AGEING AND POVERTY IN KENYA

COUNTRY REPORT

FOR THE REGIONAL WORKSHOP

ON

AGEING AND POVERTY IN SUB-SAHARAN AFRICA.

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A. OVERVIEW OF STATUS OF NATIONAL POVERTY POLICY AND STRATEGY

Background

1. **Position:** Kenya covers an area of 581,677 km$^2$. It lies between $30^\circ$ North and $5^\circ$ South of the equator, and between longitude $33^\circ$ and $42^\circ$ east. It borders Ethiopia to the North, Republic of Tanzania to the South, Somali to the East and North East, Uganda to the West, Sudan to the North West and Indian Ocean to the South East. About 80% of the land is either arid or semi-arid and supports only 20% of the population, while 20% of the land is arable and supports the highest proportion of the population i.e. 80%.

2. **Demographic profile:** Kenya’s population was estimated at 31.5 million in the year 2002 with a growth rate of 2.4% per annum. Life expectancy has been on the decline from 57.9 and 65.9 years for males and females respectively in the 1980s to 52.8 and 60.4 years for males and females respectively in the 1990s. The population aged 0-18 years constitute close to 50% of the population, while the older and ageing population account for 4%.

3. **Administrative structure:** Administratively Kenya is divided into 8 Provinces; Nairobi, North Eastern, Eastern, Western, Central, Nyanza, Rift Valley and Coast. These are further subdivided into 71 districts. A Provincial Commissioner heads a Province while a District Commissioner is in-charge of a district.

4. **Economic Performance:** Kenya’s economic performance in the last two decades has been far below its potential. Subsequently income per capita in constant 1982 prices declined from US Dollar 271 in 1990 to 239 in 2002. Unemployment stands at close to 15% of the labour force and the youth account for 45% of this total. The persistent economic performance has aggravated the problem of poverty that is estimated at 56%.

5. **Economic Policy Framework:** Kenya’s main socio-economic challenges are declining economic growth, increased poverty, high unemployment and under employment levels, insecurity, declining health standard, declining school enrollment rates and bad governance. The government has adopted long, medium and short-term policies to address these challenges. The long-term policy framework is contained in for example the National Poverty Eradication Plan (NPEP) 1999 – 2015. The plan lays
concrete measures for reduction of extreme poverty and hunger, by half by 2015.

6. The medium term framework is contained in the Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC) 2003-2007. The strategy spells out the priority policies that will need to be linked to available resources (through the Medium Term Expenditure Framework) in order to attain the potential growth rate of 2.3 % in 2003 and increasing to 7% by 2006.


**Poverty Situation**

8. The number of the poor has been on the upsurge, increasing from 3.7 million in 1973 to 11.5 million in 1994, 12.5 million in 1997 and is currently estimated at 17 million or 56% of the total population.

9. The incidence of poverty varies from one area to another. In 1994 North Eastern Province recorded the highest level of 58 per cent, Eastern had 57 per cent, Coast 55 per cent and Nyanza had 42 per cent while Central recorded the lowest level of 32 per cent. By 1997, poverty had increased rapidly and its distribution pattern changed with Nyanza recording the highest level of 63 per cent followed by Coast 62 per cent, Western and Eastern 59 percent, Rift Valley 50 percent and Central 31 per cent. The bar chart 1 below shows these absolute poverty levels for 1994 and 1997 by province. North Eastern was partially covered by the 1997 Welfare Monitoring Survey due to the El-Nino rains that made some areas inaccessible.
10. The incidence of poverty also varies from rural to urban area. In 1997, it was estimated that 75% to 80% of the poor live in the rural areas. In the rural areas, food poverty was estimated at 51% while absolute poverty was 53%. In urban areas, food poverty was estimated at 38% while the absolute poverty was 49%. The overall national incidence of poverty stood at 52%.

11. In urban areas, Kisumu recorded the highest 63%, followed by Nairobi 50%, Nakuru 41% and Mombasa 38%. Chart 2 below shows the percentage of absolute poverty in 1994 and 1997 in the major urban centers.

12. The poor are identified to include the aged, pastoralists, physically challenged persons, female headed household without formal education, child-headed households, casual labourers, Aids orphans, street children, slum dwellers and the unemployed youth. Among the poor persons, women are more vulnerable to poverty than men. For instance, 69 per cent of the active female population work as subsistence farmers compared to 43 per cent of men. To explain the high incidence of poverty are factors such as the declining economic growth which contracted to
negative 0.3% in the year 2000, gender disparities, bad governance, corruption, inefficient delivery of services, HIV/AIDS, environmental factors and the adverse effects of structural adjustment programmes.

Framework for Poverty Reduction

13. In the past the Government has had in place a number of policies and programmes aimed at improving economic growth and reducing poverty that include; sessional papers, development plans, District Focus for Rural Development, Social Dimensions of development. In the last two decades, these initiatives yielded limited impact mainly due to low implementation levels, bad governance and limited resources.


15. **Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC) 2003 - 2007:** To put Kenya on the path of economic prosperity like in the first two decades after independence, the new National Rainbow Coalition Government formulated an Economic Recovery Strategy Paper. The recovery strategy recognizes that to reduce poverty and narrow inequality, creation of 500,000 productive employment opportunities annually, empowerment and improving access to affordable and quality social services are necessary. The ERSWEC projects a decline in poverty from the current estimated level of 56.7% to 51.8% by the year 2007.

