



# **Kenya NGO Earth Summit 2002 Forum**

## **THE STATUS OF YOUTH AND CHILDREN IN KENYA**

*A REVIEW OF THE IMPLEMENTATION OF AGENDA 21 IN  
KENYA*

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## INTRODUCTION

Together Children and Youth comprise some 62% of the Kenyan population. The continued involvement and participation of such a huge constituency of stakeholders is absolutely indispensable if sustainable development is to be realised. It was the recognition of this salient, indisputable but largely unrecognised fact that prompted the world's governments to include a whole chapter on youth and children in Agenda 21; The blueprint for sustainable development that came out of the United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro, 1992.

Indeed in their declaration of principles during that extraordinary conference, the leaders noted that 'the creativity, ideals and courage of the youth of the world should be mobilized to forge a global partnership in order to achieve sustainable development and ensure a better future for all'

Chapter 25 of Agenda 21 is a concise policy statement that outlines specific measures for improving the lot of Children and Youth. It states, expressly the overall objective of advancing the role of youth and children *and* actively involving them in the protection of the environment and the promotion of economic and social development. In particular it notes that the 'specific interests' of children need to be taken fully into account in the participatory process on environment and development in order to safeguard the future sustainability of any actions taken to improve the environment. The document provides specific roles for both government and civil society.

Agenda 21 realised over the past 10 years? Did the UN, the Government of Kenya and civil society do enough to ensure the objectives outlined in Chapter 25 of Agenda 21 were met? The short answer is NO. As this assessment reveals, none of the targets set by the World Summit on Children in 1990 and wholly adapted by UNCED in 1992 were met. This means that the plight of children was not sufficiently addressed over the past decade.

It is also noted here that youth have continued to be sidelined and ignored in as far as important decisions affecting their lives are concerned. Unemployment is on the rise, the education sector a shambles. These, coupled with the increasing incidence of drug abuse, AIDS and crime amongst the youth have further complicated the lives of young Kenyans. Indeed the concept of 'Inter-generational Equity' has become an area critical concern in modern development discourse. As the Braga Youth Action Plan put it, 'justice between present and future generations is recognised as a fundamental base for sustainable development'.

Agenda 21 lumped youth and children together. This was an awful mistake. As experience in Kenya has demonstrated, time and again, the problems of Children and Youth, although at times similar are in most cases different. In addition approaches that would work for Youth do not necessarily work for Children. Lumping them together in Agenda 21 resulted in poor focus on issues and a pedestrian and over-generalized approach to the solutions. Such shortcomings must be addressed at the WSSD.

Agenda 21 has also been criticized for lacking teeth. Critics insist that there were no firm legal, institutional and financial provisions for achieving the objectives. Such concerns have perhaps contributed in making the goal of global sustainability elusive. WSSD provides an opportune time for addressing them. That there is need for a long-term national youth and children's policy based on a consensus of all stakeholders cannot be gainsaid. We have in this regard made recommendations on the development of such policies as well as their implementation.

In this report we have endeavoured to review Kenya's performance by analysing the statistics with reference to Agenda 21 on a paragraph-by-paragraph basis. Lack of reliable statistics is a major impediment to research in the Third World. In many cases therefore, we have used observation and case studies to strengthen arguments. We have also looked at certain emerging issues that have become increasingly relevant in the 10 years since Rio. These include globalisation and AIDS, which are now critical to development in the Third World. AIDS for example has the potential to reverse all gains made since UNCED. We believe such new issues merit greater attention at the Third Earth Summit.

The bottom line is that all these issues affect Children and Youth in unique ways that must be adequately addressed if the delicate balance between environmental protection and economic progress is to be achieved and maintained. One way of addressing these is through institutional innovation and policy intervention: we have made suggestions towards this end.

Lastly it is important to note that a fundamental change must occur in the minds of the people. When the world realises that continued inter and intra-state disparities in income and power are ultimately unsustainable and that fast paced industrial expansion in search of illusory 'development' is in the long run environmentally futile. When the World realises this and that there are but sufficient resources for everyone's need but hardly enough for anyone's greed, then the dream for global sustainability and environmental stability will be realised.

## **AN OVERVIEW OF THE IMPLEMENTATION OF CHAPTER 25 OF AGENDA 21 IN KENYA**

### **A. YOUTH**

#### **EDUCATION**

Paragraph 25.5 of Agenda 21 required that *'each country by the year 2000, should have more than 50% of their youth, gender balanced, enrolled in secondary schools or with access to equivalent vocational training programmes'*. This was to be achieved through annual increment of access rates to schools.

Education has been declared a human right because it equips persons with relevant skills to survive and participate in national development. Education is a crucial area in youth development because between the relevant ages 15-24yrs the youth are ideally still within the education system. Further the role education plays in social and economic development of the young person cannot be gainsaid.

The compulsory age for education in Kenya is between 6-14 yrs. In 1995 the total illiteracy rates for youth over 15 yrs was 21.9%, compared to 29.1% in 1989. Illiterate males reduced from 19.2% to 13.7% in 1995, while illiterate females decreased marginally from 38.5% to 30% of the total over the same period. The gross enrolment to schools in 1993, a year after Agenda 21 was 28% for males and 23% for the females.

Government expenditure on education was 19.4% of total public expenditure in 1990.

Secondary school education usually starts at fourteen years of age and, after the introduction of the 8-4-4 system of education which replaced the 7-4-2-3 system, runs for four years, this unlike primary education in Kenya is not compulsory. The current secondary education programme is geared towards meeting the needs of both the students that terminate their education after secondary school and those that proceed for higher education. In this context, the new secondary school curriculum lays greater emphasis on job-oriented courses, such as business and technical education. However this objective has not been realised majorly due to the inadequate education infrastructure and lack of employment opportunities.

