequately cater for.

The slum upgrading programme will result in better housing, proper sanitation and clean water .A house is considered durable if it is built on a non-hazardous location and has a permanent structure adequate enough to protect its occupants from extremes of climatic conditions. Permanent building materials are used for walls, roof and floor and there is compliance with building codes. The dwelling is neither in a dilapidated state nor in need of major repairs. It is not located on or near toxic waste, flood plain, steep slope or in a dangerous right of way. It should also provide sufficient living area for household members.

A household is considered to have access to improved sanitation if an excreta disposal system, either in the form of a private toilet or public toilet is shared with a reasonable of people is available to the household.

Increased number of public health facilities within the slum area would directly lead to high rate of access to health services by the slum dwellers. Subsidized charges in public health facilities enable slums dwellers to access health care despite their low incomes.

Teacher population has an impact on the quality of education. Since free primary enrollment has seen a high number of pupils joining school, it is expected that enough teachers will be

recruited to handle the increased pupil population. Training opportunities for slum dwellers particularly the youth will increase their capabilities for self employment and also enable them compete favorably in the job market. Microfinance has been shown to help the poor to build assets, a much needed scope for scaling up. Microfinance organizations help the poor members of the slum to come up with income generating activities to ensure an improved standard of living.

2.9 Summary

This chapter started with the premise that the theory or explanation of poverty one holds shapes the type of anti-poverty efforts that are pursued by community developers. The fact that theories of poverty address individuals, their culture, the social system in which they are embedded, the place in which they live, and the interconnection among the different factors suggests that different theories of poverty look at community needs from quite different perspectives. The diversity and complexity of causes of poverty allow for these multiple points of view. While none are “wrong,” it is consequential from a community development perspective which theories are applied to particular anti-poverty efforts. How one frames the question of community development determines who gets what types of service and who gets left out. However, the first four theories do not fully explore the relation between individuals and their community in the process of placing people in poverty, keeping them there, and potentially getting them out.

With respect to measurements of access to basic needs, care needs to be taken that proximity to services such as health and education is not equated with access. The increasing tendency to charge for access to services is a significant deterrent for the poorest families in both urban and rural areas. Clearly, the extent to which distance to basic services is a good representation of how well basic needs are met is not exclusively an “urban” problem. Lack of access to financial resources will also prevent rural dwellers from accessing services, whatever their proximity. However, the higher densities in urban areas increase the likelihood that urban dwellers will be physically close to services. For a long time, there has been an argument that urban communities are better served but that services are generally open only to those with money to pay for at least part of the service. With respect to measurements in participatory poverty assessments, the message is similar to those of income and expenditure. Notably, the

poor in urban areas are dependent on wage labour, and poverty is sensitive to the cost of living. Increasing the effectiveness of anti-poverty programs requires that those designing and implementing the programs need to not only develop adequate strategies to tackle poverty but they should also ensure that the community development approaches are as comprehensive as possible.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research design, research site, target population, sampling procedure and sample size, methods of data collection, validity and reliability of research instruments, and methods of data analysis.

3.2 Research Design

This study adopted a survey research design which aimed at determining the effectiveness of national poverty reduction strategies in poverty reduction in Laini Saba location of Kibera Division in Nairobi Province. A survey design is descriptive and according to Mugenda,(1999), a descriptive survey is appropriate as it portrays an accurate profile of persons, events or situations; describing the existing conditions and attitudes through observation and interpretation techniques. The survey design is one of the best methods for conducting research in human contexts because of portraying accurate current facts through data collection.

3.3 Research site description

Kibera slum is home to over 1,000,000 people and is reckoned to be the most populous slum in sub Saharan Africa. Laini Saba location is one of the four in locations in Kibera District of Nairobi province with an average population of 50,000 people.

The average size of houses in this area is 12ft x 12ft built with mud walls, screened with concrete, a corrugated tin roof, dirt or concrete floor. The amount charged for rent is about Ksh 700 per Month (£6) and these houses often accommodate up to eight or more people. Until recently Kibera had no water and it had to be collected from the Nairobi dam. The dam water is not clean and causes typhoid and cholera. Today, there are two main water pipes into Kibera, one from the City council of Nairobi and the other one from the World Bank project. Residents collect water at Ksh 3 per 20 litres.

In Kibera there are no government clinics or hospitals. The health care providers are the charitable organisations which include AMREF, MSF, churches, among others. People are encouraged to have a free HIV test and if positive to take free generic ARV medicine. Kibera is near the industrial area of Nairobi where up to 50% of the available workforce is employed, usually in fairly unskilled jobs. However, there is still an unemployment rate of 50%.

3.4 Target Population

"A population is an entire group of individuals, events or objects having common characteristics that conform to a given specification." (Mugenda Mugenda, 1999). It is the full set of cases from which a sample is taken. The target population for this study comprised residents of Laini Saba location of Kibera Division in Nairobi Province and incorporated the households relocated under the slum upgrading programme. The slum upgrading programme has 17 blocks of flats with a total of 600 households and these were incorporated in the total population of Laini Saba Location which is estimated at 50,000 people.

3.5 Sampling procedure and Sample size

The study utilised the convenience sampling technique to draw samples for the study. In this technique, the researcher can stop a resident in the location, or when they are in the house and ask them questions. In other words, the sample comprises subjects who are simply available and this is convenient to the researcher. This method is often the only feasible one, particularly for slum residents or others with restricted time and resources, and can legitimately be used provided its limitations are clearly understood and stated. However, there is no randomness and the likelihood of bias is high. The population of the entire Laini Saba location is about 50,000 residents and to draw samples for the study, the researcher used the following sample determination where the population is above 10,000.

The sample size was determined using statistical population surveys whereby:

$$N = Z^2 * pq / d^2$$

Where N = desired minimal sample size (where pop > 10,000)

Z = Standard normal deviation which is equal to 1 at 95% confidence level.

