

**URBAN FAMILIES UNDER PRESSURE IN KENYA
AND THE IMPACT OF HIV/AIDS**

**DISSEMINATION WORKSHOP
22 February 2007**

REPORT ON PROCEEDINGS

NAIROBI

FEBRUARY, 2007

**Urban Families under Pressure in Kenya and the Impact of HIV/AIDS
Dissemination Workshop, YMCA
Thursday Morning, 22nd February 2007**

Report on Proceedings

1.0 Introduction

This report contains the proceedings of the workshop on the DFID-funded *Urban Families under Pressure in Kenya and Impact of HIV/AIDS* research project, which was held by the research team, Ms Wendy Taylor and Dr. Harrison Maithya, with members of the project's local reference group and other invited guests. A list of participants is shown in Appendix 1.

The main purpose of the workshop was to disseminate and share the key findings and conclusions of the research but also to explore the policy implications thereof with a view to identifying practical courses of action by which to address the latter. The workshop programme is attached as Appendix 2.

The current report provides first a summary of the workshop presentations, which were based on a research summary paper circulated at the commencement of the workshop, and, secondly, a synthesis of the deliberations and contributions of all those present. It constitutes a complementary report to the full report on the research study, which was made available at the workshop.

2.0 Background to the Research

Aim

The aim of the research was to investigate the impact of short-term shocks and long duration stresses due to economic decline and ill-health, especially HIV/AIDS, on the livelihood strategies of poor urban households and their wider social networks, in order to inform policies intended to reduce poverty and achieve the Millennium Development Goals (MDGs). The research was undertaken in one of Nairobi's informal settlements, Mukuru kwa Njenga (MKN), in Embakasi.

With regard to the conceptual framework and methodology, it was first explained that the sustainable livelihoods approach had been adopted for the research, which works with the concept that households possess the five forms of asset: human capital, financial capital, physical capital, social capital, and natural capital.

Household Livelihood Assets

Human capital

The labour resources available to households, which have both quantitative and qualitative dimensions. The former refer to the number of household members and time available to engage in income-earning activities. Qualitative aspects refer to the levels of education and skills and the health status of household members.

Financial capital

The financial resources available to people (including savings, credit, remittances and pensions) which provide them with different livelihood options.

Physical capital

Physical or produced capital is the basic infrastructure (shelter, water, energy, transport, communications) and the production equipment and means which enable people to pursue their livelihoods.

Social capital

The social resources (networks, membership of groups, relationships of trust and reciprocity, access to wider institutions of society) on which people draw in pursuit of livelihoods.

Natural capital

The natural resource stocks from which resource flows useful to livelihoods are derived, including land, water and other environmental resources, especially common pool resources.

Methodology

Both quantitative and qualitative methods were used: household survey questionnaire, focus group discussion (FGD), and life history.

Sampling

Sampling involved the following steps:

- MKN internally divided into 7 zones
- sampling done at two levels: plots/building and households
- between five and 20 plots/buildings selected randomly from each of 7 zones
- total of 76 plots/buildings selected
- on average, plots have between five and 12 households
- a total of 161 households sampled giving total sample population of 629.

In addition, there were four FGDs and three life histories with informants drawn from the sample population.

Description of Research Site

The Mukuru kwa Njenga informal settlement, which is located to south-east of Nairobi approximately 18 kilometres from the city centre, has a generally degraded physical environment, with few water and sanitation facilities, and internal movement is difficult.

3.0 Presentation of Key Findings and Conclusions

The key findings and conclusions were presented asset by asset. However, it was pointed out that there was an inter-dependency between the assets, which should be borne in mind.

Human Capital

Household (HH) Composition and Structure

- more males (53%) than females (47%)
- 89% of HHs had a male head
- mean age of the HH head = 37 but just over 40% of HH head under the age of 30
- ratio between children and adults (persons aged 18+) = 43:57
- nearly 40% of the sample population were children
- ▶ together these findings indicate relatively youthful population within MKN
- 64% of HH members aged 14+ were married
- majority of those married/cohabiting had only been in one relationship
- 88% of current spouses/partners live in HH
- parental survivorship is high:
 - natural/real mother still alive in the case of 90% of HH members (97% for child members), with a little under half of living in HH
 - natural/real father still alive in the case of 75% of HH members, with half living in HH
- significant proportion of children live with their parents in the urban parental home
- ▶ findings indicate that structure of/relationships within HH display relatively high degree of stability and permanence.

Migration

- over half of HH heads had moved house once or twice in past 5 years, with a good number having moved three times.