There has been a tremendous increase in both the number of secondary schools and in student enrolment in response to the rapidly increasing number of primary school leavers seeking entry to the secondary level. In 1963 there were only 151 secondary schools, with a total enrolment of 30,120 students. Today there are nearly 3,000 secondary schools with a total enrolment of 620,000 students. Of this total, slightly over 40 per cent are girls. The rapid expansion at the secondary level has been the result of the vigorous *harambee* movement that has led to the establishment of numerous community secondary schools. However, despite the progress, thousands of Kenyan children still do not have access to basic education, a situation that is being aggravated by the HIV/AIDS menace

Table-1: Primary and secondary school; enrolments and completion rates

Year	Primary school enrolment (total)	Primary school gross enrolment (%)	Secondary school enrolment (%)	Secondary school gross enrolment (%)	Primary schools completion rates (%)	Secondary schools completion rates (%)
1995	5536396	86.6	632388	22.2	42.6	77.1
1996	5597656	86.4	658253	22.7	44.3	95.4
1997	5764855	87.7	687473	23.2	46.1	88.3
1998	5919721	88.8	700538	23.2	47.2	84.5

Source: Ministry of Education, Science and Technology

As indicated in Table-1, Kenya has not made great progress in achieving the education goals set by Agenda 21. For example since 1995 enrolment in primary schools has increased by only 6.9%. Primary school completion rates have remained below 50% for the last decade peaking at 47.2% in 1998. The Gross Enrolment Rates have remained dismally low for the past decade at between 20-25%, less than half of the figures envisaged at UNCED. However the secondary school completion rates have been quite high, hovering above 75% and reaching an all time high of 95.4% in 1996.

In all cases gender parity is yet to be achieved in education, however statistical trends indicate a gradual increase in the numbers of girls and young women joining and completing both primary and secondary education over the past decade.

These statistics serve to illustrate that at both primary and secondary school levels there has not been a significant improvement in the post-UNCED in terms of education in Kenya. This is a stinging indictment on the education system in Kenya and the government's commitment to uplifting standards.

In 1997, the government commissioned a team to look into the education system with a view to easing the burden on students and making it more relevant to the needs of a developing country. Unfortunately the recommendations of this commission are yet to be implemented. Further the government has continued to pay lip service to important aspects of education such the informal and non-formal education. The upshot is that desirable goals such as Universal Primary Education and Education for All still remain a distant dream in Kenya. Major bottlenecks in achieving education goals are:

- Lack of adequate or modern facilities
- Poverty
- Socio-cultural aspects

### **Recommendations on Education**

The formal education system in Kenya comes in for a lot of criticism. This country must begin to look at education as an investment in its future. The education system helps in socializing young people to become good and responsible citizens. There are, however, too many social and economic obstacles to education. Virtually all important youth policy documents from the UN and International conferences on the

youth have stressed the need to improve and make education responsive to the needs of sustainable and equitable development. For example the 1995 *World Programme of Action for Youth to the Year 2000 and Beyond* (the most comprehensive youth policy document to have come out of the UN) had a lot to say with regard to education. In addition to recommending the implementation of such documents we urge the Government to give due consideration to the following points

1. Improving the progress to Universal Basic Education by tackling of economic and social constraints to education in the third world, increasing the educational opportunities for girls and other disadvantaged minorities and ensuring that education is of high quality and relevant to gainful employment and active citizenship.
2. Encouraging dynamic educational systems in line with the current and future needs of young people. Opportunities for advanced or university education as well as research, self-employment training and apprenticeship
3. Enhancement of vocational and technical training
4. The ongoing UN decade for human rights requires that education systems make the youth aware of their civic, cultural economic and political rights and fundamental freedoms.
5. Training youth for enterprise
6. Establish institutions and infrastructure for training youth workers and youth leaders, including assistance to youth NGOs.
7. In order to be more effective, schools and universities must be given more funding.
8. Take greater account of the importance of non-formal education for young people by providing more financial support and introducing standardized rules established in cooperation with NGOs in order to make progress in the recognition of acquired skills. The dovetailing of formal and informal education needs to be improved, and the achievements of young volunteers should be validated.
9. Step up the initiatives to ensure that the most disadvantaged young people are integrated into the various education systems, for example by making education free everywhere from primary school through to university.
10. Drafting of a Kenyan Charter of the rights of pupils and students: compulsory schooling up to the age of 16 years at least, free education, right to be consulted, entitlement to decent housing near to the place of study, specific support for young people with disabilities, access to new information technologies, medical assistance, choice of courses based on the abilities and skills of each person rather than on developments in the economy in general, regular evaluation of schools and universities.
11. Implementation of the Bologna Declaration establishing standard university studies in three stages (bachelor's degree, master's degree, PhD);
12. Renewal of teaching practices: more interactive courses, teaching with an
13. Enhanced practical dimension, smaller classes.
14. Right to assess the skills of teaching staff especially at higher levels such as universities is an important way of appraising performance.
15. Creation of more effective tools in order to help pupils to make the right decisions about their future (e.g. through the Internet).

## **UNEMPLOYMENT**

Youth unemployment is one of the biggest development challenges in the Third World today. Paragraph 25.6 of Agenda 21 requires *'each country should undertake initiatives aimed at reducing current levels of youth unemployment, particularly where they are disproportionately high in comparison to overall unemployment rate'*

Articles 23, 24, 25, and 26 of the Universal Declaration of Human Rights and OAU African Charter on Peoples rights article 15 explicitly state that protection against unemployment; provision equal work, trade unionism and just remuneration are important human rights. Youth are particularly vulnerable to the vagaries of unemployment.

It is estimated that about 44% of the population (15 years and over) are considered to be active in the labour force. In Kenya over 15 million people live below the poverty line, with over three million classified as unemployed. Youth account for about 55% of the unemployed in Kenya, implying that the question of unemployment is a predominantly youth issue. While Agenda 21 did not outline specific targets, it did ask governments to implement strategies aimed at alleviating youth unemployment. The rapidly increasing youth unemployment levels have been aggravated further by changes in economic policies and donor-driven structural adjustment programmes that have resulted in massive job losses.