P = Proportion of the target population estimated to have a particular characteristic being measured. In this case it is estimated to be 0.5.

$$q = 1 - P$$

d = the level of statistical significance set which in this case is 0.05.

$$N = 1.96^2 \times 0.5 \times 0.5 / 0.05^2$$

Desired minimal sample size = 384

3.6 Methods of data collection

Data collection is the process of gathering empirical evidence in order to gain new insights about a situation and answer questions that prompt undertaking of the research (Flick, 2002). In this study, primary data was collected through observation and use of a questionnaire. Gall and Borg (1996) points out that, questionnaires are appropriate for studies since they collect information that is not directly observable as they inquire about feelings, motivations, attitudes, accomplishments as well as experiences of individuals.

According to Gall and Borg (1996) a questionnaire is a series of written questions on a topic about which the respondents' opinions are sought. Questionnaires provide a high degree of data standardization and adoption of generalized information amongst any population. They are useful in a descriptive study where there is need to quickly and easily get information from people in a non-threatening way. Flick (2002) holds that questionnaires are useful in establishing the number of people who hold certain beliefs and hence possible to gauge public opinion on an issue. The responses are gathered in a standardized way, so questionnaires are more objective, certainly more so than interviews.

Observation is a method where people can be observed in their natural work environment or in lab setting, and their activities and behaviors or other items of interest can be noted and recorded (Bless and Achola, 2004). The researcher can observe the social behavior of people interacting or the general situation of an area to derive some information. In this study,

physical facilities like houses and health facilities were observed in an effort to establish their physical status.

The questionnaire had five sections. Section A was on the back ground information on the respondents which captured demographics including age, gender, level of education and marital status. Section B covered the effectiveness of the slum upgrading programme. Section C had questions on access to public health facilities. In Section D, the questionnaire covered questions on the effectiveness of the free primary education. Lastly section E covered effectiveness of employment creation in poverty reduction.

3.6.1 Validity of research instrument

Validity refers to the appropriateness, meaningfulness and usefulness of inferences a researcher makes based on the data collected. An appropriate inference is one that is relevant to the purpose of the study while a meaningful inference is one that says something about the meaning of the information obtained through the use of the instrument. The results of the assessment should provide useful information about the research questions or variables being measured. The three types of validity are content- related validity, criterion-related validity and construct validity (Mugenda Mugenda, 1999). A questionnaire is said to be valid when it actually measures what it claims to measure (Borg and Gall 1996). Mugenda Mugenda (1999) argue that the usual procedure in assessing the content validity of a measure is to use a professional or expert in a particular field. To establish the validity of the research instrument the researcher sought opinions of experts in the field of study especially the researcher's supervisor. Content validity was established through two steps. The first step was by consulting the supervisor who is an expert in this field, whose feedback affirmed and improved the instrument. The second step was through a pilot study. In this step, a pilot study was conducted using 10 samples from Sarang'ombe location in Kibera Division which has socio-economic characteristics similar to those of Laini Saba location. The samples were selected through convenience sampling. Respondents were given questionnaires which they were to complete as per the instructions provided for completion. The result of the pilot study not only helped the researcher omit items which appeared vague but also included more

appropriate items to improve the quality of the instrument by making corrections as approved by the supervisor.

3.6.2 Reliability of research instrument

Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials. Reliability is influenced by random error, which is deviation from a true measurement due to factors that have not effectively been addressed by the researcher. Errors may arise from ambiguous instructions to the respondents. An instrument is reliable when it can measure a variable accurately and consistently and obtain the same results under the same conditions over time (Mugenda Mugenda 1999). Reliability refers to the consistency of measurement and is frequently assessed using the test-retest reliability method. A pilot study was undertaken as the first step in establishing the reliability of the research instrument. Nachimias (1992) recommended split half method to ensure reliability of a test to be used. After the pilot study was taken, the instrument was split into two with all odd numbered items in one sub-set and the even numbered items in another sub-set. The scores of all the odd numbered and the even numbered items of the respondents in the pilot study were then computed separately. The odd numbered scores of all items was then correlated with the even numbered scores. This was done using the Pearson product-moment correlation co-efficient. In order to improve reliability during data collection, the instructions for completing the questionnaire were carefully designed and trained research assistants were recruited to conduct the research.

3.7 Data analysis

Before processing the responses, the completed questionnaires were edited for completeness and consistency. A content analysis and descriptive analysis was employed. Data were coded, entered and analysed by use of Statistical Package for Social Sciences (SPSS version 17.0) Descriptive statistics was used mainly to summarize the data. Data was presented in Tables using percentages and frequencies for ease of understanding and analysis.

3.8 Operational definition of variables

An operational definition of variables identifies specific observable conditions or events and then guides the researcher on how to measure the events. The operational definition of variables in this study is shown in Table 3.1.

Table 3.1: Operationalisation of variables

Objectives	Independent Variable	Indicators	Measurement Method	Measuring Scale	Type of Analysis
To determine effectiveness of slum upgrading programme in poverty reduction in Laini Saba location of Kibera Division	Slum upgrading programme	High Medium low	70- 100% 60 – 69% Below 60%	Ordinal	descriptive
To establish the effectiveness of access to public health facilities in poverty reduction	Access to public health facilities	High Medium Low	70 – 100% 60 – 69% Below 60%	Ordinal	descriptive
To assess effectiveness of free primary education in poverty reduction	Free primary education	High Medium Low	70- 100% 60 – 69% Below 60%	Ratio	descriptive
To establish effectiveness of employment creation in poverty reduction.	Employment creation	V. good good poor very poor	4 3 2 1	Ratio	descriptive

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presented the findings of the study, data analysis and interpretation. The responses from the subjects were compiled into frequencies and converted into percentages and presented in tabular form. This was to facilitate easy analysis and understanding of the effectiveness of national poverty reduction strategies in poverty reduction in Laini Saba location of Kibera Division, Nairobi Province. The analysis was done based on each question asked by the researcher in the questionnaire.

4.2 Questionnaire response rate

The response rate (R) indicates the number of questionnaires returned as a percentage of the sample and is calculated as follows:

$$R = \frac{\text{(Number of questionnaires returned)} \times 100}{\text{Sample}}$$

In this study, out of the sample of 384 questionnaires, 350 were returned, giving a value of 91%. This is a fairly high response implying that conclusions can be drawn from the data collected.

4.3 Demographic Information.

The general information of the respondents on issues such as gender, age, education level, and marital status were addressed in the first section of the questionnaire

4.3.1 Gender of respondents

This was to establish the number of female and male respondents who took part in the study.