16. Rapid economic growth is the assured way of reducing poverty and enhancing gainful employment opportunities in the long run. The ERSWEC will lay a foundation, which will enable Kenya to achieve and sustain growth at 7% per year in the medium term. Growth though imperative will not be sufficient. The strategy advocated in the paper focuses on job creation and expansion of economic opportunities and resource to poor farmers, informal enterprise, and economically disadvantaged communities.

17. Other measures to reduce poverty proposed in the ERSWEC include: (i) achieving 100% net primary enrolment rate and reducing the disparity in access and quality of education (ii) improving affordability, quality and access to basic health care and nutrition (iii) promoting acquisition of skills, harmonious industrial relations and healthy working conditions for workers (iv) improving the social security system (v) enacting appropriate land and housing legislation to facilitate private sector development of
affordable houses and upgrading slums and informal settlements in urban areas and (vi) halting the high HIV/AIDS prevalence.

18. **Millennium Development Goals:** Reducing poverty and advancing human development is the priority agenda for the Kenya Government. In this regard Kenya joined other Government and development agencies towards achieving the MDGs set for 2015.

19. Kenya has completed an assessment of progress made towards the realization of the goals. The report shows that Kenya is still far from meeting the goals and what is required is to accelerate progress towards the goals. In particular the following is necessary; allocating sufficient funds to the social sector, establishing more girls friendly schools to encourage more girls to go to school, building more public water supply systems, securing women’s rights to land, investing in agricultural research, improving governance and rooting out corruption.

20. **National Poverty Eradication Plan (NPEP) 1999 – 2015:** The NPEP provides a long-term national vision and institutional framework for tackling poverty and is in line with the MDGs. The Plan sets out specific goals and targets such as:

i. Reduction of persons living below the poverty line by 50% by 2015;

ii. 15% increase in primary school enrolment rates over the first six years of plan implementation

iii. 19% increase in primary school completion rates, especially for girls in the six year period

iv. Achievement of Universal Primary Education (UPE) by 2015

v. Access to Primary Health Care to within 5 km of all rural households or within one hour of local transport by 2010.

vi. Increasing access to safe drinking water by poor households by 8% each year until 2004.

vii. Universal access to safe water by 2010.

viii. Reducing the burden on women due to domestic chores (e.g. on fuel-wood and water collection); and increasing their productive opportunities

Towards realizing the targets for primary school completion and universal education, the new NARC Government declared free and compulsory education as from January 2003. This has seen enrollments increase from 5.9 million in 2002 to 7.0 million in 2003.
21. **Poverty Reduction Strategy Paper (PRSP) 2001 - 2004:** The PRSP is a short-term strategy, which seeks to implement the NPEP in a series of three year rolling plan. The PRSP is a product of wide consultations and identifies measures for improved economic performance and reduction of poverty among Kenyans.

22. The Key targets set in the 3 year plan period that directly impact on poverty include:

(i). Reducing poverty level from 56% to 52% of the population  
(ii). Reducing under 5 mortality from 95 to 90 per every 1000 children  
(iii). Improving access to safe drinking water from 60% to 70%  
(iv). Increasing immunisation against polio from 85% to 95%  
(v). Increasing immunisation against measles from 80% to 90%  
(vi). Improving malaria treatment from 75% to 79%  
(vii). Increasing knowledge of HIV/AIDS from 75% to 80%  
(viii). Increasing net primary schools attendance from 80% to 90%  
(ix). Reducing child labour from 10% in 2000 to 6% in 2004  
(x). Reducing unemployment rate from 21% to 18%

**Other Development Initiatives**

23. **HIV/AIDS Strategic Plan 2000 - 2005:** The plan is linked with the National Development Plan 1997-2001 and the National Poverty Eradication Plan 1999 – 2015. The overarching theme is Social Change to reduce HIV/AIDS and Poverty. The plan focuses on priority areas for the control of HIV/AIDS and mechanisms for mitigation of the socio-economic impacts at individual, community, sector and national levels. The targets of the plan are to:

i. Reduce HIV prevalence in Kenya by 20 to 30 per cent among people aged 15 to 24 years by 2005.  
ii. Increase access to care and support for people infected and affected by HIV/AIDS in Kenya.  
iii. Strengthen response capacity and coordination at all levels.

24. **Children Strategy:** Kenya is a signatory to all international conventions that bind state parties to give children their fundamental rights. The Government committed itself to the world declaration of universal primary education by the year 2005 and Education For All by 2015.

25. Kenya has reviewed the legislation on children that were scattered under 64 different Acts, and the Children Act 2001 enacted. The Children Act 2001 has led to the establishment of the National Council of Children, which brings together all stakeholders including permanent secretaries of most key ministries, representatives from Civil Society Organizations,
religious organizations and private sector. The act recognizes the right to free and compulsory basic education for all children.

**Social Protection Strategy:**

26. Social security systems are designed to ameliorate the impact of adverse shocks particularly on the poor persons. The systems assist to prevent or at least mitigate what could be irreversible damage to accumulation of human capital. The National Hospital Insurance Fund (NHIF) and the National Social Security Fund (NSSF) discussed elsewhere in this report dominate Kenya’s social security system. The other is Social Dimensions of Development Programmes.

27. **The Social Dimensions of Development (SDD) Programme:** The macro economic environment of the late 1980s and 1990s was not conducive for the pro-poor growth in which private sector including small scale farmers, Small and Medium Enterprise (SMES), industrialists, pastoralists, and Jua Kali operators could broaden their production capacities. Compounded with the introduction of cost-sharing and cost recovery arrangements in basic social services and removal of government subsidies on essential economic services culminated in the exclusion of large numbers of low-income persons from access to vital needs such as medicines, agricultural extension, and veterinary services.