Subsequently, over the past decade since UNCED, there has been a steady shift from formal to informal sector employment, popularly known as *'Jua Kali'*, which unfortunately does not pay well enough. The government has deliberately encouraged the Jua Kali as a counter strategy to rising unemployment. This has paid dividends as many young people are now employed in this sector.

Direct absorption of university graduates into the job market was stopped alongside other economic austerity measures of the 90's. This has led to the influx of throngs of young jobseekers into major towns in the country. Secondary negative effects such as the systematic erosion of the social value of education, crime, prostitution and drug abuse have increased as a direct consequence.

In 1997, the government initiated the National Youth Development Fund to help finance youth development initiatives/projects countrywide. This move, based on the Kenyan spirit of self-help (Harambee) did not achieve its desired objective because of its one-off nature and general mismanagement of funds.

### **Recommendations on Unemployment**

In a strictly capitalist country, devoid of a functioning social welfare scheme, work becomes a crucial precondition for economic independence and survival. This makes employment imperative as a human right. Agenda 21 identified gainful employment as one of the important ways of achieving social equity and sustainable development.

It is very difficult for young people in Kenya to secure employment. Recognition of this difficulty is key to tackling youth unemployment today, which accounts for 55%

of total unemployment. Over the past decade the government has used various strategies

1. Encouraging growth of the informal sector or alternative livelihoods
2. Setting up the NYDF to encourage self employment initiatives
3. Encouraging young people to seek jobs abroad
4. Increasing the length of time young people spend in schools, universities and job markets
5. Implementation of the 8-4-4 system of education which encourages self-employment

The participation of youth in decisions affecting them is crucial. For any youth employment strategy to be successful in Kenya we believe the following principles and strategies should form the basis for action.

1. Increasing the lines of communication or easing the flow of information between the unemployed and the job markets.
2. The government should design institutions and structures and set aside finances for facilitating and creating opportunities for self-employment amongst the youth.
3. Exploit employment opportunities arising out of the fast paced technological changes especially in the information sector.
4. Unemployment should be viewed as a serious infringement of human rights. The current levels of youth unemployment should be viewed as a reflection of the sorry state of youth rights
5. Strict laws are needed to guard against discriminatory practices affecting youth in the corporate worlds and in politics
6. Urgent affirmative action is needed to empower youth against social marginalisation in work places and to counter the paradox of inexperience.

While the government, in the KANU manifesto of 1992 promised to create 500,000 new jobs annually, economic realities and a weak policy framework have resulted in contraction rather than expansion of the job market. It is imperative that the government prepares a sessional paper on unemployment with special emphasis on youth unemployment so as to tackle the issue in a coordinated manner.

### **HUMAN RIGHTS ABUSES AGAINST THE YOUTH AND LEGAL PROTECTION ISSUES.**

Human rights is a thorny yet important sustainable development issue in Kenya today. Agenda 21, Chapter 25 specifically admonished *'each country to combat human rights abuses against the youth, particularly young women and girls, and to consider providing all youth with legal protection, skills, opportunities, and support necessary for them to fulfil their personal, economic and social aspirations and potential'*.

While overall the human rights situation of young people in Kenya is not much different from that of the rest of the population, the position of the young women

deserves special mention, as they have often fallen prey to rape, forced marriages, female genital mutilation, unwanted pregnancies, unsafe abortions, and socio-cultural and economic practices that entrench exclusion, inferiority and marginalisation. According to the Kenya Economic Survey 2000, there were 849 cases of attempted rape in 1999 compared to 589 in 1994. Reported assault cases against women increased to 5918 from 4580 in 1994. Similar increases were recorded in mob violence and extra-judicial killings targeting young women. In the same period parliament rejected a bill aiming at outlawing FGM.

Of the fifteen major international legal instruments adopted by the UN and other Intergovernmental authorities touching on the human rights of the youth, Kenya has only ratified or acceded to a paltry five;

- Medical examination of young persons (ILO/1921)
- Civil and Political rights (UN/1966)
- Economic Social and Cultural Rights (UN/1966)
- Minimum age for admission to employment (ILO/1973)
- Vocational Guidance and Vocational Training: Human Resources Development (ILO/1975)

This again, is a stinging indictment on the government's commitment to securing the human rights of the youth and illustrates the vulnerable position of young people. Land/Political/Tribal violence that have rocked many parts of the Kenyan countryside over the past decade have further undermined the predicament of young people as they have to contend with serious human rights atrocities and social upheaval.

It is important to note that human rights as guaranteed by the 1948 Universal declaration of human rights and the Bill of Rights are also Youth Rights and should be enjoyed by all. This has not been the case in Kenya.

### **Recommendations regarding the Human Rights Situation of the Youth**

It is imperative that the government adopts and implements the provisions and recommendations of the Vienna Declaration and Programme of Action, the International Conference on Population and Development, the World Summit on Social Development and the Fourth World Conference of Women.

The government, civil society and local communities must provide safeguards against neglect, exploitation, abuse, rape, incest, pornography, drug trafficking, prostitution, commercial sex exploitation, female genital mutilation and unfair labour practices against youth in Kenya. This also includes safeguards against retrogressive and repugnant cultural practices that undermine the rights of youth.

Human rights and civic education must be made an integral and comprehensive part of education in Kenya.

The Development of a Kenyan Youth Charter to guide youth behaviour/ethics, socialisation and interaction with society is long overdue

## **YOUTH AND DECISION-MAKING**

The basis of youth involvement in development decision-making is to ensure sustainability of development initiatives and environmental conservation measures as well as provide for them secure and healthy futures. In addition youth always provide new and interesting dimensions and perspectives on development issues.