The findings are presented in the Table 4.1

Table 4.1 Distribution of respondents by gender

	Frequency	Percentage
Male	208	59
Female	142	41
Total	350	100

Table 4.1 shows the gender of respondents who took part in the study. Majority of the respondents (59%) were males while 41% were females. This shows that the distribution of respondents who took part in the study was across both genders.

4.3.2 Age of respondents

This was to show the age brackets of the respondents who took part in the study. To collect this data more effectively, the questionnaire was designed to show those respondents between ages 18-22 years, 23-27 years and those who were 28 years and above as presented in Table 4.2.

Table 4.2 Distribution of respondents by age

	Frequency	Percentage
18 – 22 years	88	25
23 – 27 years	110	31
28 years and above	152	43
Total	350	100

The results in Table 4.2 indicate that 43% of respondents were aged 28 years and above, 31% were between 23-27 years while 25% of the respondents were between 18-25 years old. This shows that the data collected incorporated responses from the youth, this being an age group that is highly affected by unemployment, HIV/AIDS and are highly involved in the slum upgrading programme. This inclusiveness also improves the reliability of data collected.

4.3.3 Level of education of respondents

The study sought to show the highest level of education attained by the respondents. The findings are shown in Table 4.3.

Table 4.3 Distribution of respondents by level of education

	Frequency	Percentage
Not attended any school	38	11
Primary level	130	37
Secondary level	162	46
Others-informal education	20	6
Total	350	100

Table 4.3 shows that 46% of the respondents had attained secondary school level of education while 37% revealed that they had attained primary school level as their highest level of education. However, 11% of the respondents indicated that they had not attended any school or informal learning and this also explains the high level of poverty, illiteracy and unemployment among the slum residents. A further 6% stated that they had gone through informal education and gained skills in various fields such as carpentry, masonry, dressmaking as well as art and crafts.

4.3.4 Marital status of respondents

This was to establish the status of the respondents in terms of their marital status as presented in Table 4.4.

Table 4.4 Distribution of respondents by marital status

	Frequency	Percentage
Single	131	37
Married	173	49
Widowed	20	6
Separated	26	7
Total	350	100

The results in Table 4.4 indicate that 49% of the respondents indicated that they were married while 37% indicated that they were single. A further 7% of the respondents indicated that they were separated while 6% were widowed. Individuals in each of the above groups have their

own experiences and it was necessary to capture all categories to determine effectiveness of the national poverty reduction strategies in Laini Saba location.

4.3.5 Number of people who live in the house

Respondents were asked to indicate the number of people living in their house and the results are presented in Table 4.5.

Table 4.5 Distribution of respondents by number of people in the household

Number	Frequency	Percentage
1-2	70	20
3-5	102	29
6-7	112	32
8 and above	66	19
Total	350	100

The results in Table 4.5 indicate that 32% of the respondents live either 6 or 7 people in the house while those who were between 3-5 people in one house were 29%. Further, 20% indicated that they were between 1-2 people living in one house while 19% live eight people and above in one house. This gives an indication of how congested the houses in Laini Saba are. The living area is not adequate for many households.

4.3.7 Whether the houses occupied have changed in the last 5 years

Respondents were asked whether they had changed houses in the last 5 years and the results are presented in Table 4.6.

Table 4.6 Distribution of respondents by change of houses

	Frequency	Percentage
Yes	64	18
No	286	82
Total	350	100

Table 4.6 shows that 82% of the respondents revealed that their households had not changed houses they live in for the last 5 years while 18% indicated that they had changed. A few of those households which had changed their houses, the respondents indicated that they were able to move from a shanty to better houses under the slum upgrading programme while others had managed to move from one roomed house to a double or three roomed house. The

upgraded houses were built through the governments' initiative to improve the housing conditions of the poor people living in slums.

4.4 Effectiveness of access to public health facilities

The study sought to assess the effectiveness of public health services on poverty reduction. The study assessed whether the respondents had been visiting health facilities, place they sought treatment and mode of payment for treatment and also the water and sanitation situation in Laini Saba location.

4.4.1 Visiting of health Facilities

The study sought to establish whether respondents made any effort to seek medical care for members of their household the last time they fell ill. The findings are presented in Table 4.7 below

Table 4.7 Distribution of respondents by visiting of health facilities

	Frequency	Percentage
Yes	205	59
No	145	41
Total	350	100

Table 4.7 indicates that 59% of the respondents indicated that they took members of their household for treatment the last time they fell ill while only 41% indicated that they did not. Those who did not seek treatment either did not have conditions that required medical attention or did not have money to pay for the medical services.

4.4.2 Place of treatment

The study sought to establish where respondents sought medical attention or treatment and the findings of the study are presented in Table 4.8

Table 4.8 Distribution of respondents by place of treatment

	Frequency	Percentage
Private hospital	18	5
Public hospital	111	31
Community health centre	121	35
Pharmacy	82	23
Total	350	100

Table 4.8 shows that 35% of the respondents sought treatment from community health centers 23% of the respondents revealed that they bought medicine from pharmacies when sick and 31% were treated at public hospitals. However, only 5% of the respondents got treatment from private hospitals. This indicates that public health providers play a significant role in ensuring access to health care by residents of Laini Saba location.

4.4.3 Mode of payment for treatment

The study also sought to find out the mode of payment the respondents used for the medical services or treatment they received, the findings are presented in Table 4.9 below

Table 4.9 Distribution of respondents by mode of payment

	Frequency	Percentage
Cash	298	85
Installments	52	15
Total	350	100

Table 4.9 shows that an overwhelming 85% of the respondents revealed that they paid cash for treatment while 15% paid in installments. Respondents who paid cash attributed this to the affordable charges in public health institutions and community health care facilities. Many of those who sought medical care from private facilities and were unable to pay the full amount negotiated to be allowed to pay in installments. This shows that there are residents in Laini Saba location who are not able to access even the low cost health care provided in public institutions due to inadequate poverty.

4.4.4 Water situation in Laini Saba location

This study sought to find out the water situation in Laini Saba location in terms of availability, and the results are shown in Table 4.10.

