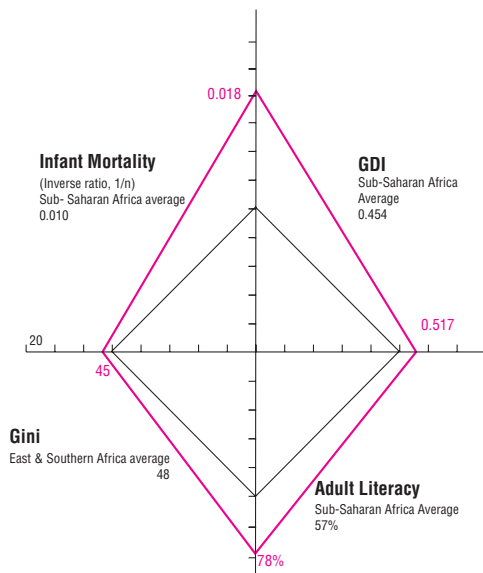


• PROF. EDWARD OYUGI

AN OBSCENE INEQUALITY



The Equity Diamond: National values in terracotta compared to regional ones in blue.
 Source: **Infant mortality:** UNICEF, *The State of the World's Children, 1998*; **Adult literacy:** UNICEF, *The State of the World's Children, 1998*; **GDI** (Gender Development Index): UNDP, *Human Development Report 1998*; **GINI:** World Bank, *World Development Indicators 1998*. (The regional average for this indicator was calculated by *Social Watch*).

Current statistics rank the country as the 17th poorest country in the world. The level of inequality is obscene. The top 10% of income earners makes 36 times more than the savings of the bottom 10%. **The implication of this imbalance is that the top 10% of Kenyans owns up to 47% of the country's national wealth while 13 million people, live and die in absolute poverty.**

The recently launched sessional paper No. 3 of 1999 on Poverty Eradication and the National Plan are saddled with a host of operational impediments, ranging from over-bureaucratisation and lack of clearly articulated strategic needs of the core stakeholders to lack of clear «ring fencing» mechanisms.¹ According to the Welfare Monitoring Survey of 1994, the incidence of poverty was 47% in rural Kenya and 29% in urban areas, with over 11.5 million Kenyans estimated to be living in absolute poverty. This number has grown to 13.6 million. Poverty is exacerbated by low economic growth, down in real GDP terms from 4.6% in 1996 to 2.3% in 1997 and 1.8% in 1998.

The National Poverty Eradication Plan launched in March of last year provides insufficient room for focussing on the root causes of poverty in the country and does not zero in on the social development needs of impoverished people. Pervasive corruption in the country has meant large losses of tax revenue and misallocation of resources. The recently established Kenya Anti-Corruption Authority has yet to live up to the cynical expectations of the people of Kenya.

JUSTICE AND SOCIAL EQUITY

Economic disparities are also well manifested in inter-regional and inter-generational inequities. The social gap between men and women continues to widen, with no affirmative action policy and/or strategy on the horizon. In parliament, for instance, there are only seven women MPs in a 220-member house. Only three of these

¹ «Ring fencing» is a concept commonly used by East African social development advocates to refer to the mandatory allocation of a fixed percentage of budgetary expenditures for basic social services.

were elected, with the rest being nominees of various political parties. There is no woman cabinet member in the current government. Incidences of violence against women are on the rise. According to police records, in 1996 alone, Kenya had 625 cases of rape and 4889 cases of assault on women. Unreported cases of rape and domestic violence are rampant. **Although women are the main producers of food and form 81.8% of the labour force in subsistence agriculture in Kenya, they still do not have right of inheritance or control over family land and other means of production.**

Government efforts to solve serious problems suffered by vulnerable sectors or groups are acknowledged. Such efforts range from the Disabled Fund, the Drought Recovery Programme, the Standing Committee on Human Rights, development funds for women and youth, the Poverty Eradication Commission and the Anti-Corruption Authority. Because proper co-ordination and clear policy guidelines are lacking, these efforts have been unsustainable with regard to solving the problems associated with social exclusion. They seem more appropriate to the window-dressing designs and rhetoric of a government that has yet to hone policy toward its own people. Given this situation, there is need for affirmative action to improve women's participation in policy formation and to eliminate all forms of discrimination against minority groups.

