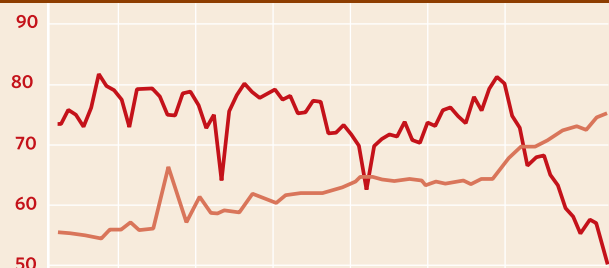




Center for Economic and Social Rights

FACT SHEET NO. 4

KENYA



Making Human Rights Accountability More Graphic

This fact sheet focuses on economic and social rights in Kenya. In light of Kenya's appearance in November 2008 before the UN Committee on Economic, Social and Cultural Rights, it aims to present background information that could help assess the Kenyan government's compliance with the International Covenant on Economic, Social and Cultural Rights.

The fact sheet graphically illustrates selected elements of the realization of the human rights to education, health, food, water and housing. It highlights areas where government efforts to meet its commitments to realize these rights may be insufficient or failing to meet its objectives. Given stark inequalities within Kenya, it also reveals the disparities behind aggregate country averages, in order to examine more closely whether the government's duty of non-discrimination is being met.

About This Fact Sheet Series

This series is intended to contribute to the ongoing monitoring work of UN and other intergovernmental human rights mechanisms to monitor governments' compliance with their economic, social and cultural rights obligations. It is also intended to contribute to strengthening the monitoring and advocacy capabilities of national and international NGOs. Drawing on the latest available socioeconomic data, the country fact sheets display, analyze and interpret selected human development indicators in the light of three key dimensions of governments' economic and social rights obligations.

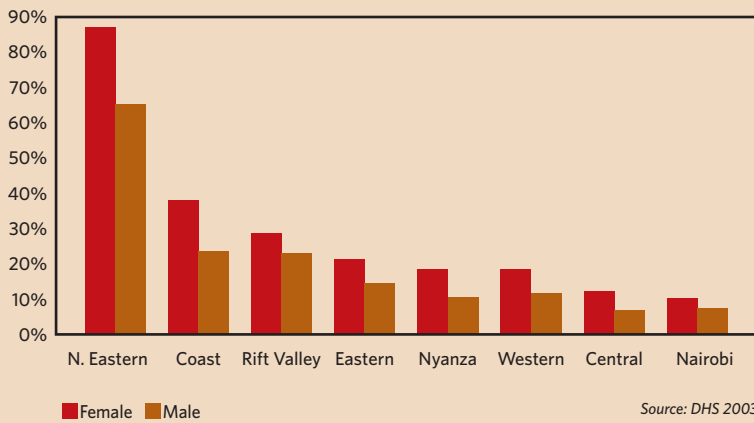
Firstly, indicators such as maternal mortality or primary completion rates are used to assess the extent to which the population is deprived of **minimum essential levels** of the right to health, education, food and other economic and social rights. Secondly, data tracking progress over time can help to assess whether a state is complying with its obligation to **realize rights progressively** according to maximum available resources. Comparisons within the same region provide a useful benchmark of what has been achieved in countries with similar resources. Finally, data disaggregated by gender, ethnicity, geographical location and socio-economic status is used to identify disparities and assess progress in **eliminating discrimination** and unequal enjoyment of these rights.

The fact sheets are not meant to give a comprehensive picture, nor provide conclusive evidence, of a country's compliance with these obligations. Rather, they flag some possible concerns which arise when development statistics are analyzed and visualized graphically in light of international human rights standards.