Ethnic Group

- large majority (41%) of HH heads are Kambas, with a good number of Kikuyus and Luhyas in roughly equal proportions.

Educational Levels and Skills

- relatively high levels of literacy, education and skills:
 - 85% of HH members could read and write
 - over 90% had attended school, secondary school being highest level attended for nearly 40%
 - over a quarter had also received further education and/or training.

Economic Activity

- for those who had worked in preceding month, nearly 40% in full-time, waged employment - work often hard, long working day, little time off, no safety nets
- other residents turn to informal sector for source of employment.

Health

- evidence indicates people suffer from intermittent sickness/short-term illness (malaria, acute fever, severe headache, coughs, etc.) on ongoing basis rather than long-term health problems/major disability
- only 8% of HH had a member who had died during past 5 years, half were men, half women
- none of deaths were stated to be specifically caused by AIDS but some appeared to be caused by illnesses symptomatic of the disease
- evidence from qualitative data shows that HIV/AIDS is widespread in the settlement BUT the disease remains “invisible” and “hidden”
- stigmatisation of disease sufferers still quite common although some consensus that this occurs less nowadays
- people in the settlement had knowledge and information about HIV/AIDS BUT men appear to have fewer opportunities than women to know their HIV/AIDS status
- problem of orphans seen as one of impact of HIV/AIDS
- caring for HIV/AIDS orphans can bring radical changes to lifestyle/economic circumstances for carers.

Wealth and Well-Being

- majority of respondents (70%) regarded their household income as inadequate
- 41% of households regarded consumption of staple foods in 12 months prior to survey was inadequate
- decrease in average number of days a week that vegetables, fruit, vegetable protein, meat and other animal protein, and tea/coffee were consumed, compared with five years ago.

Conclusions on Human Capital Asset

- relatively high degree of stability and permanence characterising intra-HH relationships could provide an internal support mechanism on which HH members can rely when required
- with presence of spouse of HH head in the household on sustained basis, number of social, economic and health benefits may be forthcoming, which could contribute to HH’s overall well-being and self-reliance, and bolster its ability to deal with hardship
- ethnic ties may also provide important support mechanism for HH members of the same ethnic group
- a relatively mobile population may hinder development of relationships between the individual HHs and of strong ties with the wider population in the settlement - i.e. formation of social capital
- labour resources weakened through intermittent sickness/short-term illness can impact negatively on HHs’ livelihoods
- reduced productivity could affect income-earning potential and, ultimately, lead to termination of employment
- mismatch between type of work available and educational/skills limits chances of people realising potential of their labour resources.

Examples of Coping Strategies

- Wage earners reduced their vulnerability in the face of illness by rarely taking any time off work.
- In response to economic hardship and lack of access to government health, high percentage of women give birth at home with assistance of traditional birth attendant (TBA) or relative/friend.
- In response to a HH suffering death of a parent through HIV/AIDS, orphan child/children commonly sent to live with extended family at rural home.

Financial Capital

- majority of HHs (62%) had no member with any savings
- of the few HHs which had members who saved, most chose to use a MGR for this purpose
- most of the HHs (64%) had not borrowed any money in last 3 months
- generally, small amounts borrowed from kin/friends to meet immediate needs
- concept of institutional credit appeared “alien” - respondents knew of no organised, formal sources of financial assistance or lending institution
- HHs generally not in a position to build/enhance their financial capital - only able to manage their scarce HH resources.

Physical Capital

- most MKN residents face difficult and poor physical and housing conditions

- majority of HHs live in single family dwellings with walls and roofs made of iron sheets
- in 90% of cases, dwelling comprised one room, with 85% of HHs using this room for cooking and sleeping
- most HHs poorly endowed with possessions or household/business assets, other than the basics
- only 14% of sampled households owned their dwellings
- basic physical infrastructure is not conducive for HHs to pursue their livelihoods
- selling assets in times of need to raise some money is not a livelihood option available to HHs
- neither was using their house/property as collateral as most householders were tenants and not owners.

Social Capital

- there is a weak social capital asset base:
 - only just over half of HHs have members (aged 10+) who belong to club, association, society, cooperative or other form of organisation.
 - in less than quarter of cases had HH members aged 14+ participated in any other form of collective activity in the last year.
 - although CBOs and local NGOs present in the area, residents are either unaware of their existence or considered they served only particular target groups in the community - that they were not inclusive
- kin and fictive kin ties are strong
- **cultural capital**, that is, norms, values, roles and relationships amongst the members of a particular group or community, constitutes another form of capital which has been identified by the study
- ties also maintained with members of extended family living in rural areas i.e. **urban-rural linkages** BUT these are becoming weaker.