28. To cushion the poor and vulnerable against the devastating effects of structural reforms, the Government in 1994 adopted the Social Dimensions of Development Programme as a short-term measure. Within the SDD framework, the Government initiated or expanded a number of social programmes designed to assist the poor and vulnerable members of society to access essential social and economic services for example the on going famine and disaster relief, rehabilitation and waiver on cost sharing on social services, the Education Bursary Programme to assist bright children from poor backgrounds, the School Feeding Programme and the Micro and Small Enterprises.

29. **District Focus for Rural Development (DFRD):** In March 1983, the District Focus for Rural Development Strategy was formally launched. Its main objective was the allocation of resources on a more geographically equitable basis. More funds were to be allocated to the less developed regions that were encouraged to submit project proposals for funding. The strategy has had challenges and has not fully realized the intended impact.

30. The target beneficiaries, the poor and vulnerable, were largely excluded from direct involvement in the process of project design and implementation. Thus weakening ownership and sustainability of projects
as they were seen as Government projects and were therefore not so much supported. Very limited efforts were made to strengthen social and administrative structures below the district level, even though these structures were much closer to the people than those at the district level.

Financial Instruments

31. **Medium Term Expenditure Framework (MTEF):** The Medium Term Expenditure Framework is a budgetary approach adopted by Government from 2000/2001 to finance its projects and programmes. The MTEF aims at linking policies, planning and budgeting in a rolling three-year horizon. It seeks to ensure that priority areas like pro-poor programmes are allocated adequate resources and enhance predictability and transparency. It is within this framework that the annual budget is prepared and executed. The key components of the MTEF are: (i) setting fiscal targets (ii) reviewing and prioritising policies (iii) preparing forward estimates of the costs of the prioritised policies (iv) evaluating the trade off to be made.

32. **Harambee:** Kenya's unique self-help movement has been operating on a pull together doctrine. The movement has been responsible for the mobilization of large capital sums for a wide variety of basic needs. Harambee initiatives have placed limited emphasis on economic development projects and given greater weight to social sector provision (e.g., education, health, and social welfare). Harambee has contributed a great deal to poverty reduction by integrating communities and individuals who had no other opportunities.

Monitoring and Evaluation:

33. The success in implementation of any policy will depend on how well the activities are funded, implemented, monitored and evaluated through a feedback mechanism. For this to take place, an in-built mechanism that ensures continuous participation of key stakeholders, in monitoring and evaluation is necessary. This feedback informs the next round of planning and resource allocation, hence ensuring efficiency in the way development resources are deployed both for economic growth and poverty reduction. Kenya is in the process of institutionalise monitoring and evaluation.

34. Collection and analysis of data on key poverty indicators through Participatory Poverty Monitoring Systems and Welfare Monitoring Surveys are the key methods of monitoring and evaluating poverty programmes. Kenya Participatory Impact Monitoring (KePIM), Kenya's Citizen Report Card Initiative (CiReCa), Public Expenditure Review (PER) and Welfare Monitoring Surveys are the key tools used to monitor poverty
programmes. The key monitorable indicators for Poverty Reduction Programme in Kenya are depicted in Table 1 below.