Paragraph 25.4 of Agenda 21 decrees that *'each country should, in close consultation with their youth, establish a process aimed at promoting dialogue, increasing access to information and providing the youth with an opportunity to present their perspectives on government decisions'*. This process of mainstreaming youth into development decision-making was meant to have commenced in 1993, at both local regional and international levels.

In Kenya today, there is little evidence of the governments desire to increase participation and dialogue with the *real* youth. Civil society, especially NGOs have made provisions for youth representation and youth committees within their structures. However in many cases this is mere tokenism and not effective participation.

Constitutionally, there are no legal mechanisms or provisions for ensuring youth participation, consultation or dialogue in decision-making. In the legislature as in other arms of government, no clear provisions are made for consulting youth. Most youth involvement in Kenya today has been through Youth Groups, which after 1997 were over 1500. Unfortunately youth groups because of severe financial limitations and short-term nature of their conceptualisation cannot effectively mobilise and involve the youth in decision-making.

Universities, which were once the epitome of youth consciousness, have suffered from systematic economic academic and social decline and youth activism has been criminalized.

Voting age in Kenya is 18 years, while minimum ages for parliament and presidency are 21 and 35 years respectively. These ages expose a disturbing lack of trust or confidence in the leadership abilities of young people. A large number of young Kenyans are disenfranchised due to lack of identity cards.

Virtually all National Commissions, Committees or Management Boards formed over the last decade did not have any effective youth representation.

### **Strategies for Increasing Youth Participation, Involvement and Dialogue in Decision-Making**

Young people wish to be fully involved in the life of society and in decision-making. There is overwhelming evidence that the few existing channels for doing so are inadequate, inaccessible or purely symbolic.

Numerous recommendations on increasing youth involvement have been made, such as those contained in the Braga Youth Action Plan, the Dakar Youth Empowerment Strategy and the World Programme of Action for Youth to the year 2002 and Beyond.

We strongly urge the government in liaison with youth communities to implement the strategies outlined in these documents, which are in line with the spirit of UNCED and the aspirations of global sustainability.

The following measures need to be taken, urgently to improve the quality and quantity of youth dialogue in decision-making

1. Increase political and citizenship education in schools to facilitate young people effective participation in decision-making.
2. Ensure that by 18 years of age young people can be elected into any office in the land and reduction of the voting age to 16 years.
3. Create a democratic and inclusive National Youth Council composed of young people to facilitate dialogue between government, civil society and youth on decisions affecting them.
4. Constitutionally entrench the principle of minimum youth representation in all aspects of government, civil society and international bodies.
5. Increase information flow to the youth so as to better equip them with the ability to make informed decisions.
6. Ease conditions for formation, operation, and networking of youth groups associations and NGOs.
7. Provide consistent financial support, training and facilitation to youth groups to ensure they participate effectively in development planning, decision-making and implementation.

## **B. CHILDREN**

For sustainable development to be realised, children as custodians of the future must be involved at all levels. Children constitute the greatest percentage of the population in many countries. And yet children remain the most vulnerable to effects of environmental degradation and poverty. Agenda 21 noted that in order to achieve future sustainability of present actions, the specific interests of children must be taken into account.

It should be noted over the past decade Kenya has initiated many projects aimed at improving the welfare of children. However, an analysis of indicators reveals that desirable objectives in various crucial areas like health and nutrition, sanitation or infant mortality have not been achieved. This implies that the initiatives were not sufficient in scope or were improperly conceptualised and implemented to meet the goals.

Kenya participated at the World Summit for Children in 1990 just two years before UNCED, a summit which marked a watershed in Children's issues. Prior to the adoption of the Convention on the Rights of the Child (CRC) by the UN General Assembly and before the World Summit for Children (WSC), the Kenya Government held a National Conference in collaboration with the Child Welfare Society of Kenya and UNICEF on promotion and implementation of the Convention in November 1989. In July 1990, Kenya ratified the CRC, becoming the 20th State to do so, thus bringing the CRC into force. The National Programme of Action for Children in the 1990s (NPA) was developed in 1992 through a participatory process involving representatives of the civil society and the government. The NPA informed

subsequent Government Development Plans and policy documents, with regard to issues concerning children. Likewise, Master Plans of Operation of the GOK/UNICEF Programme of Cooperation, reinforced by Situation Analyses of Children and Women in Kenya have taken into account the NPA. Other immediate follow-up actions comprised of the submission of the report on laws relating to children to the Government in 1994 by a taskforce appointed by the Law Reform Commission. A major recommendation of the report was the drafting of a Children Bill, which has just been passed in Parliament. Periodic reviews of progress of implementation of the CRC have included annual Reviews of Government of Kenya (GOK) Programmes, NGO and donor supported Programmes.

Kenya has also signed two optional but important protocols touching on the rights of children;

1. Optional protocol on the involvement of children in armed conflict (signed on 8<sup>th</sup> September 2000)
2. Optional protocol on the sale of children, prostitution and child pornography (signed on 8<sup>th</sup> September 2000)

These two protocols need to be ratified in order to carry the weight of international law.

## **Target 2000; Goals of the 1990 World Summit for Children**

Agenda 21 specifically asked governments to ensure, '*according to their policies, the survival, protection and development of children in accordance with the goals endorsed by the 1990 World Summit for Children*' We now assess how far Kenya has gone in terms of realising these goals based upon the National Report for the Special Session of the UN General Assembly on follow up to the World Summit for Children.

### **Target 2000**

A summary of the year 2000 goals agreed to by almost all nations at the 1990 World Summit for Children.

1. Reduction of infant and under-5 child mortality rates by one third of the 1990 levels, or to 50 and 70 per 1,000 live births respectively, whichever is less.
2. Reduction of the 1990 maternal mortality rates by half.
3. Reduction of severe and moderate malnutrition among under-5 children by half of the 1990 levels.
4. Universal access to safe drinking water and to sanitary means of excreta disposal.
5. Universal access to basic education and completion of primary education by at least 80% of primary school age children.
6. Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to no more than half its 1990 level, with emphasis on female literacy.
7. Improved protection of children in especially difficult circumstances.