Conclusions on Social Capital Asset

- HHs likely to be constrained in the extent to which they could tap social capital for material and emotional support.
- ability of the community, of which households are a part, to “have a voice” and to engage with governmental and non-governmental organisations providing resources or initiatives at the settlement level aimed at reducing poverty and/or enhancing livelihoods, also likely to be constrained
- cultural capital provides an “additional” resource that can be used by those concerned when in need
- weakening of the urban-rural linkages could reduce the range of livelihood strategies available to urban households living in MKN.

Natural Capital

- 40% of HHs had use of a *shamba* or land, which would mainly be in rural areas and thus probably available for agriculture or livestock production
- 72% of these HH actually owned their land, although over half did so on a collective basis
- collective land is associated with usufruct or use rights, rather than ownership rights, with the individual household member’s plot continuing to belong to the extended family
- hence some restrictions on the land as a realisable asset when a particular household is faced with problems
- limited use of the plots for food production, with lack of time and the expense of travelling to the rural plot being reasons why this was so
- overall, households’ ability to draw upon land as an element of their natural capital in their livelihood strategies is constrained.

4.0 Presentation of Policy Implications

The main policy implications, which were identified from the research findings, were as follows:

- Enhanced Gender Mainstreaming in HIV/AIDS Programmes
- Support to the Informal Sector
- Support to Informal Settlement Upgrading
- Promotion of Social Capital
- Promotion of a Coordinated and Collaborative Approach to Urban Poverty in Nairobi.

5.0 Discussion of Key Findings and Conclusions, and Policy Implications

The points and issues which were raised during the discussion of the study's key findings and conclusions, and the policy implications thereof, can be classified under a number of main themes. These are described below.

Evidence and Impact of HIV/AIDS

One specific point taken up was the finding that the eight deaths reported in the research did not explicitly show a direct link to HIV/AIDS, which, in the view of some of the participants, seemed contrary to what was expected. This generated some discussion about the Sustainable Livelihoods approach and the research methodologies adopted for the study. The research team confirmed that it had not been easy to extract information on HIV/AIDS, particularly its impacts, through the household survey questionnaire: indeed, there is general consensus within the research world that it is difficult to get such information via quantitative methods including household surveys. However, it was further re-iterated that the research had been designed to employ both quantitative and qualitative methods, such as FGDs, life histories and observations. These latter methods had provided more insights into the causes of death, and the prevalence and impact of HIV/AIDS in relation to the research site.

It was felt that, generally, the level of orphaned children in an area was one indicator that the prevalence of the disease is higher than that which people care to talk about. In this regard, the meeting was informed by the National Aids Control Council (NACC) that it finances Orphans and Vulnerable Children (OVC) activities and that it is developing programmes to cushion families who care for orphans. The organisation now had a nationwide inventory on OVCs, of which there are 2.3 million, that provides useful baseline information. This will need updating so a monitoring and evaluation framework is being set up using a community-based activity reporting form (COBARF). It was especially important to get updated information on home-based care for OVCs since this is being encouraged and supported by NACC under its current strategic plan, the Kenya National Aids Strategic Plan (KNASP) 2005/6-2009/10.

Information on other initiatives, which have been carried out under the auspices of the *Kayole Jua Kali* Association with World Bank funding in 2003, was also provided during the workshop discussion. These targeted the impact of HIV/AIDS on young girls; prevention at the workplace focusing on the informal sector; and, setting up VCT centres. The findings of the programme showed that people are not willing to talk freely about HIV/AIDS or even disclosing whether or not they visit a Voluntary Counselling & Testing Centre (VCT); and that they tend to go to other clinics outside their areas of residence.

Improving Household Livelihoods in Informal Settlements

A significant point made about living in the informal settlements was that, in spite of insecurity of tenure, in many cases, residents have been in occupation for a long period of time and they consider the settlement is where they belong - their home. This needed to be recognised by the urban authorities, which should, accordingly, make efforts to improve the quality of life of the residents living in these areas.

Taking up the former point, participants were informed that Nairobi City Council (NCC) had passed a resolution in 1998 to recognise existing informal settlements in the city but not to allow the setting-up of new ones. However, with growing poverty, it had been almost impossible to contain their growth. The long-term strategy is to formalise land tenure and to improve the physical environment by providing basic services such as roads, water and sanitation. How can livelihoods be improved without extensive relocation?