Table 4.10 Distribution of respondents by water situation

	Frequency	Percentage
Good	200	57
Fair	50	14
Bad	100	29
Total	350	100

Table 4.10 indicates that 57% of the respondents said water the situation in Laini Saba location was good, 14% said it was fair while 29% said the situation was bad. Laini Saba location is well served with piped water which is sold at several selling points. The main problem is that given the low incomes, people are not able to buy enough water for their household's use. Availability of clean water prevents incidences of water born diseases such as dysentery and this saves the family from incurring many costs on health care.

4.4.5 Sanitation in Laini Saba

Proper sanitation has a direct impact on the health of individuals. This study sought to establish whether people had access to toilet facilities and the results are shown in Table 4.11

Table 4.11 Distribution of respondents by access to toilet facilities

	Frequency	Percentage
Own toilet in the house	90	34
Public toilets	260	66
Total	350	100

The results in Table 4.11 indicate that 34% of respondents have their own toilets while 66% use public toilet facilities. Those who use public toilets pay for use and given the large size of many households, proper human waste disposal is a big challenge in Laini Saba location. This exposes people to the risk of contracting many diseases such as cholera, typhoid and dysentery, hence an increase in demand for medical services.

4.4.4 Effectiveness of public health facilities in the area in terms of accessibility, charges and management

One of the objectives of the study was to establish the effectiveness of access to public health facilities on poverty reduction. Table 4.12 below shows the respondents perception on the effectiveness of health facilities in the area in terms of accessibility, charges and management.

Table 4.12 Distribution of respondents by effectiveness of public health facilities

Rating	Frequency	Percentage
Highly effective	18	5
Effective	52	15
Neutral	28	8
Less effective	140	40
Not effective	112	32
Total	350	100

Table 4.12 indicates that 40% of residents rated access to public health facilities as being less effective while a further 32% of the respondents revealed that they were not effective. However, 15% indicated that they were effective while only 5% indicated that they were highly effective. These results confirm that a large percentage of Laini Saba residents do not have access to health care provided in public health institutions.

4.5 Effectiveness of slum upgrading programme on poverty reduction

The slum upgrading programme is a GOK and UN-HABITAT initiative to try and improve the housing status and the living conditions of people living in slums. This study assessed the number of respondents who had been allocated a house under the slum upgrading programme, their experiences, ownership of the house and also ownership of land the houses are built on.

4.5.1 Allocation of upgraded houses

The study sought to establish the number of those allocated a house under the slum upgrading programme and the results are presented in Table 4.13.

Table 4.13 Distribution of respondents by allocation of houses

	Frequency	Percentage
Yes	78	22
No	272	78
Total	350	100

Table 4.13 indicates that 78% of the residents had not been allocated a house under the slum upgrading programme while 22% revealed that they had been allocated a house. However, the study also found out that the programme and it is expected that many residents will be allocated houses at the completion of the programme.

4.5.2 Allocation experiences under the slum upgrading programme

This study sought to capture the respondents' experiences as a result of allocation of a new house through the slum upgrading programme. The findings are presented in Table 4.14.

Table 4.14 Distribution of respondents by house allocation problems

	Frequency	Percentage
Yes	12	15
No	66	85
Total	78	100

Results in Table 4.14 show that 85% of the respondents who had been allocated a house indicated that they had not experienced any problems with the upgrading programme while 15% revealed that they had experienced some problems. Some of the respondents indicated that they had experienced financial constraints. They revealed that even though the new houses were better, the amount they paid for rent was higher than what they used to pay before relocation. Others used wood fuel in their former houses because it was cheaper while they were now required to incur additional expenses on alternative fuel such as paraffin and electricity.

4.5.3 Ownership of the House

The study sought to establish whether respondents owned the houses they occupied and results are shown in Table 4.15.

Table 4.15 Distribution of respondents by ownership of houses

	Frequency	Percentage
Family	118	34
Friend	26	7
Land lord	184	53
Sub-tenant	22	6
Total	350	100

Results in Table 4.15 show that 53% of respondents indicated that the houses they live in are owned by the land lord while 34% indicated that the houses were owned by family. Further, 7% indicated that the house is owned by a friend while 6% said that the houses are owned by a sub-tenant. As the results indicate, many of the residents pay rent and given their low incomes, they can only occupy what is affordable.

4.5.4 Ownership of the land the house is built on

The study sought to establish whether the respondents owned the land on which their houses were built. The findings are as shown in Table 4.16

Table 4.16 Distribution of respondents by ownership of land

	Frequency	Percentage
Yes	26	7
No	324	93
Total	350	100

Table 4.16 indicates that 93% of the respondents did not own the land on which the house was built even though some indicated that they owned the houses. Only 7% of the respondents said that they owned the land. Kibera is considered to be a government land hence lack of private ownership even by the land lords. There is no motivation to construct permanent structures due to fears of eviction.

4.5.5 Effectiveness of the slum upgrading programme on poverty reduction

The study sought to establish how the respondents rated the effectiveness of the slum upgrading in its effort to reduce poverty and results are shown in Table 4.17.

Table 4.17 Distribution of respondents by effectiveness of the slum upgrading programme

	Frequency	Percentage
Highly effective	73	21
Effective	108	31
Neutral	15	4
Less effective	92	26
Not effective	62	18
Total	350	100

The results in Table 4.17 indicate that 31% of respondents rated the slum upgrading programme as being effective in poverty reduction. while 26% found that the programme to be less effective. Moreover, 21% of the respondents indicated that the slum upgrading programme is highly effective.

4.6 Effectiveness of Free Primary Education on poverty reduction

The Free primary education programme was introduced by the government in 2003 with an aim of ensuring that all children access primary education which is a basic need. The study sought to establish whether the introduction of free primary education has been effective on poverty reduction in Laini saba loation. The study assessed awareness of the Free primary education programme, who chose the schools, whether schools had adequate facilities, whether there were cases of school drop outs and also the rating of the programme by respondents.

4.6.1 Awareness of the introduction of the free primary education

The study sought to establish whether respondents were aware of the free primary education introduced by the government and the findings are shown in Table 4.18.

Table 4.18 Distribution of respondents by awareness of the free primary education

	Frequency	Percentage
Yes	344	98
No	6	2
Total	350	100

Results in Table 4.18 indicate that 98% of the respondents were aware of the free primary education introduced by the government. Only 2% indicated that they are not aware of the free primary education programme. Many respondents had dependants in public primary schools where the government introduced free primary education, and this has enabled many to access primary education.