- 1. Reduction of infant and under-5 child mortality rates by one third of the 1990 levels, or to 50 and 70 per 1,000 live births respectively, whichever is less.**

### **Statistical Snapshot**

Infant mortality rates and under five mortality rates have been on the rise in Kenya. Infant mortality rose from 58.6 in 1989, 62.5 in 1993, 70.7 in 1998 and 74 in 2000 (CCA 2000). The mortality rate for under 5's stood at 91.2 and 89.0 Per 1,000 live births in rural and urban areas respectively in 1989, it rose to 108.6 and 88.3 per 1,000 live births respectively in 1998. The national figures show a rising trend from 90.0 in 1989 to 93.2 in 1993 to 105.2 in 1998. This depressing prognosis is to a large measure a result of the HIV/AIDS pandemic and poverty. *We did not achieve this goal and instead we have deteriorated drastically in terms of child health and mortality.*

### **Major Accomplishments**

- Increased prioritization of health issues in virtually all major policy documents such as development plans, economic reviews, Kenya Health Policy Framework, the poverty reduction strategy paper among others. However, these policy documents have not always informed government planning and implementation to the letter.
  - Numerous Government Health Programmes have made positive impacts such as
  - The Control of Diarrhoeal Diseases programme (CDD),
  - The National Malaria Control Programme,
  - Integrated Management of Childhood Illnesses (IMCI),
  - Kenya Expanded Programme on Immunization (KEPI) has had a positive impact (KEPI has recently embarked on the eradication of poliomyelitis, the elimination of neonatal tetanus and reduction in illness and deaths from measles) through immunization of children against the six immunizable diseases.
  - The National AIDS and STD control programme (NASCOP)
- The declaration of AIDS as a National Disaster in 1999 by the President of the republic of Kenya was an achievement. This meant that henceforth the government machinery would handle AIDS as a priority issue with a view to stemming its spread. The AIDS prevalence rate was estimated to be 13.9% in 1998 with an urban area estimate of 17-18% and 12-13% in rural areas (NASCOP 1999).

### **Constraints**

The government of Kenya has itself identified the following as some of the major constraints hampering the achievement of child mortality targets.

- a) The health sector has not been able to expand rapidly enough to ensure adequate coverage, including supply of drugs. The constant lack of drugs affects the utilization of health services including promotive and preventive care
- b) Most health programmes are donor dependent and therefore collapse when left on their own.
- c) The low levels of incremental financial resources, inefficient utilization of existing resources and the emergence of new diseases have made the situation worse.
- d) The mushrooming private clinics have resulted in many experienced staff leaving the public sector.
- e) Limited access to essential services like safe water and adequate sanitation.
- f) Impact of HIV/AIDS on health.
- g) Polio campaigns have not been fully successful due to the misconception in a section of the population that the polio vaccine is laced with other drugs.
- h) Drugs for treating AIDS are very expensive for most patients to afford.

## **2. Reduction of the 1990 maternal mortality rates by half.**

### **Statistical Snapshot**

This has been a difficult indicator to measure and 1990 figures are not available. However, available estimates indicate a range of 365 and 489 per 100.000 live births in 1994, which rose to 590 and 650 per 100.000 live births in 1998. It can be assumed therefore, that maternal mortality has been on a rising trend, and thus, *the target was not achieved.*

### **Major Achievements**

- a) Maternal mortality as already indicated above has been on an upward swing and it is eminently difficult to find examples of major achievements in this area even over a decades span. However there are a few examples of initiatives which if encouraged and improved could make positive impact.
- b) NGOs have increased activities to enhance the status of women and girls. This includes campaigns against gender violence, female genital mutilation, raising awareness on reproductive health among young women and useful contributions towards laws that address the status of girls and women such as the Affirmative Action Bill and Equality Bill
- c) For the first time, a section on gender and development was included in the National Development Plan 1994. Kenya ratified the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) in 1984, but only until recently did the government begin to take women's issues with any seriousness
- d) Gender parity between boys and girls has almost been achieved in the education sector. Perhaps the creation of a Gender Unit and initiation of the girl child project in the Ministry of Education in 1995 was instrumental in achieving this. The belief here is that well educated girls and boys will become the responsible mothers of tomorrow.
- e) On the legislative side, the government instituted a Taskforce in 1996 to look at laws that were discriminatory against women in order to initiate statutory

reforms on gender equity The government has also drafted a Bill on Domestic Violence and Family Protection. The Constitution outlawed discrimination on the basis of sex in 1997.

- f) Reproductive Health is one of the programmes of Primary Health Care. Adolescent programmes are now laying emphasis on the girl child. Neo-natal and post-natal care is given free of charge in all public facilities. Projects include provision of contraceptives, training of health care providers, safe motherhood initiative, family planning logistics and training of community health workers on community – based contraceptive distribution.

### **Major Constraints**

Women's health and mortality is pegged upon the realization of Gender equity goals, hospital insurance, social welfare and safe motherhood goals among others. HIV/AIDS has decidedly reversed the trends towards achieving lower maternal mortality rates, other important constraints include;

- a) Poverty
- b) Hunger and food insecurity
- c) Retrogressive culture
- d) Ignorance
- e) Lack of proper measures of progress as regards maternal mortality