It was felt that slum upgrading on the lines of the Government of Kenya/UN-Habitat initiative in Kibera could go a long way to change the situation in informal settlements. However, it was acknowledged that upgrading of all slums would take considerable time and thus immediate and short-term interventions would be needed to improve the deplorable conditions which, amongst other things, perpetuate poor health in slums.

Examples of some interventions currently being implemented were mentioned: in the past two or so years, groups from KCC village and Kanugu settlements have been liaising with NCC to obtain assistance for small-scale upgrading including street lighting, drainage and water. It was thought that this may be an appropriate approach since it brings desired change to the settlements at a pace that local residents can control. Income-generating activities and improvement of water and sanitation facilities were also recommended as ways of improving livelihoods and health respectively.

It was also pointed out that financial resources are available to NCC for pro-poor projects through the Local Authorities Transfer Fund (LATF)/the Local Authority Service Delivery Action Plan (LASDAP). In the past, however, political interference and complicated bureaucratic procedures have constrained the execution of such projects.

One of the constraints to slum upgrading is the unlawful practice of allocating plots to private individuals. This prevents the council from delivering services on a planned and coherent basis. Participants felt that, through bringing the voice of the residents to bear on NCC, the practice of land privatisation within the settlements could be minimised.

Another constraint concerns the environmental characteristics of many of the slums - often they are located in environmentally vulnerable areas, such as marshy areas or riparian reserves, which are susceptible to floods. This makes installation of infrastructure difficult and calls for innovative options, for example, raising water pipes to above ground-level.

Some additional information about current conditions in informal settlements was also provided. Thus, for instance, in Kibera, it is evident that orphans are no longer going to the rural areas to live but are often just left in the urban home or abandoned to become street children and/or prostitutes. Another type of coping mechanism was given: in the face of economic hardship and of limited job opportunities, some young girls engage in commercial sex. Furthermore, one implication of the weakening of urban-rural links was that while, traditionally, the burial sites have been in rural areas, the scenario is now one where the dead are buried in the urban slums. This is happening in the Nyalenda area of Kisumu, for example.

Community Based Organisations (CBOs) and Non-Governmental Organisations (NGOs)

The study showed that the participation of household members in CBOs/NGOs and community activities was low, which suggested a weak social capital base in Mukuru kwa Njenga. A number of different viewpoints were put forward in response to this finding. That CBOs were not found to be very active in the area was corroborated by information put forward by NACC, which specifically concerned this settlement. There had been political interference in the operations of the Constituency Aids Control Committee (CACC), of which the MP is patron, and mismanagement of funds allocated for HIV/AIDS activities. This had prevented groups such as CBOs from accessing these funds and hence they were not "active".

This experience led NACC to re-orientate its strategy so that the current KNASP focuses on more programme-based funding and calls for proposals in specific areas, such as VCT services.

A slightly contrary view to this was that there were many CBOs/NGOs on the ground in Mukuru kwa Njenga but it is not clear what type of services they are delivering nor what impact they are having. A similar point made was that such organisations were "probably there" but the impact of their contribution or activities was not felt on the ground: in other words, CBOs were not very visible.

There was a call for some form of coordination and management support to CBOs/NGOs and for regular contact between groups to facilitate information exchange. In this respect, the Kenya Aids NGO Consortium (KANCO), which is an umbrella organisation for agencies working with HIV/AIDS (and represented at the workshop), was put forward as one model that could be emulated, KIKOFATUMA being another.

Policy-making, Planning and Coordination

There was much discussion about the role of policy in addressing development issues and concerns such as urban livelihoods and poverty reduction. One view was that many policies exist but they remain unimplemented with the corollary that yet more new policies are then formulated, which suffer the same fate.

The absence of government policy can also have repercussions. For instance, at present, there appeared to be no government policy on micro-credit schemes for the poor. One consequence of this is the existence of “shylocks”, who offer credit at exorbitant interest, which can be ill-afforded by the poor such as those living in the informal settlements. It was also considered that some policies which were in operation were not appropriate and appeared to obstruct people’s efforts to improve their livelihoods.