VISUALIZING
RIGHTS

THE RIGHT TO EDUCATION

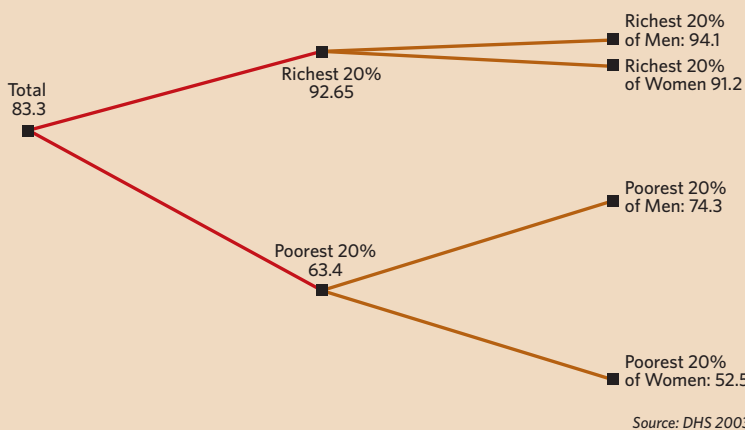
Figure 1 Kenyans with No Education By Province and Gender, 2003



The right to education is not enjoyed equally by all Kenyans

There are vast regional and gender disparities in the realization of the right to education in Kenya. More than 80 percent of women and 60 percent of men living in the North Eastern province have no education at all. Although many of these Kenyans are nomadic pastoralists, which may make it more difficult to provide education, the government still has a duty to ensure education that is adequate and culturally appropriate for these peoples. Most of the provinces show marked gender inequalities in education, which may reflect greater discrimination against women in these areas.

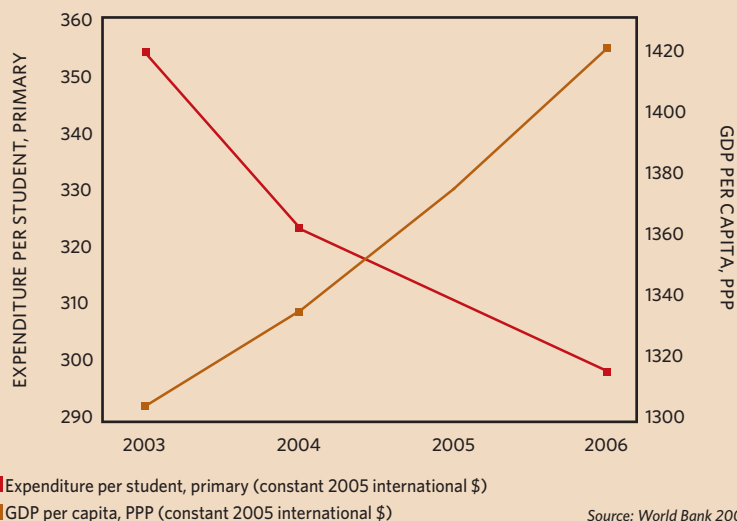
Figure 2 Literacy Rates for Men and Women by Wealth Status (%)



Nearly half of the poorest 20 percent of women in Kenya are unable to read and write

Wealth and gender are key determinants of literacy in Kenya. Over 90 percent of the richest Kenyan men and women are literate, but only about 60 percent of the poorest 20 percent of Kenyans learn to read and write. The gender gap is substantially wider amongst the poorest 20 percent of the population, suggesting that women and girls are less likely to have access to education than men and boys in poor families.

Figure 3 Public Expenditure on Primary Education and GDP per capita, Kenya 2004–2006



Expenditure per student on primary education is declining

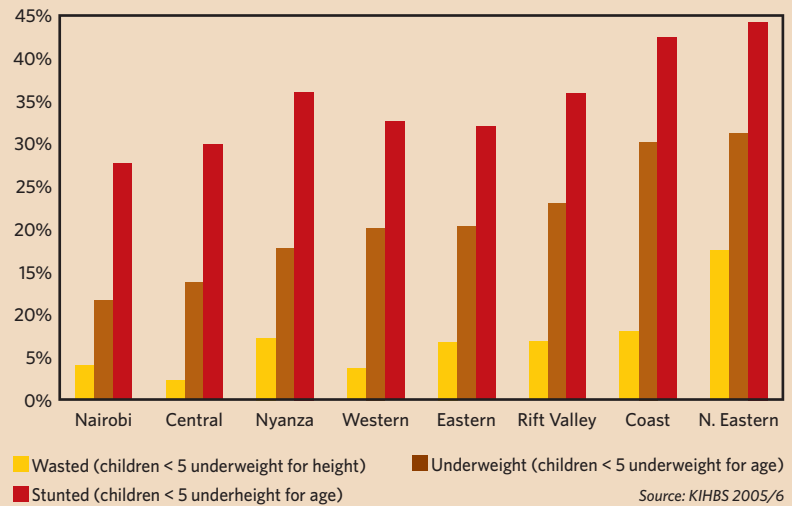
Although government expenditure on primary education has increased in recent years, expenditure per capita is falling. This may be the result of the positive decision of the government in 2002–2003 to abolish user fees for primary school after which the number of students enrolled rapidly increased. Expenditure on education per capita has not kept up with the numbers of students, however, even though economic growth, and thus the overall availability of resources, has been increasing in recent years. With falling per capita expenditure, teacher-student ratios have deteriorated as class sizes have increased, raising questions about the effect on the quality of education.