### **3. Reduction of severe and moderate malnutrition among under-5 children by half of the 1990 levels.**

#### **Statistical Snapshot**

Malnutrition is an outcome of many immediate, underlying and basic factors and remains a major problem in Kenya. About one third of Kenyan children are chronically malnourished, and during severe drought periods, the acute malnutrition rate (“wasting”) may rise from a normal 6 per cent to about 25 per cent. High unemployment rates, low wages and the decline in economic growth, leading to social degradation, especially among the vulnerable groups have been identified as some of the basic causes. In 1993, 22.3% and 5.7% of children under 5 suffered from mild and severe underweight respectively. This improved to 17.5% and 4.8% respectively in 2000 (KDHS 1993, MICS 2000). The rate of moderate stunting has slightly gone down from 32.7% in 1993 to 29.3% in 2000, while severe stunting went up from 12.2% in 1993 to 12.5% in 2000. Mild and severe wasting are virtually unchanged from 5.9% in 1993 to 6.0% in 2000 and 1.2% 1993 to 1.3% in 2000 respectively. The rate of exclusive breastfeeding dropped from 17% in 1993 to 15.5% in 2000. Continued breastfeeding for 12-15 months was 80.8% in 2000 while that of 20-23 months dropped from 54% in 1990/93 to an estimated 23.5% in 2000. ***The conclusion? Target was not met and the situation may be worsening.***

#### **Major Achievements**

- a) Development of the National Plan of Action for Nutrition in 1994 attempted to address the nutritional requirements of young children. This plan aimed to

- incorporate global nutrition objectives into national development programmes and policies. It also aims to develop specific nutrition interventions.
- b) The school milk and feeding programmes, which were, unfortunately scaled down in the 1990's, and emergency or disaster relief food that have been distributed intermittently in famine areas have alleviated the suffering of many children.
  - c) A Food policy to address nutrition issues has been developed. The policy addresses issues aimed at improving food security both at national and household levels. This is more of a new development rather than an achievement as Kenyans await its full implementation. However it deserves mention as a step in the right direction

### **Major Constraints**

- a) Food access is limited by widespread drought, Ignorance and culture; ignorance on nutrition aspects of feeds continues to characterise the diets of many Kenyan households and even when nutritive foods are locally available, consumption by households may be limited due to cultural food habits.
- b) Poverty; declining purchasing power especially for low-income earners fueled by biting poverty and economic collapse in the country over much of the last ten years.
- c) Land tenure; the system allows large tracts of arable land to lie idle while much of the population has limited or no access. In addition the use of agriculturally rich land for industrial and residential purposes in Kenya is an unfortunate development that will undermine long-term food security and nutrition.
- d) Limited ownership of resources by women hampers food sufficiency at household level

### **4. Universal access to safe drinking water and to sanitary means of excreta disposal.**

#### **Statistical Snapshot**

It has been predicted that water will form the biggest source of conflict in the horn of Africa region over the next few decades. Water development planning should, ideally be embedded in a much wider systems plan that encompasses, *inter alia*, natural resource management, water treatment and distribution. Actions such as the recent decision by the Government of Kenya to cut huge chunks of the forest cover go against the spirit of UNCED and the dictates of sustainable development and common sense. Access to adequate safe drinking water, sanitary excreta disposal and environmental hygiene is a major primary health care concern as children are particularly vulnerable to water and sanitation related diseases such as diarrhea and malaria.

Overall, 48% of the population had access to safe drinking water by 1989. This improved to about 56% in 2000. (The rural North Eastern Province population was however excluded). Adequate sanitation was available to 84% of the population in 1992 and 80% in 2000 (CCA 2000). However, significant regional disparities exist in access to safe water and sanitation with the differences in rural and urban experience

being particularly significant. *The above statistics therefore reveal that the goal for water and sanitation were not met.* Universal access to water and sanitary means of excreta disposal remain but dreams in Kenya

### **Major Achievements**

Kenya has however developed a National Water Policy and a Water Act and has set up the following priorities in the water and sanitation sector;

- To increase access to safe drinking water by 8% each year until 2004;
- To improve coverage and access to adequate sanitation, especially in the urban slums and the rural areas with special attention to schools;
- To build capacity at all levels of the society and within the institution framework in water and environment sanitation

### **Major Constraints**

- a) Financial constraints for upgrading sanitary systems and improving water availability and distribution: Egerton University, for example uses a sewage system that is environmentally calamitous as it discharges raw excreta from its 5000 plus inhabitants into a small stream. The city of Kisumu with 600000 inhabitants, survives on a sewage system designed for only 6000! These are glaring examples of sanitation disasters that cannot be remedied due to financial obstacles. Most sanitation projects are therefore donor-driven
- b) Forest degradation & Climate change; It is common knowledge that forests bring rain and rain is water. However in Kenya there has been relentless destruction of forests thereby severely reducing the water catchment capacity of the country. Climate change effects have been felt in Kenya. The *El nino* weather phenomenon followed by the *la nina*, which rocked the country, a few years back were primarily due to climate change. (Kenya has signed the contentious Kyoto Protocol on climate Change.)
- c) Population explosion
- d) Informal and unplanned settlements
- e) Poor infrastructure
- f) Inadequate technological know-how

### **5. Universal access to basic education and completion of primary education by at least 80% of primary school age children.**

#### **Statistical Snapshot**

Basic education is a human right. It is the right to know and to be told certain things. Agenda 21 (Paragraph 25.14(d)) required governments to take active steps to *'Expand educational opportunities for children and youth, including education for environmental and developmental responsibility, with overriding attention to the education of the girl child'*; In Kenya the primary GER (Gross Enrollment Rate) has declined from 101.8 in 1990 to 86.9 in 1999. The GER is higher in rural areas than in

urban areas. Precise data on net enrolment rates (i.e. number in school of school age) is not available, however estimates suggest the following decline:

80% in 1990, 78% in 1993 and 76.2% in 1997 but rose to 83% in 200. (CCA-2000). In reality late enrolment and repetition has distorted age groups to the extent that the average age of children actually completing primary education is 17 (NPB 1998), i.e. the theoretical age for completion of secondary. ***The goal of universal access to primary education was not achieved during the period.***

The primary school completion rate has increased from a national average of 43.2% (boys 45.7%, girls 40.5%) in 1990 to 47.7% in 1999 with a near gender balance. The transition rate from primary to secondary has however declined sharply from 44.6% in 1991 to 39.9% in 1999. Throughout the period, the transition rate for girls was lower than for boys. Repetition rates undermine prospects of improving completion rates.