Table 1: MONITORABLE INDICATORS FOR POVERTY REDUCTION PROGRAMME

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
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<tr>
<td>1. Population growth</td>
<td>2.4</td>
<td>2.4</td>
<td>2.3</td>
<td>2.3</td>
<td>2.3</td>
<td>2.3</td>
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<tr>
<td>2. Real GDP growth</td>
<td>1.4</td>
<td>-0.3</td>
<td>2.0</td>
<td>3.2</td>
<td>4.5</td>
<td>5.2</td>
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<tr>
<td>3. Change in income per capita</td>
<td>-1.4</td>
<td>-2.4</td>
<td>0.0</td>
<td>1.0</td>
<td>1.2</td>
<td>1.3</td>
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<tr>
<td>4. Poverty level</td>
<td>56</td>
<td>55</td>
<td>55</td>
<td>54</td>
<td>53</td>
<td>52</td>
</tr>
<tr>
<td>5. Revenue /GDP</td>
<td>27.2</td>
<td>22.7</td>
<td>23.2</td>
<td>23.1</td>
<td>22.4</td>
<td>22.1</td>
</tr>
<tr>
<td>Grants/ GDP</td>
<td>0.68</td>
<td>0.54</td>
<td>2.32</td>
<td>0.82</td>
<td>0.45</td>
<td>0.42</td>
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<tr>
<td>6. Total Expend/GDP</td>
<td>27.3</td>
<td>22.6</td>
<td>27.8</td>
<td>24.8</td>
<td>23.5</td>
<td>22.1</td>
</tr>
<tr>
<td>7. Deficit/GDP</td>
<td>0.59</td>
<td>0.60</td>
<td>-1.76</td>
<td>-0.83</td>
<td>-0.64</td>
<td>0.45</td>
</tr>
<tr>
<td>8. Development Expend/GDP</td>
<td>4.30</td>
<td>2.13</td>
<td>4.23</td>
<td>3.3</td>
<td>3.19</td>
<td>3.09</td>
</tr>
<tr>
<td>9. Goods and services/GDP</td>
<td>7.89</td>
<td>7.31</td>
<td>9.97</td>
<td>8.00</td>
<td>7.67</td>
<td>7.30</td>
</tr>
<tr>
<td>10. Inflation rate</td>
<td>3.5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>11. Services sector</td>
<td>3.2</td>
<td>2.8</td>
<td>4.6</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>12. Domestic debt/GDP</td>
<td>20.9</td>
<td>20.8</td>
<td>19.8</td>
<td>18.5</td>
<td>16.8</td>
<td>14.5</td>
</tr>
<tr>
<td>13. Agriculture growth</td>
<td>1.0</td>
<td>-2.4</td>
<td>1.5</td>
<td>3.0</td>
<td>3.5</td>
<td>4.5</td>
</tr>
<tr>
<td>14. Under 5 mortality</td>
<td>105</td>
<td>103</td>
<td>95</td>
<td>93</td>
<td>91</td>
<td>90</td>
</tr>
<tr>
<td>15. Infant Mortality</td>
<td>71</td>
<td>66.3</td>
<td>62.0</td>
<td>60</td>
<td>58</td>
<td>55</td>
</tr>
<tr>
<td>16. Stunting prevalence</td>
<td>33</td>
<td>37</td>
<td>35</td>
<td>33</td>
<td>31</td>
<td>30</td>
</tr>
<tr>
<td>17. Delivery by professional personnel</td>
<td>56</td>
<td>59.3</td>
<td>61.6</td>
<td>65</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>18. Immunization against measles</td>
<td>79</td>
<td>71</td>
<td>80</td>
<td>80</td>
<td>85</td>
<td>90</td>
</tr>
<tr>
<td>19. Polio Immunisation</td>
<td>85</td>
<td>76.7</td>
<td>85</td>
<td>90</td>
<td>92</td>
<td>95</td>
</tr>
<tr>
<td>20. Net primary school attendance</td>
<td>75</td>
<td>74</td>
<td>80</td>
<td>82</td>
<td>85</td>
<td>90</td>
</tr>
<tr>
<td>21. Literacy level</td>
<td>64</td>
<td>79.7</td>
<td>85</td>
<td>85</td>
<td>88</td>
<td>89</td>
</tr>
<tr>
<td>22. Access to safe drinking water</td>
<td>54</td>
<td>56.4</td>
<td>60</td>
<td>65</td>
<td>68</td>
<td>70</td>
</tr>
<tr>
<td>23. Child labour</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>24. Unemployment rate</td>
<td>24</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>25. Growth in manufacturing</td>
<td>3.2</td>
<td>3.8</td>
<td>3.8</td>
<td>3.8</td>
<td>3.8</td>
<td>3.8</td>
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</tbody>
</table>

Source: Through the study of PRSPs for Kenya, Tanzania and Uganda January 2003

35. **Kenya Participatory Impact Monitoring (KePIM):** KePIM is designed to assess the effectiveness of various poverty-focused policies and programmes on their target groups in particular the poor. It is key in monitoring the implementation of the PRSP. It uses participatory methods including Venn diagram, resource maps, time lines, and focus group discussion. This method gives the population’s perception of the quality of their lives, as well as their priorities, constraints and opportunities for improving their situations.

36. **Kenya’s Citizen Report Card Initiative (CiReCa):** The citizens are facilitated to effectively monitor the implementation of the PRSP through the use of CiReCa. This approach enables consumers of various services to provide a feedback to the service providers about the quality of their services and the satisfaction with what is on offer.

37. **Public Expenditure Review (PER):** It is an analysis of public expenditure. It assesses the impact of public expenditure in a given year and informs the subsequent planning and budgeting process. It is therefore an important tool for improving management of public finances.
Kenya has conducted 3 PERs the first being in 1991, the second and the third in 1994 and 1997 respectively. The fourth PER is on-going.

**B. OVERVIEW OF CURRENT SOCIAL POLICY STRATEGY WITH RESPECT TO OLDER PERSONS**

38. The Government, through the Ministry of Gender, Sports, Culture and Social Services has finalized a draft National Policy on Older Persons and Ageing. This policy draft has been developed through a consultative process involving several stakeholders in Government, non-Governmental organizations, community based organizations and individuals.

39. According to the draft policy document, Kenya has accepted the definition of older persons as sixty years in conformity with the United Nations (UN) and the African Union (AU) definitions. However, retirement age for those in the public formal employment is still pegged on fifty-five years.

40. The overall objective of the National Policy of Older Persons and Ageing is to facilitate the integration and mainstreaming of the needs and concerns of the elderly in the national development process. It reflects and builds upon past experiences and commitments of the Government, NGOs, faith and community based organizations, donor community and the older persons themselves. Some of the key issues that the National Policy proposes to address include:-

i). Active participation of ageing in society and development.

ii). Work and the ageing labour force.

iii). Access to information, education and training.

iv). Intergenerational co operation.

v). Poverty eradication.

vi). Social security and protection.

vii). Universal and equal access to health care services.

viii). Older persons and HIV/AIDS.

ix). Housing and living environments.

x). Neglect, abuse and violence.

xi). Ageing and migration, including internally displaced, refugees and economic migration.

**Funding arrangements for policy implementation**

41. For effective implementation of the proposed National Policy on Older Persons and Ageing, the following resource mobilization arrangements have been proposed.
42. **Government:** The Government will through its planning and budgeting process, ensure that various Ministries make budgetary allocations to implement programmes and activities for older persons.