4.6.2 Responsibility on the Children's education

The study sought to establish the person responsible for the children's' education, that is, paying of school fees and deciding which school the children should attend. The results are shown in Table 4.19.

Table 4.19 Distribution of respondents by responsibility for Children's education

	No one		Respondent or family		Respondent's spouse		Absent father		Grandparents		Other relative	
	f	%	f	%	f	%	f	%	f	%	f	%
School fees	133	38	108	31	73	21	8	2	10	3	18	5
other costs	82	23	116	33	108	31	6	2	12	3	26	7
Choice schools	42	12	174	50	130	37	-	-	4	1	-	-

Results in Table 4.19 indicate that 38% of the respondents indicated that no one pays for the children school fees while 31% stated that the fees is paid by the family. On the other hand, 33% of the respondents revealed that they do pay for other costs such as school uniforms, books, any other fees needed by the school while 31% said that the costs are met by the spouse. Moreover, 50% of the respondents indicated that they are the ones who decided which schools the children attended while 37% indicated that the spouse chose the school for the children. The results show that although majority of residents do not pay school fees, there are other charges to pay.

4.6.3 Adequate school facilities

The study sought to establish whether the schools had adequate facilities and results are shown in Table 4.20.

Table 4.20 Distribution of respondents by adequate school facilities

	Frequency	Percentage
Yes	48	14
No	302	86
Total	350	100

The results in Table 4.20 show that 14% of respondents indicated that the facilities in the schools are adequate while 86% indicated they were inadequate. It was reported that due to increased enrollments, many public schools did not have enough teachers, teaching and learning resources.

4.6.4 Cases of school dropouts

The study sought to establish whether any of the respondents or their dependants had dropped out of primary school and results are presented in Table 4.21.

Table 4.21 Distribution of respondents by primary school dropouts

	Frequency	Percentage
Yes	138	39
No	212	61
Total	350	100

The results in Table 4.21 show that 61% of the respondents indicated that none of their children had dropped out of school while 39% indicated that some of their children had dropped out of school. It was found that majority of the children dropped out of school because they could not afford school fees while others could not cope in school. Others stated that the children had been forced out of school to assist their parents in their work so as to supplement the family income. It was also indicated that due to poverty, parents and children become desperate and lost interest in education hence children dropped out at their own will especially when the environment was not favoring them.

4.6.5 The study sought to establish the effectiveness of the free primary education on poverty reduction in Laini Saba location and results are presented in Table 4.22.

Table 4.22 Distribution of respondents by effectiveness of the free primary education

Rating	Frequency	Percentage
Highly effective	28	8
Effective	62	18
Neutral	18	5
Less effective	166	47
Not effective	76	22
Total	350	100

Results in Table 4.22 indicate that 47% of respondents rated free primary education as being less effective on poverty reduction in Kibera, 18% said it was effective while 22% indicated that it was not effective at all. Only 8% of the respondents said that the free primary education programme is highly effective on poverty reduction. Those who said the programme was not

effective attributed this to the problems associated with high enrollments due to free primary education.

4.7 Effectiveness of employment creation in poverty reduction

This study sought to establish the effectiveness of employment creation in poverty reduction. The study assessed the respondents' source of income, awareness of the Kazi Kwa Vijana programme, employment through the programme and access to credit. It also assessed how respondents rated the effectiveness of employment creation in poverty reduction.

4.7.1 Source of income

The study sought to establish the respondents' sources of income and results are presented in Table 4.23.

Table 4.23 Distribution of respondents by source of income

	Frequency	Percentage
Employment	218	62
Business	120	34
Other	12	3
Total	350	100

The results of Table 4.23 indicate that 62% of the respondents get their income from employment while 34% indicated that their source of income is from business. However 3% of the respondents revealed that they get their income from other sources such as garbage collection and others from sale of scrap metal and plastics collected in garbage. Those employed said they are engaged in low paying jobs and the income they earn is not sufficient to meet their basic needs.

4.7.2 Awareness of the Kazi Kwa Vijana programme

Respondents were asked whether they were aware of the Kazi Kwa Vijana programme and the results are presented in Table 4.24.

Table 4.24 Distribution of respondents by awareness of the Kazi Kwa Vijana programme

	Frequency	Percentage
Yes	266	76
No	84	24
Total	350	100

Table 4.24 indicates that 74% of the respondents were aware of the Kazi Kwa Vijana programme introduced by the government while 24% were not aware of the programme.

4.7.3 Employment through the Kazi Kwa Vijana programme

Respondents were asked whether they had ever been employed through the Kazi kwa Vijana programme and results are presented in Table 4.25.

Table 4.25 Distribution of respondents by employment through the Kazi Kwa Vijana programme

	Frequency	Percentage
Yes	47	18
No	219	82
Total	266	100

The results in Table 4.25 indicate that only 18% of the respondents had secured employment through the programme while 82% had not. Some of the problems associated with the programme were mainly lack of transparency in the process of employment and delays in the payment of wages. Others indicated that the type of jobs offered through the Kazi Kwa Vijana programme are manual and down grading compared to their level of education. The temporary nature of the jobs also does not guarantee regular incomes for the youth who then remain idle for a long period.

4.7.4 Access to credit facilities

The study sought to establish whether respondents had access to credit facilities and the results are presented in Table 4.26.

Table 4.26 Distribution of respondents by access to credit facilities

	Frequency	Percentage
Yes	49	14
No	301	86
Total	350	100

Table 4.26 shows that 86% of the respondents did not have access to credit facilities compared with 14% who had access to credit. The respondents who had access to credit were mostly women who formed groups to provide micro finances for their group members due to lack of affordable banking facilities.

4.7.5 Effectiveness of employment creation on poverty reduction

The study sought to determine how respondents rated the effectiveness of employment creation on poverty reduction in Laini Saba location and results are shown in Table 4.27.