THE RIGHT TO ADEQUATE FOOD

Acute malnutrition (wasting) is extremely high in North Eastern province, and chronic malnutrition (stunting and underweight) is high in all provinces

About one in four children in the North Eastern province suffer from acute malnutrition (wasting), which contributes to higher child mortality in the province. High rates of chronic malnutrition (measured by stunting and underweight) persist across all of Kenya's provinces, including the urban areas of Nairobi. This raises questions about the government's efforts to ensure the enjoyment of the right to food of Kenya's children.

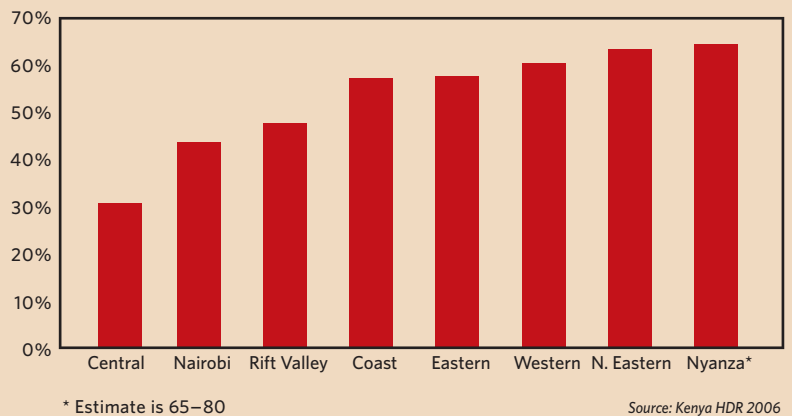
Figure 4 Malnutrition of Children > 5 in Kenya's provinces, 2005–2006



Poverty and food insecurity rates are very high, particularly in Nyanza and North Eastern provinces

About 50 percent of Kenyans live below the national poverty line, which means they cannot afford enough food to meet minimum calorie requirements and basic non-food needs. The semi-arid region of North Eastern province is particularly impoverished. Nyanza province has more productive land, but is the most densely populated region, and growing inequality in land ownership and small landholdings contribute to high levels of poverty. As the vast majority of Kenyans (80 percent) still depend on agriculture for their livelihoods, lack of access to land is a key determinant of poverty.

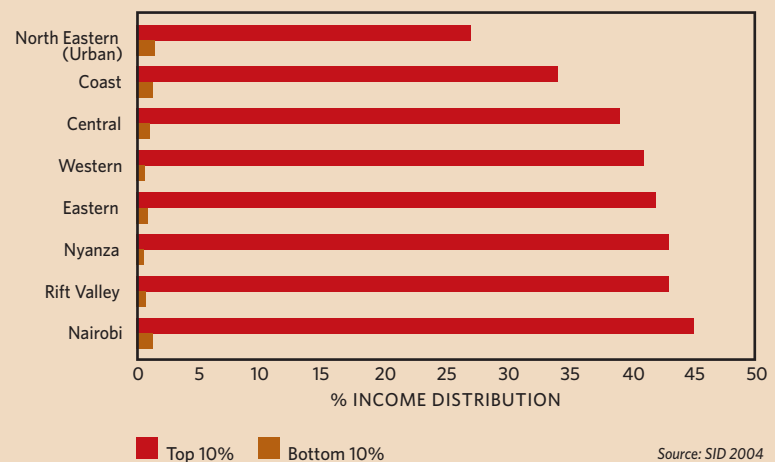
Figure 5 Poverty Incidence: % of Residents Living below the Poverty Line