43. **Trust Fund for Older Persons:** The draft National Policy on Older Persons and Ageing proposes establishment of a National Trust Fund. The fund will support programmes for the older and ageing persons. Funding for the Trust Fund will be drawn from local and international sources while trustees to the Fund will come from Government, private sector, civil society, faith based organizations, community members and older persons themselves.

44. **Private Sector:** will be encouraged to provide financial and material resources including technical expertise.

45. **Development Partners:** collaboration and networking with UN agencies, international NGOs, bilateral agencies will be strengthened to support implementation of policy and programmes for Ageing and older persons.

46. **Older Persons and the Community:** Community based structures such as local social development committees and organizations for older persons will be strengthened to effectively mobilize local resources, expertise and experiences in support of older persons programmes and activities within their local environments. This is viewed as a cost effective, socially sound and sustainable funding approach.

**Current Thinking on Ageing Issues**

47. Discussions among stakeholders on older persons and ageing has come up with policy priorities that will entail review and recommendations in certain thematic areas that include:-

(a) **Poverty and sustainable livelihoods:** The aim will be to remove obstacles to older persons access to and control of productive assets, wealth and economic opportunities for enhancement of sustainable livelihoods. It is recommended to review on-going poverty reduction initiatives to promote focus and involvement of ageing, establish an Anti Poverty Trust Fund for the benefit of the poor especially the anti-poverty programmes such as credit schemes that improve access to basic needs and services by older persons.

(b) **Law and human rights:** The aim here is to incorporate older persons rights into the on-going constitutional reform and other legal frameworks. It is also recommended that older persons be
protected from all forms of neglect, abuse and violence through appropriate policies, legislations and administrative processes.

(c) **Family and Culture:** The thinking here is to nurture the revitalization of the traditional extended family and community systems to ensure the recognition of the roles of and support for older persons in the family and community at large.

(d) **Health:** The current thinking is to enhance longevity and well being in life amongst older persons by ensuring access to efficient and cost effective health services and facilities. This will entail among other things the expansion and strengthening of community based health services and empowering communities to take care of their older persons health needs.

(e) **Food Security and Nutrition:** The aim is to increase food security and ensure improved nutrition status of older people.

(f) **Housing and Physical Amenities:** Objective is to promote access of older persons to affordable and decent living conditions within and outside their residential areas.

(g) **Education and Training:** The thinking is to promote the principle of life-long education to ensure the spirit of self-reliance and self esteem amongst older persons. This will entail strengthening and reviewing of adult education programmes to make them more responsive to needs of older persons and promoting a reading culture among Kenyans through expansion of community libraries.

(h) **Conflicts and Disasters:** Thinking is to ensure that the needs of older persons are effectively responded to in times of conflict and disasters (such as famine, floods) and that they are involved in addressing the situations.

(i) **The Media:** Encourage the media both formal and informal to portray positive images of ageing and promote societal understanding of issues affecting older persons.

(j) **Water and Sanitation:** The Government is committed to facilitating the accessibility of safe and clean water to all population groups in Kenya while improving sanitation through our public health system.

(k) **Environment:** Proper environmental standards are being encouraged in both urban and rural development processes in
order to promote health and sustainable livelihoods to ageing and other population categories.

(I) **Participation:** Kenyans are increasingly recognizing older persons as custodians of our rich cultural heritage, their resourcefulness owing to wide experiences and expertise and hence the need for inclusion and participation of older persons in all aspects of our development process.

**Specific Problems (Challenges) Facing Older Persons**

48. Older persons face myriad of challenges that include:

(i) Poverty.
(ii) Exclusion, neglect and loneliness especially due to increased individualism in society.
(iii) Abuse, violence including rape.
(iv) Poor health and nutrition.
(v) The impact of HIV/AIDS especially the burden of caring for Aids Orphans.
(vi) Physically challenged persons.
(vii) A traditional cultural practice such as those of inheritance that often disinherits widows.
(viii) Discrimination especially in employment, insurance etc.
(ix) Lack of information about their rights.

(x) Inter generational gaps thus leading to misunderstandings especially with the youths.
(xi) Inadequate social security and protection in old age.

**Special Initiatives With Respect to Older Persons**

49. The commitment of the Government, NGOs Community Based Organizations and faith based organizations has ensured the development and implementation of several initiatives for the benefit of older persons in Kenya such as:-

50. **National Hospital Insurance Fund (NHIF):** It is a compulsory hospital insurance to which employees in the formal sector make contributions, and payments are made out of this fund. In the non-formal sector, contributions by those who are self-employed are voluntary. Old persons who have retired from active service can continue with the contributions and payment up to the age of 65 years. To meet the health needs of older persons, retired persons and indeed all other citizens, NHIF will be converted to a National Social Health Insurance Fund that will cover both in-patient and outpatient.
51. **National Social Security Fund (NSSF):** The National Social Security Fund plays a leading role in providing social security to workers throughout the country. NSSF operates a Provident Fund Scheme that covers only workers in the formal sector. The Scheme is funded by contributions of a fixed percentage of an employee's monthly wage combined with an equal amount from the employer, subject to a fixed maximum. The benefit payable is made up of total contributions made plus interest and include: (i) early retirement benefit paid to a member at 50 years upon retirement (ii) age retirement benefit paid to a member at 55 years or above upon retirement (iii) invalidity benefit paid to a member who suffers permanent disability (iv) survivor's benefit paid to dependants of a deceased member and (v) emigration grant paid to members leaving the country permanently.

52. NSSF is soon to transform to a mandatory social insurance pension scheme and expand coverage to include employees in the informal sector. The conversion of the fund will enable it to offer a more comprehensive range of benefits.