Table 4.27 Distribution of respondents by effectiveness of employment creation

Rating	Frequency	Percentage
Highly effective	60	17
Effective	124	35
Neutral	20	6
Less effective	94	27
Not effective	52	15
Total	350	100

Table 4.27 indicates that 35% of the respondents rated the employment creation initiative as being effective while 27% indicated that it was less effective. A further 15% said the programme was not effective. However, 17% revealed that employment is highly effective on the reduction of poverty in the slum. There was 6% of respondents who did not rate the programme because they were not aware of the programme.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of the findings, discussion, the conclusions of the study and the recommendations on the effectiveness of national poverty reduction strategies in poverty reduction in Laini Saba location of Kibera Division, Nairobi Province.

5.2 Summary of findings

The purpose of the study was to determine the effectiveness of national poverty reduction strategies in poverty reduction in Laini Saba location of Kibera Division, Nairobi Province. The study sought to achieve the following objectives;

1. To determine the effectiveness of the slum upgrading programme on poverty reduction in Laini Saba location of Kibera Division, Nairobi Province?
2. To establish the effectiveness of access to public health facilities on poverty reduction in Laini Saba location of Kibera Division, Nairobi?
3. To examine the effectiveness of Free Primary Education on poverty reduction in Laini Saba location of Kibera Division, Nairobi Province?
4. To establish the effectiveness of employment creation on poverty reduction in Laini Saba location of Kibera Division, Nairobi Province?

Poverty in Laini Saba is evident through the type of houses people in this area live in. From this research, it was established that majority of residents live in mud walled houses with earthen floors while some houses are constructed from corrugated iron sheets. These houses are mostly single rooms which serve as a living room, kitchen, bathroom as well as bedroom for the whole household. Most households had an average of five people living in the same house. Majority of the respondents had not been allocated houses under the slum upgrading programme. Those allocated had various experiences including lose of income since they abandoned their informal business activities on relocation. They also complained of the high

rent charged compared to their low income. Many respondents who were awaiting relocation had lived in Laini Saba for more than five years and in the same house. The study also revealed that there was no land security since most of the respondents were tenants and even the land lords did not own land.

Majority of Laini Saba residents seek medical care from public health facilities. The nearest public health hospital is Mbagathi District hospital which is about half an hours' walk from Laini Saba location. Another public hospital close to Kibera slums is Kenyatta National hospital, the biggest referral hospital in East and Central Africa. Other health facilities in Laini Saba location include private health clinics, maternity homes, dental clinics, nursing homes owned by individuals and non-governmental organizations. Some residents also buy medicine from chemists without a doctor's prescription. Public hospitals are preferred because they are affordable and many respondents were able to pay for the treatment in cash. However, there were respondents who could not afford even the low charges in public health facilities.

Laini Saba is served by piped tap-water which is sold by vendors. There are several water selling points within the area. From this study, many respondents indicated that availability of water was not a serious problem. The area does not experience serious water shortages that characterize many residential areas in Nairobi. All those living at the decanting site have water in their houses. The percentage of respondents who said the water situation was bad attributed their views on the poor management of water services. The water pipes are exposed and are not repaired quickly when they burst. Given the poor sanitation in the area, the water gets polluted and becomes a source of many waterborne diseases.

Lack of proper sanitation is a big problem in Laini Saba location. This study revealed that many residents use public toilet facilities, which they pay up to five Kenya shillings per visit. This is quite a problem for the households with many members considering the low income levels of the residents. Some toilets are located far from the houses and this poses a security problem especially at night. When toilet facilities are far, residents defecate in plastic bags which they later throw as far away as possible not minding where the bags will land. This

form of toileting is commonly referred to as “the flying toilets” in Kibera. Some respondents confided that they use buckets or relieve themselves in bushes. On the other hand, some toilets are located very close to the houses and they are a health hazard because of their poor construction, bad smell, poor cleaning and insufficient ventilation. The congested nature of housing has made it difficult to improve this situation. Houses are constructed very closely hardly leaving any space for latrines. Also, since many landlords usually don't live in the area, they don't take the toilet issues seriously. Poor sanitation also manifests in lack of pathways, uncontrolled dumping of wastes and open sewers. There is also poor rainwater drainage system which not only hinders mobility but also worsens the already poor hygiene situation in the area.

Most of Laini Saba residents are aware of the free primary education and take their children to public primary schools although some prefer private schools because they are easily accessible. Those in favour of public schools said the introduction of free primary education had enabled many children to access primary school education without interruptions. They also get free books and any levies charged are reasonable. They have also been able to save on family income since they do not pay tuition fees. However, public schools are few and far, making some residents to prefer private schools which are located within Laini Saba location. The nearest public schools are Olympic, Mbagathi Way and Ayany Primary schools which are outside Laini Saba location and it takes a lot of time to take children to school and ensure their safe return, especially the very young ones. Also some respondents reported that although tuition was free in public primary schools, they had difficulties buying school uniforms and some of the required books. Also due to poverty, some children were withdrawn from school to assist their parents in their informal businesses and also seek employment to supplement the family's income. Being minors, the children provide cheap labour for which they earn very little. The challenges encountered with the introduction of free primary education such as congestion, inadequate facilities and few teaching staff made respondents feel that the free primary education was not effective. Residents would like to have public schools built within Laini Saba location to cater for the many school going children in the area.

The problem of unemployment in Laini Saba location is glaring especially for many youths who resort to taking illicit brews because of being idle. Those interviewed said they were unable to secure employment through the Kazi Kwa Vijana programme because employment opportunities created were very few and all those interested could not be absorbed while some of those who failed to secure employment attributed this to corruption and nepotism. Those employed complained of lack of appropriate tools for the manual work, delayed payments, poor management and the temporary nature of the programme. However, those employed through the Kazi Kwa Vijana programme indicated that the programme provided a source of income and if well managed, it can be effective in reduction of poverty in Laini Saba location. The youth said they would like to be involved in the management of the programme to ensure it benefits them as intended. Many respondents said that although they had attained various skills, lack of access to credit facilities hindered their efforts to start their own businesses and be self employed.

5.3 Discussion of findings

The findings of the study are discussed below following the objectives of the study.