Universal access to education is still a pipe dream for the majority of Kenyans. Primary schools in the country charge fees far beyond the reach of many parents, the majority of whom are poor. Despite the fact that more educational opportunities have been created in the last decade, many children aged 6 to 13 years are still not in school. Recent studies show that in the last two years, the national gross enrolment rate at primary school level is below 60%, with 2.5 million school age children unable to attend school.

These enrolment levels are compounded by high dropout rates. For instance, in 1990 slightly more than 900,000 children were enrolled in standard 1, but of this number only 416,000 pupils completed the primary cycle at standard 8. This represents a completion rate of only 40%. The transition rates from primary to secondary schools are still below 50%. In 1998, the transition rate for girls was 43.1% while for boys it was 46.4%. Access to secondary education has declined drastically despite an increase in places from 618,500 in 1990 to 700,500 in 1998. These places accommodate only 29% of the eligible population of about 3,023,300 (ages 14–17), indicating that over 2,322,500 secondary-age children are out of school. Gender disparities exist in enrolment, retention and participation at all levels of education. To correct this worrying trend, **the government must put in place measures to close the gender gap** in primary and secondary education by the year 2005, increase the enrolment and retention rate to more than 80% by 2010 and provide universal primary education by 2015.

PRIMARY HEALTH CARE

With the adoption of Structural Adjustment Programmes (SAPs) in the 1980s, access to better healthcare has remained elusive to many Kenyans. The introduction of user fees has meant ignominious death for poor people who cannot pay the sky-high

cost of medical services. The withdrawal of external support from the health sector, a consequence of massive corruption and mismanagement of resources, has led to unprecedented deterioration in public health services and diversion of medications and equipment to private clinics.

What little gains there were in the health sector are being eroded by the HIV/AIDS epidemic. Nearly two million Kenyans are HIV positive and the daily death rate is 500. In most hospitals, AIDS patients occupy 50% of the beds. Recently, the government declared AIDS a national disaster—a move welcomed by many but seen as coming 15 years too late.

In terms of physical infrastructure, there are 1.9 beds for every 1,000 persons. A total of 3,500 health institutions share only 50,000 beds among them. Only 42% of the entire population are within 4 km of a health facility while up to 75% are within 8 km or more. Low levels of resource allocation have exacerbated this situation; the government allocated only 9.6% of resources in 1996/97 compared with 9.26% in 1979/80. The other problem has to do with concentration of key personnel in urban areas. Over 80% of doctors are based in urban centres, which hold 20% of the total population. Analysis of the current budget indicates that 70% of health resources go to curative services with only 18% going to preventive health care. The Ministry of Health should consider providing primary health care to all Kenyans who cannot afford it and should minimise graft by strict control of drug procurement procedures.

REGIONAL INTEGRATION

Efforts to re-launch the East African Community have been fraught with political instabilities, trade imbalances, lower growth rates to lack of political will. Co-operation, as it were, has been between Heads of State, ignoring the stakes of the peoples in the region. The result of this non-participation is a shaky union, which does not depend on the general will of the populace and therefore cannot live beyond the whims of the political elite.

The East African Community treaty has now been signed, albeit grudgingly. To the disappointment of many East Africans, their leaders failed to agree on an all-around trade pact in general and removal of tariffs in particular. This, in effect, reduces the Community to a mere shell that cannot create economic opportunities to reduce poverty in the region. The disagreements in this area arise from overwhelming trade imbalances among the three East African countries and South Africa.

Co-operation among East African leaders is not reflected in the national budgets of the three governments. A comprehensive policy framework should be put in place to open up social development opportunities for East African residents that include cross-border services on health, education, security, trade and employment. If regional integration efforts are to be sustainable, the three states have to develop a common vision and commitment alongside systems of co-operation based on predictable public policies.

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