Yet it was recognised that some kind of policy framework was required although, as was pointed out, the poor want real action on the ground not more windy policy discussions. A balance was thus needed between policy and practical action on the ground. The experience of the *Kayole Jua Kali* Association initiative is relevant in this context, particularly in relation to assistance to informal credit schemes to the poor. As explained, it has established a revolving fund with funding from UN-Habitat. The fund has grown and women are borrowing and enlarging their businesses. Access to information by the community has been provided through the installation of 20 computers, which were funded by the Office of the President through NACC. A VCT Centre has been set up, which now supplies the Ministry of Health with information about the work of the centre, and plans are under way to expand the health services it provides. The World Bank, one of the funders via NACC, is interested in supporting other proposals under the initiative. It was further explained that the initiative was a model that is being emulated by policy makers - and one which appears to have used the policy framework effectively.

From the discussion, the need for responsive, pro-poor policies to be formulated was articulated but this raised a question: how can we move to more participatory policy formulation to involve those that are in need since they are better informed of their needs?

Some suggestions were made in this respect. For instance, it was crucial to close the gap between the technocrats and the poor by using multi-sectoral approaches that are guided by a policy framework. There was a need to localise particular policies to meet local needs and realities. For example, it was policy not to use TBAs but, as the current research and other studies have shown, many mothers giving birth have limited access to or cannot afford formal delivery services. It seemed appropriate, therefore, to recognise the role of TBAs and provide training and so forth to enhance their performance.

The role of lobbying for more pro-poor, responsive policies and more appropriate options and technologies needed to be taken up by civil society. Responsive policies would only come from lobbying for policies that deliver. But, at the same time, greater knowledge of, and familiarisation with, the Government’s policy-making and planning processes, such as the preparation of the Medium Term Expenditure Framework (MTEF), was also needed to ensure a common, across-the-board understanding of them.

The MTEF was seen as a “good concept” - as providing an appropriate framework - but it needed to be linked with more bottom-up approaches. LASDAP has a role to play in the latter respect but there are number of deficiencies in its current performance, which need to be addressed through, for instance, localising the funding, and empowering the poor to monitor and evaluate the system and to bring about accountability on the part of the Council.

It was considered that, at the local level, the Location Development Committees (part of the district development planning arrangements under the Provincial Administration) play a role but this has been ignored. They should be enhanced and strengthened especially for dissemination of information and coordination, in conjunction with the revival of the District Development Committee, which had become dormant.

Another related suggestion was to revive the Nairobi Informal Settlements Coordination Committee (NISCC), which had formerly provided a framework for addressing the needs of the urban poor in the city, but with a change of attitude such that the multi-sectoral players were fully motivated to make a contribution. It was pointed out, however, that partnerships such as NISCC had to be “worked at”; there had to be a sense of commitment, which probably required a change of attitude and mind set towards coordinating with other players.

But there was a general feeling that people were not keen to be coordinated - nor to coordinate. Suspicion, partners not willing to disclose their fund levels, and accountability issues were some of the negative factors at play. Even at the local level, MPs and councillors were not willing to bring people together when funds became available for development. Again, the point was made that pressure from the civil society was a pre-requisite for change to take place.

6.0 Closure

The research team closed the workshop by thanking the participants for their useful contributions to the discussion. Copies of the full research report were circulated.

Appendix 1

**Urban Families under Pressure in Kenya and Impact of HIV/AIDS
Dissemination Workshop, YMCA
22nd February 2007**

List of Participants

<i>Name</i>	<i>Organisation</i>
Marilyn McDonagh	UNICEF
Peter Kamau	Kenya Aids NGOs Consortium (KANCO)
Joshua Kasera	Kayole <i>Jua Kali</i> Association
Joyce Mbugua	HIV/AIDS Consultant
John K. Barreh	City Council of Nairobi
Kagwiria M. Kioga	National Aids Control Council
Gaudensia Owino	Practical Action
Rahab Mundara	Independent Researcher
Wendy Taylor	Urban Families under Pressure Research Team
Harrison Maithya	Urban Families under Pressure Research Team
Kellen Njagi	Urban Families under Pressure Research Assistant

Appendix 2

Urban Families under Pressure in Kenya and Impact of HIV/AIDS Dissemination Workshop, YMCA 22nd February 2007

Programme

9.00 a.m.	Arrival of Participants Tea and Coffee
9.15 a.m.	Opening of Workshop: Welcome Comments Introductions
9.25 a.m.	Presentation of Research Study: - Aim of Research - Conceptual Framework - Methodology - Key Findings
11.00 a.m.	Tea and Coffee
11.15 a.m.	Presentation of Research Study: - Key Findings continued - Policy Implications
12.30 p.m.	Discussion: - Response, Comments and Suggestions
1.25 p.m.	End of Workshop and Closing Remarks
1.30 p.m.	Lunch