5.3.1 Effectiveness of slum upgrading programme on poverty reduction

The study revealed that majority of the respondents had not been allocated a house under the slum upgrading programme. For those who had been allocated, majority of them indicated that they had not experienced any problems with the upgrading programme. However, a few of the respondents indicated that they had experienced problems such as high rents compared to what they had been paying before relocation. According to UN-HABITAT reports (2001), Kenya's capital city Nairobi has some of the most dense, unsanitary and insecure slums in the world. The nature of the upgraded houses has discouraged some habits for example use of firewood in cooking which was cheaper and hence creating an additional expense on other forms of fuel such as paraffin and charcoal. Majority of the respondents also revealed that even though the houses they lived in were owned by the family or a relative, they did not own the land on which the houses were built. In overall, majority of the respondents established that the slum upgrading programme on poverty reduction in Kibera Laini Saba Location is effective. According to respondents, the problems affecting people living in Laini Saba

location are lack of proper sanitation, poor housing and poor drainage but the situation is expected to improve with the new housing programme. This is in line with the United Nations Habitat (2006) which described sanitation and hygiene challenges in terms of poor basic services such as lack of proper waste collection services, poor rain water drainage system and poor infrastructure.

5.3.2 Effectiveness of access to public health facilities on poverty reduction

The study established that even though majority of the respondents sought treatment the last time they fell ill, majority of them sought treatment from the community health care centers while others preferred the pharmacies where they bought cheap medicines. Only a few sought treatment at the public clinics and private hospitals. This can be attributed to the high levels of poverty and low incomes which made hospital charges unaffordable to many. (World Bank 2001). From this study, majority of the respondents revealed that public health facilities in Laini Saba location in terms of accessibility and charges are not effective on poverty reduction.

5.3.3 Effectiveness of Free Primary Education on poverty reduction

The study established that majority of the respondents were aware of the free primary education programme that was introduced by the government. The government's decision to introduce free primary education was in line with the Universal Declaration of Human Rights, adopted in 1948 which declared that "everyone has a right to education." This is one of the most highly recognized programmes in Laini Saba Location compared with the other programmes introduced. It was also found that majority of the respondents meet other costs for items such as school uniforms and books. They are also the ones who make decisions on the schools the children should attend. Further, majority of the respondents indicated that none of their children had dropped out of school, however a few had their children dropping out of school mainly due to lack of school fees and the children's inability to cope in the system due to poverty. Some children dropped out of school to work and supplement the family's income. It was there for felt that free primary education is not effective on poverty reduction because parents are still expected to meet the cost of other school items despite their low incomes.

5.3.4 Effectiveness of employment creation on poverty reduction

The study shows that majority of the respondents got their income from employment, a number also indicated that they were engaged in informal businesses. The study established that majority of the respondents were aware of the Kazi Kwa Vijana programme introduced by the government as a strategy for employment creation, however only a few had been employed through this programme. The introduction of Kazi kwa vijana is also in line with the Millennium Development Goal number one which is, reduction of extreme poverty and hunger (UN Millennium Summit, 2000). Also this is an attempt by the government to fulfill its promise of creating 0.5million jobs annually between 2003-2006 (IMF 2005). The study also revealed that majority of the respondents had experienced problems with the Kazi Kwa Vijana programme. Some of the major problems encountered were lack of transparency in the process of recruitment and delays in the payment of the wages. The respondents also complained of the manual nature of the jobs and poor pay bearing in mind that some youths had good academic grades as shown in the educational background information of the respondents. This research does not agree with the theory that poverty is as a result of individual deficiencies because there are many people in Laini Saba location who are able and willing to work yet they are not able to find work to do. Also as shown in the literature review, poverty is caused by systemic barriers in the society which limit opportunities and resources of the poor. The study revealed that majority of the respondents did not have access to credit facilities due to lack of affordable credit facilities. Many respondents affirmed that employment creation and especially through the Kazi kwa Vijana programme is effective on poverty reduction in Laini Saba Location since it enables those employed to earn income to meet their needs.

5.4 Conclusions

The purpose of the study was to determine the effectiveness of national poverty reduction strategies in poverty reduction in Laini Saba location of Kibera Division, Nairobi Province. The following were the major conclusions based on the research findings and discussion of the findings.

5.4.1 Effectiveness of slum upgrading programme on poverty reduction

The slum upgrading programme is effective on poverty reduction in Laini Saba location. The upgraded houses have improved the housing conditions of the people who have already been allocated houses in terms of proper drainage, proper waste collection and availability of basic necessities such as electricity and water. However, bearing in mind that majority of the slum residents earn low incomes, the government should look at the rent payable for the upgraded houses so as to accommodate the people living in the slums. This explains why the other programmes for example Kazi kwa Vijana through employment have a direct impact on the success of slum upgrading programme. Through employment, slum people will have income to cater for their expenses such as rent in the new upgraded houses.

5.4.2 Effectiveness of access to public health facilities on poverty reduction

Access to health care has also been addressed by the government through the Kenya Vision 2030. The governments' aim is to provide an efficient and high quality health care system to improve the overall livelihoods of Kenyans. According to the study access to public health facilities in Laini Saba location in terms of accessibility and charges is not effective on poverty reduction. Public hospitals are few and still not affordable that is why most people seek treatment from the community health care centers and others buy cheap or even sub-standard from pharmacies. Lack of accessible and affordable health facilities have also made most residents not to seek treatment for a very long time. The study had revealed that majority of the respondents had not sought treatment because of lack of money. The health of the poor people living in the slums is at stake due to lack of proper sanitation, lack of clean water and poor drainage system.

5.4.3 Effectiveness of Free Primary Education on poverty reduction

Free Primary Education (FPE) happened to be one of the most highly recognized programmes in Laini Saba Location compared with the other programmes introduced by the government. However, for now the free primary education programme by the government has not been effective on poverty reduction. People still incur expenses in the education of their children because they have to meet costs of other items such as school uniforms and books. There are

also cases of children dropping out of school due to poverty and other social problems. There are also cases where children are forced to work so as to supplement the income of the household.

5.4.4 Effectiveness of employment creation on poverty reduction

Employment creation and especially through the Kazi kwa Vijana programme has been effective on poverty reduction in Laini Saba Location. Majority of the people and especially the youth are aware of the programme even though only a few have been employed through this programme. However, some problems have been experienced in this programme the major ones being lack of transparency in the process of employment, low payments and delay in the payment of the wages. The manual nature the jobs created through the Kazi kwa Vijana initiative is also not appealing to majority of the youth with high educational qualifications. There is also lack of access to credit facilities in the slums which is due to lack of affordable banking facilities. However there are informal groups where members contribute small amounts of money which they loan their members and these are often the only source of micro finance to the people living in the slums.

