There is a very close relationship between ownership and control of land resources – still the most important productive asset – and poverty. The implementation of Structural Adjustment Programmes has had a major impact on health care, food security and education, consequently leading to a decline in human development and an increase in poverty.

In Kenya, land is still the most important productive asset. There is a very close relationship between ownership and control of land resources and incidences of poverty. After the Fourth World Conference on Women in Beijing, the government of Kenya was expected to make good its commitment to eliminate gender discrimination in matters relating to the qualification and capacity of women to hold land, to undertake transactions in land including the right to inherit and bequeath land, and to pursue judicial remedies in the courts in land-related disputes. This commitment remains a dead letter.

Of the 587,900 square kilometres that comprise Kenya’s landmass, only 17.2% is arable and is home to more than 80% of the population. With the exception of Nyanza and Eastern Provinces, the rich own or control more land than the poor – with the poor owning or operating 43% of the land compared with 57% by the rich. It follows that land reform strategy to redress poverty should be region-specific. Although land redistribution might be the preferred option in Central, Rift Valley and Western, this strategy might not achieve much in Nyanza and Eastern Provinces. Instead, a strategy aimed at improving services including extension services, infrastructure and access to agricultural inputs by the poor may have a more positive impact in reducing poverty.

Landlessness among the poor remains one of the most pressing challenges in Kenya. Besides the policy considerations already alluded to, the HIV/AIDS pandemic poses a serious challenge to land ownership and control by the poor. The consequences of the scourge include sale of land to finance medical care, illegal land alienation popularly referred to as ‘land grabbing’, the collapse of social order, and massive exodus of orphans to urban centres.

**SAPS and debt: social consequences**

The implementation of Structural Adjustment Programmes (SAPS) has had a major impact on health care, food security and education.

**Health care**

About 70% of current budget resources for health care go to curative services with only 18% going to wellness services and preventive health care, including extension services, infrastructure and access to agricultural inputs by the poor may have a more positive impact in reducing poverty.

Government spending for health care dropped significantly after the introduction of SAPs in 1986-87, from 7.6% of total government expenditures in 1980 to 6.5% in 1986 and 5.4% in 1992, with health care currently averaging only 2% of the total government expenditures. Budgetary resources that ought to go to children’s health are diverted to servicing the debt. In the 1990s, the...
government spent more repaying debt that it spent on health, education, and infrastructure combined. Debt repayment and servicing rose drastically, from 35% in 1988-89 to an average of 75% in the 1990s. This has translated into a deep drop in life expectancy – attributed partly to the prevalence of HIV/AIDS related mortality and morbidity.

Food production and security
In 1984-88, before adjustment was introduced in the agricultural sector, the average annual growth in food production was 7.7%. After receipt of a sector adjustment loan for agriculture, it dropped to -0.1% in 1988-92. Per capita food production fell from 4.0% in the 1984-88 period to -4.3% in 1988-92.

Annual food consumption grew at a marginal 0.7% in 1988-92 compared with an average growth of 6.2% in the preceding five-year period. In per capita terms, food consumption grew at an annual rate of 6.2% in 1984-88 and fell dramatically to -2.6% in 1988-92. In 1984-88, the annual growth rate in food self-sufficiency ratio was 1.4%. In 1988-92 it was -1.7%.6

Per capita daily calorie consumption was 2241 in 1980, but plummeted to 2010 in 1987-89. By 1991-94, it had dropped to 1916. Available calories per capita from vegetables (cereals and pulses) declined from 1810 to 1672 in the same period.7

The drop in food consumption is explained by the shift to production for export, which is the linchpin of agricultural adjustment policy. It is also explained by the diminished purchasing power of most Kenyans and the removal of subsidies on agricultural inputs.

Education
In the adjustment period, the rate of enrolment in both primary and secondary schools dropped significantly. Primary school enrolment rate at a rate of 8.2% annually in the pre-adjustment decade (1972-82), but slowed to only 2.7% in the adjustment period (1982-92). Secondary school enrolment witnessed a similar trend with enrolment growing at the rate of 9.1% in the decade 1972-82 only to drop to 3.2% in 1982-92. Enrolment in teacher training colleges also declined in the adjustment period, a trend that the government attributes to SAPs.8

There has been a marked decrease in government spending in education, from 22.6% of the government’s annual budget in 1986 to 18.7% in 1995.8 Since 1996, this has largely remained constant. As a percentage of total government expenditure, allocations to education dropped from 18% in 1988-89 to 6.9% in 1991-92 (a 62% reduction) and 7.3% in 1996-97.

Given the predominant cultural and other biases, girls’ education is often sacrificed in favour of boys’. Gender parity in enrolment has almost been realised at the primary school level, but the gap widens as one moves up the ladder. At secondary school level, gender disparity has been consistent over the years, averaging 24.3% and 28.9% of total eligible population enrolled for girls and boys respectively in 1995.10

Wide gender disparities exist at the tertiary level. Women comprise less than 30% of the total enrolment, and tend to be concentrated in arts-oriented courses that hinder their admission to more lucrative careers in the job market.11 Female students drop out of the schooling process, especially after secondary school, for several reasons including parents who are unable to pay the exorbitant fees, early or forced marriages, child labour and teenage pregnancies.

Education, health and poverty form a vicious circle in Kenya. People who cannot afford education and health care are more likely to suffer ignorance and ill health, hence less able to take part in production and hence pushed into greater poverty.

Poverty eradication: the PRSP
Since 1995, the government has put in place several initiatives to address poverty. These include the stillborn Social Dimensions of Development (SDD) initiative and the National Poverty Eradication Plan (NPEP), which outlined the scope of poverty and set targets for its reduction. The recently completed Poverty Reduction Strategy Paper (PRSP) incorporated the adoption of the Medium Term Expenditure Framework (MTEF) as the organising budgetary framework for prudent use of national resources in the fight against poverty.

The preparation of the PRSP involved wide-ranging consultations at national and district levels. There is a growing suspicion, however, that the policy space allocated for PRSP belongs mainly to invited forums created from above by powerful institutions and actors, as opposed to the more autonomous spaces and sites created from below through more independent forms of social action on poverty related issues. This notwithstanding, the feedback from the popular sections of the Kenyan society has been loud and eloquent. It suggests that in order to tackle poverty and improve well-being and living standards, the following is needed:

- Reckless liberalisation of the economy, already wreaking havoc on the lives of the majority of Kenyans, needs reining in.
- The number of people living in poverty has to be reduced.
- Guaranteed access to food, clean water and sanitation, clothing, shelter, health care, education and security is a prerequisite.
- Kenyans of all walks of life have a primary responsibility to identify and articulate their priorities and participate in the conceptualisation, design, implementation and monitoring the necessary policies, strategies and programmes for fighting poverty.

The PRSP is a short-term strategy, in theory meant to implement the NPEP, which proposes a 15-year time horizon to fight poverty, in a series of three-year rolling plans. It is to be linked to the NPEP through National Development Plans, which stipulate broader policies to be implemented in five-year periods. There is, hence, a disconnect between NPEP and PRSP and one may, in fact, need a magnifying glass to see the linkage. In terms of content, the PRSP reinforces orthodox SAP packages and despite the rhetoric of being home-grown, is essentially based on the “one-size-fits-all” World Bank/IMF approach. All the observations and recommendations from the poor were largely ignored in the drafting of the final PRSP document. Balancing the PRSP’s twin objectives of economic growth and poverty reduction will be an important challenge for the Kenyan government.

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EcoNews Africa
Kenya Debt Relief Network (KENDREN)
Action Aid Kenya
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7 UNDP 1999, op. cit., p. 54.