Inequalities in distribution of income and land ownership are extremely high

Inequalities in the distribution of income are very high in Kenya and are increasing. In Nairobi, the richest 10 percent of the population control nearly 45 percent of income, while the poorest 10 percent control just 1.3 percent of income. Kenya's Gini coefficient of inequality is estimated to be 0.57 which is much higher than Uganda, Tanzania and Nigeria, and nearly as high as South Africa.

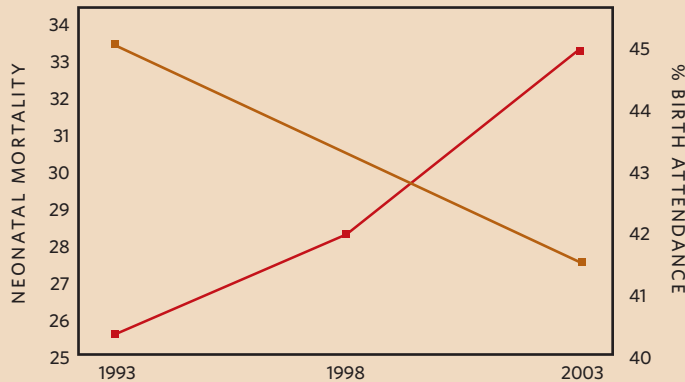
Figure 6 Income Distribution by Kenyan Province, 1999



THE RIGHT TO HEALTH

Figure 7

Neonatal Mortality Rates and % Skilled Birth Attendance, Kenya 1993–2003



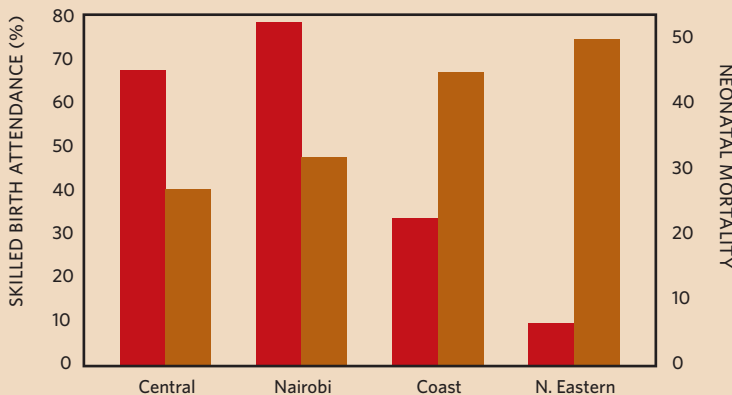
■ Neonatal mortality (probability of dying within the first month of life; per 1,000 live births)
 ■ Births attended by skilled health professionals
 Source: DHS 1993, 1998, 2003

Chances of survival during the first month of life have deteriorated, as the proportion of births attended by skilled professionals declines

The proportion of babies dying in their first month of life (neonatal mortality) is rising in Kenya, suggesting a significant retrogression in the realization of the right to health. Although neonatal mortality has many causes, the lack of attendance by a skilled health professional at birth often is a key contributory factor. The marked drop in the proportion of births attended by skilled health professionals between 1993 and 2003 is therefore a serious concern for the realization of the right to health of Kenya’s children.

Figure 8

Neonatal Mortality and Skilled Birth Attendance Kenya by Selected Provinces, 2003