5.5 Recommendations

The following recommendations were made based on the findings and conclusions of the study.

1. The government should ensure that the rent payable for the new upgraded houses under the slum upgrading programme is affordable bearing in mind that the people living in slums earn low incomes.
2. The government has the responsibility to make health care accessible by providing affordable health services. However, people living in the slums are prone to many diseases due to their living conditions and the government should increase the number of health care centers. This will reduce the number of people who seek cheap treatment from pharmacies. The government should also, by involving the slum residents improve the sanitation, drainage and provide clean water so as to reduce the prevalence of diseases.

3. Free Primary Education (FPE) has been one of the most successful programmes introduced by the government. It has been noted that the number of children enrolled has increased in the recent years. However the government should increase the number of public primary schools in the slum areas to cater for the increased number of children especially in the slums. The government should also increase bursaries to students in schools in the slum areas so as to reduce the cost of buying books and school uniforms. This should also be implemented in secondary schools to enable transition from primary to secondary education.
4. The government should involve and employ more youths in the Kazi Kwa Vijana programme so as to provide them with a source of income. The programme should also diversify the job opportunities to accommodate those youths with high qualifications. There should also be transparency in the employment process and the jobs should also be of a more permanent nature.

5.6 Suggestions for further studies

The following research areas were recommended for future studies.

1. The study was carried out in Laini saba location of Kibera Division, in Nairobi Province. Future research should also be carried out in other areas of Kibera and even in other slums where similar programmes are being undertaken.
2. The data collection was based on questionnaires. Further research should involve the respondents through discussions so as to generate workable solutions on how to reduce poverty.

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APPENDICES

Appendix 1

Letter of Introduction

University of Nairobi
P. O. Box 30197
NAIROBI

April 24, 2010

TO ALL RESPONDENTS

RE: LETTER OF INTRODUCTION

I am a student from the University of Nairobi undertaking a research project on evaluation of the effectiveness of National Poverty Reduction Strategies, a Case Study of Laini Saba Location of Kibera Division, Nairobi Province. This research project is a requirement from the University of Nairobi for the completion of my studies.

I hereby request you to assist me gather information by filling in this questionnaire. Your response will be highly appreciated and all the information given will be kept confidential.

Yours faithfully,



JANET PRISCAH OMBWAYO

Appendix 2 Questionnaire for households

SECTION A: BACKGROUND INFORMATION

Please provide responses to the following questions by either ticking or filling in the required information.

1. Gender: Male () Female ()

2. Age: 18 – 22 years - ()
23 – 27 years - ()
28 and above - ()

3. Level of education :
Not attended any school - ()
Primary level - ()
Secondary level - ()

Other (Specify) _____

4. Marital status :Single () Married () Widowed ()
Separated ()

SECTION B: SLUM UPGRADING PROGRAMME

5. a). Have you been allocated a house under the slum upgrading programme?
Yes () No ()

b). If yes, have you experienced any problems with the programme? Yes () No ()

c). If yes, explain _____

6. How long have you lived in this house? Years. _____ Months _____.

7. Do you or your family own this house?

If not, who owns it?
Family/relative [] Friend [] Tenant [] Sub-tenant []

8. If you own your house, do you own the land?
Yes [] No []

9. How many people live in your house?.....

10. In general, how would you rate the effectiveness of the slum upgrading programme on poverty reduction in this area?
 Highly effective [] Effective [] Neutral [] Less effective []
 Not effective []

SECTION C: ACCESS TO PUBLIC HEALTH FACILITIES

11. The last time a member of your household was ill, did you seek treatment?
 Yes [] No []

If yes, where?.....
 Private hospital [] Public hospital [] Public clinic []
 Community health centre [] Pharmacy []

12. Did you pay for the treatment? Yes [] No []

13. If yes, how did you pay? Cash [] Installments []

14. Have you needed to use public health services during the last 6 months?
 Yes [] No []

15. If no, why? (list reasons)

16. Where do you get water for your family's use?
 Tap water ()
 Borehole ()
 Vendors ()
 River ()
 Other (specify) _____

17. What can you say of the water situation in Laini Saba?
 Bad ()
 Fair ()
 Good ()
 Very Good ()

b) Please explain-----

18. The toilet facility used by the family is:-
 Owned by family ()
 Public facility ()

20. If the toilet you use is a public facility, how far is it from your house?

21. Do you pay for use? Yes () No ()

b). If yes, how much do you pay per visit? _____

22. In general, how would you rate the effectiveness of public health facilities in Laini Saba Location in terms of accessibility and charges?

Highly effective [] Effective [] Neutral [] Less effective []
Not effective []

SECTION D: FREE PRIMARY EDUCATION

23 Are you aware of the introduction of the free primary education by the government?
Yes [] No []

24 Who pays your children's school fees? _____
a) Who pays the cost of items such as school uniforms, books, any other charges?

b) Who decided which school your children should go to?

For each of the above questions answer with either
No one [] Respondent or household [] Respondent's spouse []
Absent father [] Grandparents [] Other relative []

25 Does the school have adequate facilities and staff (such as teachers, desks, chairs, blackboards, lighting, books, etc)?
Yes [] No []

26 a) Has any of your children dropped out of school?
Yes [] No []
b) If yes, why have they dropped out?
Could not afford school fees [] Could not cope: []
Other.....

27 In general, how would you rate the effectiveness of the free primary education on poverty reduction in Laini Saba location?

Highly effective [] Effective [] Neutral [] Less effective []

Not effective []

SECTION E: EMPLOYMENT CREATION

28. What is your source of income?

Employment Business Other

29. Are you aware of the Kazi Kwa Vijana programme? Yes () No ()

b) If yes, have you ever been employed through this programme? Yes () No ()

c) Have you experienced any problems with this programme? Yes () No ()

d) Explain _____

30. Do you have access to credit?

Yes No

b) If Yes, from where _____

31. In general, how would you rate the effectiveness of employment creation on poverty reduction in Laini Saba location?

Highly effective Effective Neutral Less effective

Not effective

THANK YOU