53. **Pensions Fund:** Recently the President accented to the Pensions Bill passed by parliament. The bill will become law (Pension act) as from 1st January 2004. The act will ensure that retirees receive their pensions benefits immediately they cease to be in formal employment. Related to this a Retirement Benefits Authority (RBA) has been established to provide policy guidelines and regulations on the management of retirement schemes.

54. **Social Welfare Programme:** The programme provides support to the needy and disadvantaged in the community. This is mainly in form of technical and financial assistance to individuals, organizations and institutions involved in addressing the needs of disadvantaged persons, including the aged. Meanwhile, the various Non Governmental Organizations (NGO's), Civil Society Organizations (CSOs) and Religious Organisations in the country continue to be supportive to individual older persons, centers for older persons, institutions and community projects targeted at older persons.

55. **Health Care Programme:** The health sector provides targeted health services to older persons. These include eye care programmes, diabetic, T.B., hypertension, epilepsy etc.

56. **Non-Formal Support Services:** These include the extended family support system still operational at the community level, though under serious stress due to the changing socio-economic environment. There are also Community Based Development Programmes, NGOs, faith based
organisations and philanthropic groups that provide support to older persons through the implementation of various social welfare services and development programmes.

57. **Adult Education:** This encompasses formal and informal education of both women and men within their local environment. The overall impact of adult education has been impressive particularly with regard to enhancement of literacy and numeracy among the older persons.

58. **Homes for the Aged:** Supported mainly by non-Governmental organizations and faith based organizations. Provides various forms of care and social support to older persons.

**Progress on the Madrid International Plan of Action on Ageing (MI PAA)**

59. As per the commitment made through the Madrid International Plan of Action on Ageing (MIPAA) the Kenya Government has taken certain strategic measures aimed at reduction of poverty among the older persons. Such measures include:-

i). Ensuring that the Poverty Reduction Strategy Paper (PRSP) preparation process was consultative in nature thus enabling older persons participation in decision making in poverty reduction strategies.

ii). Supporting initiatives for older persons and especially women groups geared to alleviation of poverty. Such support is given through grants to women groups, grants to community projects and grants to older persons.

iii). Formulating a draft national policy on older persons and ageing that advocates the inclusion of older persons in policies and programmes on poverty reduction.

**Link With African Union Policy On Ageing**

60. The African Union Policy Framework and Plan of Action on Ageing that was approved in the 38th Session of Heads of States and Government in Durban, South Africa in 2002 identifies 13 areas of concern to older people. Such areas include the fundamental rights of older persons, poverty health, food and nutrition, housing and living, environments social welfare, gender education and training among others.

61. In developing the Kenyan Policy draft on older persons and ageing the various stakeholders took into cognizance these AU identified areas of concerns and thereby incorporated them in the policy draft. Some key Government Departments and non-Governmental agencies are already
implementing programmes and activities on Ageing that are in line with the thirteen (13) stated concerns of AU on Ageing.

**Budgetary Provision And Methods Of Financing Old Age Social Security Provisions**

62. As reported elsewhere the old age social security programmes in Kenya include National Social Security Fund (NSSF), National Hospital Insurance Fund (NHIF), Pensions fund and other Social Security Support Programmes under non-Governmental Organizations such as Help Age (Kenya). Each of these organizations has made specific budgetary provisions to finance their targeted membership social security requirements.

63. Some of the allocations in the Government budget include grants to: aged persons; distressed persons; welfare services such as the feeding programme and community projects such as water, health, sanitation and income generation.

**C. EVIDENCE ON POVERTY- AGEING LINKAGES**

64. Evidence on poverty and ageing linkage would have to be assessed against the key rights of older persons that would make them less vulnerable and promote their participation and include:

i). **Independence**: Access to food, water, shelter, clothing, healthcare, work and other income generating opportunities, education, training and life in a safe environment.

ii). **Participation**: Integration into community life and active participation in the formulation of policies affecting their well being.

iii). **Care**: Access to social and legal services particularly health care to maintain optimum level of physical, mental and emotional well-being. This should include dignity, beliefs, needs and privacy.

iv). **Self-fulfillment**: Access to educational, cultural and recreational resources and ability to develop their full potential.

v). **Dignity**: To be able to live in dignity and security free from exploitation and physical or mental abuse and be treated fairly regardless of age.

**Statistical Evidence**

65. In Kenya, the Central Bureau of Statistics, under the Ministry of Planning and National Development is mandated with data collection through census and surveys. Its effort is supplemented by both quantitative and
qualitative information collected through various studies. This section reviews some of the statistical and study reports.

66. **Population and Housing Census (PHC):** Kenya has conducted six PHC, the first in 1948 and the rest in 1962, 1969, 1979, 1989 and 1999 respectively. Among the topical areas analyzed is population dynamics. In particular, the 1999 PHC addressed three issues by age. These include highest level of education completed, main economic activity and school attendance. The report shows that about 20% of the older persons have not been to school at all while 1%, 5%, 2%, 1%, and 3% had completed pre-primary, std.1-4, std 5-8, form 1-4, form 5-6 and university education respectively. Given that education and access to opportunities and empowerment are positively correlated, this confirms that majority of the older persons are highly disadvantaged.

67. On economic activity, the PHC – 1999 reveals that majority of the older persons are engaged in family farms. The group of those who worked for pay, unpaid in family businesses and unemployed were 3%, 6%, and 4% respectively. About 3% of the older persons are economically inactive, these are likely to be the sick, physically and mentally challenged, and the ageing. Although the number is insignificant, there are older persons at school comprising about 0.2%.