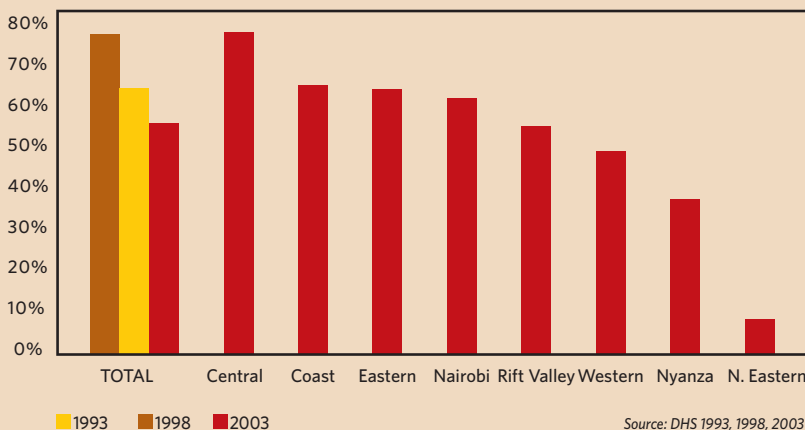
■ Skilled birth attendance (%) ■ Neonatal mortality (death within the first month of life, per 1,000 live births)
 Source: DHS 2003

Reproductive health services do not target those areas most in need

While eight out of every ten births in Nairobi are attended by skilled health professionals, less than one in ten births in North Eastern province are attended, which may contribute to the much higher neonatal mortality rates there. The Coast province also has high levels of neonatal mortality, yet disproportionately low proportions of births attended by skilled health professionals. This suggests that the provision of reproductive health services is not reaching those most in need. The decline in attendance by skilled health professionals is also a serious concern given that approximately 14,700 women still die each year due to pregnancy-related complications (Kenya HDR 2006).

Figure 9

Percentage of Children 12–23 Months with All Vaccinations, by Kenyan Province



■ 1993 ■ 1998 ■ 2003
 Source: DHS 1993, 1998, 2003

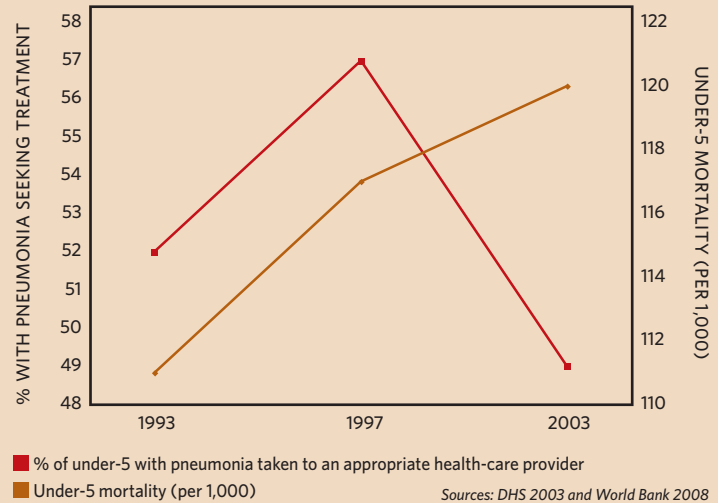
Decreased immunization coverage may have contributed to a rise in child mortality

The overall proportion of children vaccinated in Kenya fell between 1993 and 2003, suggesting a retrogression in efforts to realize of the right to health. The drop in vaccination rates may have contributed to the significant increase of child and infant mortality in Kenya. There are also marked disparities among the provinces: less than one in ten young children in North Eastern province are immunized compared to nearly eight in ten in Central province.

Child mortality is rising, while treatment sought for pneumonia is falling

The rise in the number of children dying before they reach the age of five (child mortality) has been accompanied by a fall in the proportion of children taken to a health-care provider for the treatment of pneumonia.

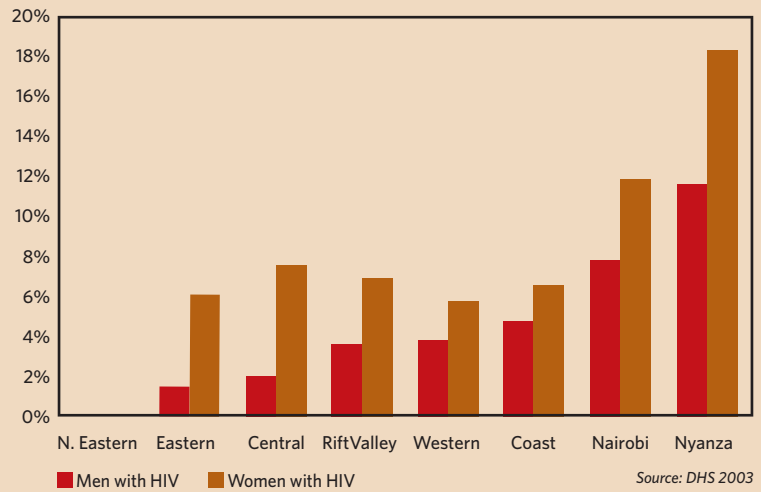
Figure 10 Changes in Care Seeking for Pneumonia and Child Mortality