According to 1998 data, 61% of Standard 6 pupils had repeated at least once and 23% had repeated twice or more. Repetition is against Government policy but is actively encouraged at school and district due to the publication of league tables based on mean scores in the Kenya Certificate in primary Education Examination. Attendance rates are affected by health factors, including the impact of HIV/AIDS and other diseases, as well as ability to pay school levies. Poor attendance leads to increased repetition and drop out.

The current drought has seen declining attendance rates, in both primary and especially secondary schools, which augurs badly for future completion rates. Other indicators of school effectiveness, including internal efficiency need to be stressed, as does remedial education in contrast to extra exam coaching, to reduce repetition and drop out rates. According to the 1995 Primary School Census the average drop out rate per standard was 3.2%. Indications are that it is now higher. ***In short the goal of achieving 80% level was not achieved according to the statistics reflected above and in the and for the reasons given.***

### **Major Achievements**

- a) Parity between girls and boys has been achieved at the primary level.
- b) Establishment of constituency bursary funds has increased the provision of fees in secondary schools to cater for poor children.
- c) School feeding of pupils in primary schools within arid and semi-arid regions continues to assist

### **Major Constraints**

- a) Non-implementation of the findings of the National Commission on Education, or Koech report of 2000, which found the current education system wanting and in dire need of reform.
- b) Recent Re-introduction of fees at the primary will reverse even the little progress
- c) Poverty levels increased during in the latter years of the decade (52% of Kenyans live below the poverty line)

- d) Implementation of Structural Adjustments Programme has increased the cost of education (because of cost sharing)
- e) HIV/AIDS prevalence is threatening to undermine all gains made in education
- f) Child labour has become more prevalent as poverty increases
- g) Socio-cultural beliefs persist which negatively impact on girls' education
- h) Withdrawal of the School Milk System was a major drawback

**6. Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to no more than half its 1990 level, with emphasis on female literacy.**

**Statistical Snapshot**

Once there is Universal Primary Education, the concept of adult literacy will gradually lose relevance. Kenya did not set age group benchmarks for adult literacy targets. In addition the paucity of reliable data and statistics on adult literacy has made it very difficult to assess. Adult literacy improved from 54.3% in 1988, to 79.7 in 2000. There are serious disparities based on region and gender. Adult education offers alternative channels for education. Vocational training colleges offer after school opportunities for acquisition of life skills. These continue to be offered but not meaningful statistics exist to measure progress.

The goals of improving adult literacy seem to have been achieved in Kenya. This is more as a result of natural attrition and selection in the population rather than any coordinated strategies. It is a truism that the illiterate find it more difficult to survive in the present world set-up and have shorter life expectancies.

**7. Improved protection of children in especially difficult circumstances.**

**Statistical Snapshot**

The concept of Children in Need of Special Protection (CNSP) involves poverty mapping and continuous assessment to enhance capabilities of the local, physical administrative and human infrastructure to protect the rights of children (UNICEF 1996).

The root causes giving rise to CNSP include poverty, failure by families in their primary responsibility of ensuring child protection, increased urbanization and the breakdown in social-cultural values.

**Some Achievements for CNSP in Kenya**

- a) Many child welfare organizations have sprung up and are involved in positive initiatives aimed, examples include; The Child Welfare Society of Kenya, CWSK, The African Network for the Prevention and Protection against Child Abuse, ANPPCAN, The Kenya Alliance for the Advancement of Children among others
- b) Kenya was only the twentieth country to ratify the Convention on the Rights of the Child (CRC) in July 1990 this is in accordance with the provisions of Paragraph 25.14 (b) of Agenda 21 which required governments to *'ratify the*

*Convention on the Rights of the Child (General Assembly resolution 44/25 of 20 November 1989), at the earliest moment and implement it by addressing the basic needs of youth and children’;*

- c) To domesticate this international instrument, a Children Bill was drafted and has in November 2000 been passed in parliament.
- d) A Rights-based Model for socio-cultural and economic reintegration for CNSP has been developed.
- e) A UNICEF supported survey of CNSP was conducted in 1997.
- f) Rapid Response Units (Crisis Desks) for child protection have been established in the Children’s Department.
- g) Volunteer Children’s Officers have been institutionalized in collaboration with the
- h) District Children’s Advisory Committees (DCAC). A Cabinet Memorandum has been prepared for the gazetting of the Volunteer Children’s Officers.

The Government in collaboration with the German Technical Cooperation (GTZ) is in the process of implementing a programme on ‘Integrated Promotion of Street Children and Youth at Risk’. The programme’s objective is to enhance development opportunities, dignity and living conditions for children with particular emphasis on street children and youth at risk. While national legislation in Kenya considers people below the age of 15 years to be too young to work, there are children in this age group who are engaged in employment.

## **SOME CROSSCUTTING ISSUES**

### **HIV/AIDS AND ITS EFFECTS ON YOUTH AND CHILDREN IN KENYA**

While AIDS had become an important disease by 1992, the United Nations Conference on Environment and Development did not adequately address it. In Agenda 21 the issue of AIDS is conspicuously absent. And yet AIDS was not and is not an emerging issue. It is perhaps due to this unfortunate omission that AIDS continued to spread unabated in the 1990’s, effectively reversing the gains made in other areas. HIV/AIDS most debilitating effects are on young children and youth. Currently it is estimated that there are 850,000 AIDS orphans in Kenya. (AIDS in Kenya 1999, NASCOP). In addition about 60% of new HIV infections in developing countries occur in people ages 15-24.