68. The results of these three parameters show that there is still a group of the older persons that is active and looking for employment, others are still searching for knowledge and skills. There is therefore a proportion of the older persons that can effectively be engaged in national development.

69. **Statistical and Economic Surveys:** Population information by age cohort is not always highlighted in Statistical and Economic Surveys. However, the 2003 Economic Survey has a chapter dedicated to a comparative analysis of the 1998/99 labour Force Survey and the 1999 PHC results. The analysis reveals that the economically active persons are relatively low (3.2% and 2.8 as per LFS and PHC respectively). The participation rate of the older persons as measured for cohort 60-64 was 80.9% and 85.4% as per LFS and PHC respectively.

70. **Welfare Monitoring Surveys (WMS):** Against a background of increased levels of poverty, the GOK with the support of World Bank launched the WMS series. So far three rounds of the WMS have been undertaken, the first in 1991, while the second and the third were carried out in 1994 and 1997 respectively. The older persons issues in these reports are given wider coverage and include: their proportion in the total population, marital status, academic qualification, incidence of sickness by sex, the type of sickness old childless women, proportion of those who
visited different types of health facilities including government-private and mission, school attendance and completion rates, and active economic participation.

71. The results show that the older persons comprise about 4% of the total population. Marital status reveals that monogamous marriage is highly practiced with a rate of 52% recorded while single older persons registered only 0.7%. The incidence of sickness by sex indicate that 33.5% men reported being sick for last two weeks prior to the interview date while sick women were 42.2%. Fever/malaria is the sickness claiming a relatively high stake (40% male and 42.7% female). Like the young persons, the older persons mostly visited private hospitals. The report recorded 90%, 80% and 58% visiting private, government and mission hospitals respectively. This could be a reflection of dignity accorded in private hospitals, time taken and availability of drugs. On school attendance, the older persons reported an overall rate of 22.5%.

72. **Poverty Assessment Surveys:** This was a participatory survey conducted in 1994. It aimed at creating an understanding of poverty from the perspectives of the poor and the service providers and hence enhances dialogue between the poor and the policy makers. On demographic analysis, the study focused on the period of stay of household members in the community by age. The 60+ class had the second longest stay after the 40-44 class. This implies that mobility becomes limited with age. Population by age was also analyzed with the 60+ class being 7% of the total population.

73. **Intergenerational Poverty Connections:** Intergenerational solidarity calls for younger generation involvement in the programmes for older persons and older persons remaining integrated in family and society, participating actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generation. In Kenya intergenerational solidarity has remained a challenge. Although the younger generation is involved in the programmes for older persons, the latter remain less involved in the formulation and implementation of policies that directly affect their well-being and sharing their knowledge and skills with younger generation.

74. The various reports reviewed for statistical evidence show that a very small proportion of the population is actively involved. As pointed else where in this report, there are a number of programmes for older persons. These are planned and executed by the young generation. Those of the older persons who need care don’t always get it; the younger generation could be in the urban area while the older are left in rural areas alone. The young could be available and willing to give the care but
are financially unable. Unemployment and HIV/AIDS infection have major adverse effects on the care of the older by the younger.

D. POVERTY STRATEGY LINKED TO OLDER PERSONS

Justification For Integration

75. Kenya’s population aged 60+ is estimated at 1.2 million (4% of the total population) and is projected to increase to 1.8 by the year 2008. Rapid socio-economic changes including the rapid urbanization, shifting attitudes within communities, population movements and dependency is impacting negatively on these older citizens. The movement of younger persons from rural to urban areas in search of employment leads to major changes in family structures, leaving older persons to manage the economic and social affairs in the rural areas. The majority of the older persons work in the informal sector and despite ageing; they continue to work for the support of their families. In addition, they are guardians of traditions and cultural values that need to be passed from generation to generation. They therefore make valuable contribution to society and integration of their issues in the poverty reduction strategies cannot be over emphasized.

76. The situation is further exacerbated by the implementation of SAPs with the associated Public Sector Reforms, Liberalization and Globalization, which have resulted in increased cost of living, inaccessibility and unaffordable public services and utilities, and massive retrenchment of the work force in the public and private sectors. Linked to this is the breakdown of the extended family support systems, rendering the older persons left in the rural areas vulnerable and sometimes destitute. The older and ageing persons are therefore currently exposed to many socio-cultural, economic and political challenges beyond their coping capabilities. These include discrimination, neglect and abuse, difficulties gaining access to economic resources and assets, education and health services, shelter, water and sanitation services, care and HIV/AIDS.

77. The challenge that Kenya faces today is how to create an enabling environment, which recognises the potential roles and responsibilities of older persons, men and women alike, in the development of the country. This includes implementation of strategies that will address the socio-cultural barriers that have contributed to gender disparities and inability of older women to realise their full potential. As a vulnerable group, they require targeted provision of basic services such as housing, access to Medicare, recreational facilities, and security among others.
Policy, Financial and Legal Implication

78. The integration of the older and ageing persons' needs and concerns in the poverty reduction strategies will have policy, financial and legal implications.

79. **Policy Implication:** The “Kenya National Policy on the Older Persons and the Ageing 2003”, under preparation, will facilitate the integration and mainstreaming of the needs of the older persons in the development process. The policy is hoped to address the issues that will ensure reduction of vulnerability and promote participation in development.