More women than men are suffering from HIV/AIDS, with Nyanza particularly badly affected

In Kenya, there are marked gender inequalities in HIV/AIDS prevalence, with the prevalence rate among women almost twice that of men, reflecting the greater vulnerability of women. The HIV/AIDS prevalence rate is also much higher in rural areas (10 percent) than in urban areas (5.6 percent), and Nyanza province is particularly badly affected. Kenya is among the 20 countries identified by WHO as having the highest unmet need for access to antiretroviral therapy (KFF 2005).

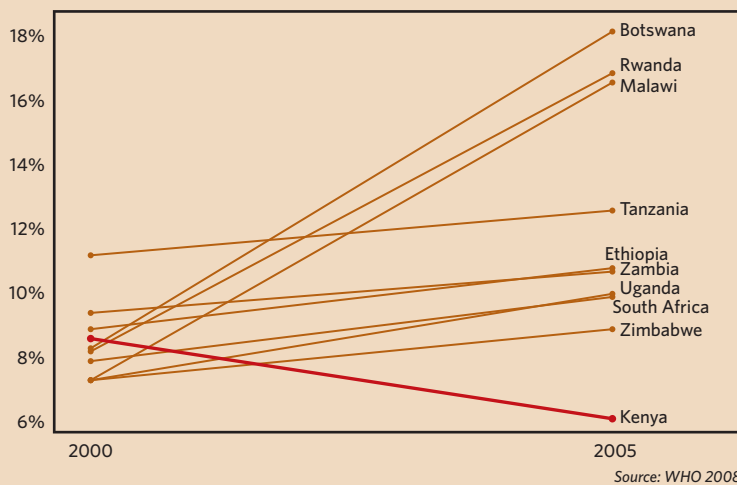
Figure 11 HIV Prevalence by Kenyan Province



Kenya spends less of its budget on health than its neighbors despite deteriorating health indicators

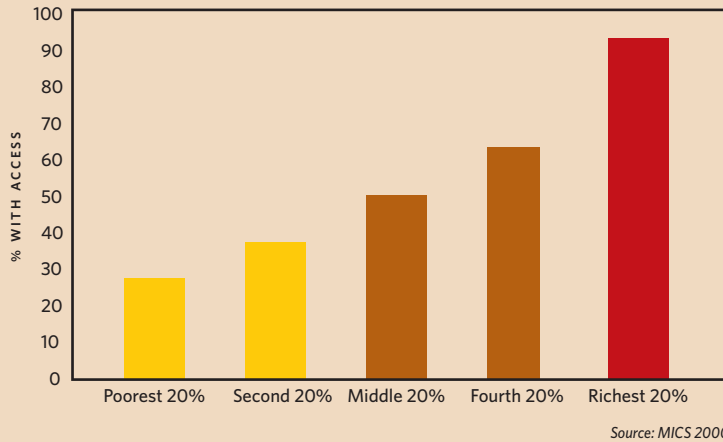
Government expenditure on health increased between 2000 and 2005 (the latest years for which comparative data is available). But it is a concern that, in stark contrast to its neighbors, the proportion of total government budget devoted to health fell between 2000 and 2005. In the context of deteriorating health indicators (including rising neonatal, infant and child mortality rates) this may reflect a failure to prioritize health and to spend the maximum of available resources on the realization of the right to health.