80. **Financial Implication:** For effective implementation of the policy, each stakeholder will have an important role to play in mobilizing the necessary resources. The stakeholders include Government, older persons, private sector, civil society, faith based organizations, development partner and the community.

81. **Legal Implication:** The current Bill of Rights enshrined in the Kenya Constitution does not specifically address the rights of older persons. In addition, there is no specific legislation to address the needs of older persons. Older people face many challenges related to their rights that need to be incorporated into the broader constitutional, legal and national policy framework.

Identification of Data and Indicators

82. Data and indicators would have to be addressed within the broader perspective of monitoring and evaluation framework. The proposed National Council for Older Persons will oversee and ensure effective coordination of programmes and activities to address the needs and rights of older persons. It will also provide advice to government and other stakeholders on policy issues. The National Council will comprise representatives of Government, older persons, Pension organizations, organizations of older persons, faith-based organizations, private sector, employee organizations and academic institutions.

83. The National Council for Older Persons will be established as semi-autonomous bodies that will, in time, become autonomous.

84. The National Council for Older Persons will have an Executive Committee including a Chairperson; Secretary, Treasurer and committee members. At least 50% of the committee members shall be older persons and will be composed of equal representation of men and women.
85. Monitoring and evaluation processes will be undertaken on a continuous basis and in-built within policy implementation. Older persons will be actively involved in the monitoring and evaluation of the policy with a view to establishing whether it meets their felt needs. In addition, the National Council for Older Persons will have a lead role to play in the monitoring and evaluation of the policy.

86. Monitoring and evaluation will be based on the following benchmarks against which progress will be assessed initially.

i). Formulation of a national plan of action for the implementation of the policy.
ii). The rights of older persons included in the constitution
iii). National legislation reviewed/revised to address the rights and needs of older persons.
iv). National budgetary allocations made to support policies and programmes in the interest of older persons.
v). Social security and social welfare policies reviewed and updated in keeping with the changing societal needs and demands.
vi). Mechanism established for and participation of older persons in national and community development activities.

The National Policy on Ageing and Older Persons should be reviewed after every 5 years

**Points of Entry into Poverty Strategies**

87. Points of entry into linking older persons issues to poverty strategies include:

i). Review on-going poverty reduction initiatives to promote better focus and involvement of older persons and ensure their inclusion and effective participation in Medium Term Expenditure Framework (MTEF), National Poverty Eradication Plan (NPEP) and Poverty Reduction Strategy Paper (PRSP).
ii). Establish an Anti Poverty Trust Fund for older persons.
iii). Develop and implement anti-poverty programmes, including credit schemes that improve access to basic needs and services targeted towards older persons.
iv). Promote resource mobilization among older people through the co-operative movement and others.
v). Structural reforms to be undertaken in society to address inequity in access, control and ownership of economic resources, especially land.
vi). The Government to put in place a comprehensive social security scheme to cover all people at the age of 60 and above. This should
be managed at district and lower levels with the necessary budget provision being allocated by the Government.

vii). Enhance collection of data disaggregated by age and sex in order to monitor policies aimed at reducing age bias in poverty eradication initiatives.

viii). Reorient extension packages to include older persons.

ix). Exempt older persons groups from payment of the registration fee for self-help groups.

x). Develop and improve vocational and technical skills of older persons to allow them increased access to employment and engagement in income generation activities.

xi). Acknowledge, encourage and support the contributions of older persons within the family and community environment and provide opportunities for them to engage in income generating and production enterprises for self-sustenance and self-actualisation.

88. Awareness creation and advocacy: The level of commitment to the implementation of a policy, awareness and publicity created and ownership of the policy determine how effectively it will be implemented. The poverty strategy in particular the National Poverty Eradication Plan 1999 – 2015 outlines an elaborate campaign strategy. The strategies include a nation-wide sensitisation and marketing campaign that was done during its launch.

89. The strategy summarizes a list of targets, rights and responsibilities to guide the central and district government actions. The strategy emphasises that the targets must be accessible to and easily understood by front-line staff and citizens. This requires for example all health centres and dispensaries to display the plan's health targets and the health staff's contribution to achieving them; administrative centres to display posters on social mobilisation stating that it is the right and duty of communities to organise themselves to participate fully in the national campaign against poverty; all primary schools to display their own charter targets and the actions agreed to reduce drop out and repetition rates in the schools. Children are proposed as a vehicle to help raise awareness of poverty and measures for its eradication amongst the adult population.

E. CONCLUSIONS AND RECOMMENDATIONS

90. The current levels of poverty, now estimated at over 56% of the population has made provision of basic entitlements such as food, shelter and other social welfare and reasonable income to older persons a major challenge, which has to be addressed through appropriate macro-economic and social policies.
91. Though Kenya is committed to issues of older persons, the statistical review shows that it is mostly the proportion of older persons and the proportion of economically active older persons that are normally covered, and with only the WMS II 1994 basic report covering a wider area.

92. The actual status of older persons within households, extent of their vulnerability and exposure to poverty and relationship between poverty and ageing are not explicitly covered. Therefore, Kenya is in the category of countries that have weak statistical evidence on ageing and poverty and requires an intervention.

93. In Kenya, integration of older persons in development and more so in poverty reduction calls for finalization and implementation of the “Kenya National Policy on the Older Persons and the Ageing 2003”. The draft policy has so far identified key areas of concerns for ageing that are in line with Madrid International Plan of Action on Ageing (MIPAA) and with AU Policy Framework on Ageing.