Figure 12 Govt. Expenditure on Health as % of Total Govt. Expenditures, 2000–2005: Kenya and its Neighbors



THE RIGHT TO WATER

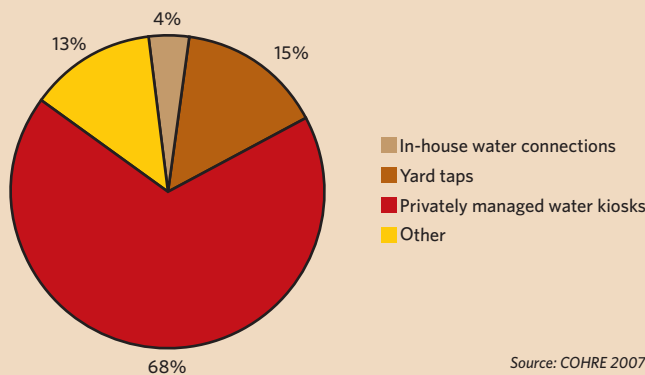
Figure 13 Access to Safe Drinking Water by Wealth Quintile, 2000



Access to safe drinking water largely depends on wealth

The right to water is not enjoyed equally by all Kenyans. There are gaping disparities between the rich and poor in access to safe drinking water. While more than 90 percent of the richest 20 percent of Kenyans have access to safe drinking water, less than 30 percent of the poorest 20 percent of the population have access. This suggests efforts to meet the needs of the most vulnerable are inadequate or are failing to meet government objectives.

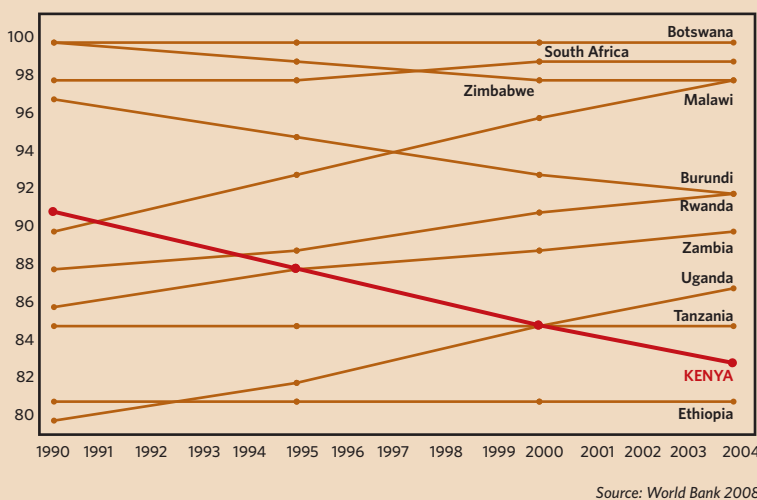
Figure 14 Source of Water for Kibera Households, 2007



Access to safe drinking water in urban slums is limited while the poor pay more for water than the wealthy

On average, 60 percent of those living in urban areas have access to safe drinking water, but in Kenya's slums and informal settlements it is estimated that only about 20 percent have access to safe water. In Nairobi's massive Kibera slum, only 4 percent of households have in-house water connections and 15 percent rely on yard taps that access the city's water services. But nearly 70 percent rely on private water kiosks which charge much higher prices, meaning that the poor pay more for water than the rich (COHRE, 2007).

Figure 15 Improved Water Source, Urban (% of Urban Population with Access): Kenya Compared to Other African Countries



Bucking the regional trend towards progress in urban areas

In stark contrast to most of its neighbors in the region, Kenya is now falling markedly behind in ensuring increased access to water of the urban population. In fact, the proportion of urban Kenyans with access to an improved water source has been declining since 1990. This suggests that inadequate resources are being invested in urban areas to keep up with the rapid rise in Kenya's urban population.

THE RIGHT TO ADEQUATE HOUSING

Over 70 percent of urban Kenyans live in slum-like informal settlements

The right to adequate housing is far from being fully realized in Kenya's cities, where 70 percent of the population live in slums. Kibera, the largest slum in Nairobi, is home to almost 800,000 people and is located next to a golf course roughly the same size. Yet while the golf course has irrigated greens, the slum dwellers lack access to water or sanitation. About 94 percent of households in the slums lack access to even basic physical and social infrastructure, and hygienic conditions are extremely poor.

Slums are characterized by insecure tenure

The majority of Kenyans living in Nairobi do not own their houses or the land on which it is built, but pay rent to slum landlords. Rent is high, limiting their ability to meet other basic needs. There is no tenure security, leaving them vulnerable to forced eviction. Despite their precarious tenancy, no laws or policies protect slum residents against forced eviction (COHRE 2007). With over 70 percent of the urban population now living in slums, government programs for slum upgrading will reach only a small proportion of urban Kenyans (UN Habitat 2005) suggesting that greater efforts are needed for the realization of the right to adequate housing.

Figure 16 Nairobi, Kenya, from the Air: Interesting Neighbors

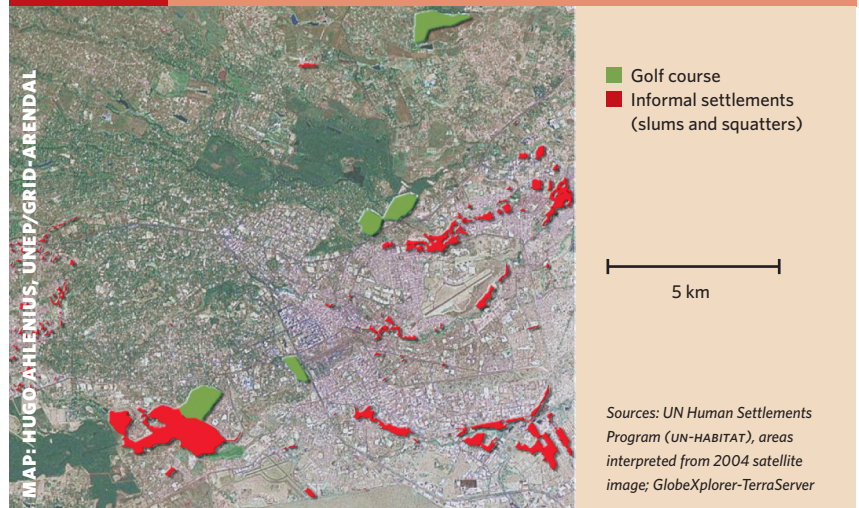
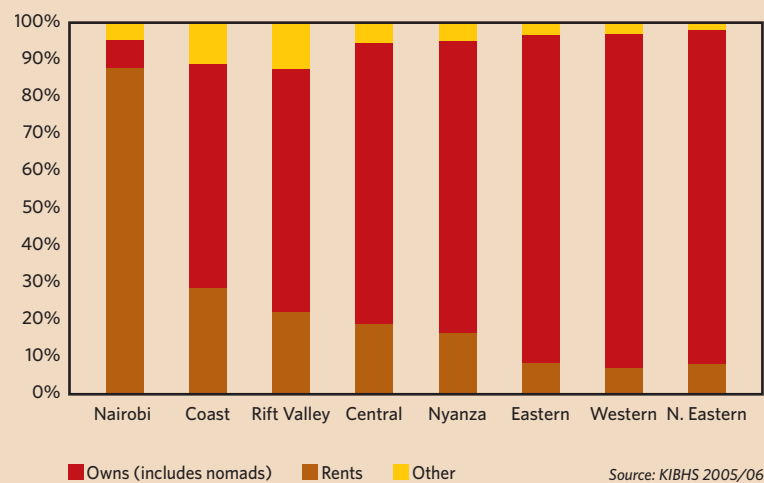


Figure 17 Ownership of Land on which Home Stands in Kenyan Provinces, 2003



A note on the data

Most of the data in this fact sheet is based on the 2003 demographic household survey, as this is the latest available data. Where possible, data from the more recent 2006 household budget survey has been used, but to date, only limited data from the 2006 survey has been publicly released. An urgent call for the collection and release of updated, comprehensive data is therefore of paramount importance in the monitoring of the realization of these rights in Kenya.

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ABOUT CESR

The Center for Economic and Social Rights (CESR) was established in 1993 with the mission to work for the recognition and enforcement of economic, social and cultural rights as a powerful tool for promoting social justice and human dignity. CESR exposes violations of economic, social and cultural rights through an interdisciplinary combination of legal and socio-economic analysis. CESR advocates for changes to economic and social policy at the international, national and local levels so as to ensure these comply with international human rights standards.

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Figure 18 Map of Kenya