According to the World Bank HIV/AIDS affects Children and young people most because ‘Individual households struck by AIDS often suffer disproportionately from stigma, isolation and impoverishment, leaving a heavy emotional toll on children. In fact, their schooling is often interrupted in order to find work to support their family. However, with their lack of necessary skills and experience in finding a job, these children orphaned or otherwise affected by AIDS may turn to prostitution, thereby increasing their risk for HIV infection. This gap in parenting, traditional cultural, societal, and moral values -- usually passed from one generation to the next - may therefore be lost.’

HIV/AIDS therefore poses the greatest threat to the gains made in child survival, development, protection and participation. Ensuring prolonged survival of HIV infected persons is one way of reducing the incidence of children being orphaned at a

very early age. This entails effective management of HIV/AIDS such as proper control and treatment of tuberculosis and other opportunistic diseases. The President of Kenya declared HIV/AIDS a national disaster in 1999. The overall goal of the GOK is to slow down the progression of the AIDS pandemic, eventually bringing it to a halt, and to adequately respond to the consequences of the pandemic. The Government policy is to promote and strengthen non-institutional care of people with AIDS. There is a policy guideline on HIV and Infant Feeding to prevent and reduce mother to child transmission through breastfeeding. Unfortunately awareness and implementation of these policies is very low. Knowledge of mother to child transmission in 2000 stood at 47.7%. Women who knew where to be tested were 59.5% and yet those who have been tested are only 8.5% (MICS 2000). Alternative ways are being sought through education, counseling and research. The AIDS prevalence rate was estimated to be 13.9% in 1998 with an urban area estimate of 17-18% and 12-13% in rural areas (NASCO 1999).

As already indicated, 60% of new cases of AIDS occur among the youth between ages 15-24 years in the developing world. Estimated proportions of 15- to 24-year-olds living with HIV/AIDS in Kenya are 13% and 6.4% for females and males respectively. This implies that AIDS is predominantly a youth issue. Indeed numerous Youth Declarations and Statements from meetings have given due prominence to the disease, a few examples will suffice;

Governments should develop accessible, available and affordable primary health care services of high quality, including sexual and reproductive health care, as well as education programmes, including those related to sexually transmitted disease, including HIV/AIDS, for youth. Continued international cooperation and collective global efforts are necessary for the containment of HIV/AIDS. *(Paragraph 58. World Programme of Action for Youth to the Year 2000 and Beyond RES. 50/81 1996)*

Elaborating programmes of information, education, communication and campaign awareness among young women and young men to fight HIV/AIDS and sexually transmitted diseases; *(paragraph 68 Lisbon Declaration on Youth Policies and Programmes, adopted at the World Conference of Ministers Responsible for Youth, held at Lisbon from 8 to 12 August 1998)*

We recommend the formulation/review and implementation of an integrated national youth health policy addressing all major health issues including: sexual and reproductive health, HIV/AIDS, infectious diseases... *(Paragraph 22, Braga Youth Action Plan, 1998)*

We acknowledge that the youth continue to face serious health issues, in particular the HIV/ AIDS pandemic, which is the biggest challenge facing our generation. We call upon governments to implement the United Nations General Assembly Special Session Declaration on AIDS, and encourage all stakeholders to carry out the responsibilities articulated in the HIV/ AIDS annex to the Dakar Youth Empowerment Strategy... *(Paragraph 8, the Dakar Youth Empowerment Strategy, August 2001)*

... “expresses deep concern over the fact that currently approximately half of new human immunodeficiency virus (HIV) infections are in youth aged 15 to 24 and that no fewer than 6,500 young people are infected by the virus each day, and reiterates the need to achieve the goals and commitments contained in the Declaration of Commitment on HIV/AIDS adopted at the twenty-sixth special session of the General Assembly on HIV/AIDS held at Headquarters from 25 to 27 June 2001” *(UN General Assembly Resolution 18 October 2001)*

HIV/AIDS is a serious developmental challenge in Africa and accordingly it must constitute our priority from resource point of view. The target group should be the most affected ones, which is youth (15-25 years). AIDS should not be used as a bio-weapon. (*Youth Statement at the African regional Preparatory Conference for the WSSD, 16<sup>th</sup> October 2001*)

These categorical statements illustrate the consensus that youth must be shielded from the effects of AIDS. This is especially true for the girls and young women, in Kenya, young women have been particularly vulnerable to the spread of AIDS because they do not always have access to critical information needed on safe sex. This situation is exacerbated by other social and cultural factors, as well as violence and repression that some women face --making it even more difficult for them to protect themselves. It is a fact that the decision of when, how and with whom to have sex is a predominantly male one. Consequently the HIV prevalence rates tend to be higher among young women than men in Kenya.

While Youth are the most endangered group, they are also the most innovative in the fight against AIDS as shown by the examples of best practices outlined below

#### **4 EXAMPLES OF HOPE: YOUTH FIGHTING AIDS IN KENYA**

##### ***1. Mathare Youth Sports Association (MYSA)***

Mathare is the largest of Nairobi's slum areas, a byword for crime, drugs, poverty, prostitution and AIDS. But since 1987, young people have been organising themselves effectively; in the beginning, to carry out environmental clean-ups and to organise sporting activities. By 1997 MYSA had grown into Africa's largest youth football club.

The ethos of the club is to promote social responsibility and leadership, on and off the field. When a member died of AIDS in 1994, MYSA started an action programme on HIV prevention. All 25 members of the senior squad (largely 18 – 20 year olds) were trained as AIDS peer educators. By the end of 1997, 51 boys and 25 girls had completed the advanced course to be peer educators and another 25 boys and 25 girls had finished the introductory course. A small AIDS reference library was started in the MYSA office. The peer educators work mainly on an informal basis, through the teams they coach, their own team-mates, friends and family members. Their local hero status as successful players means they have enormous influence on other young men and women. [The MYSA programme is estimated to have reached about 20,000 young people between 1994 and 1997. The main emphasis is on abstinence from sex until young people are physically and emotionally mature. MYSA is helping young men and women to develop self-esteem as well as informing them about HIV/AIDS.

##### ***2. The Fish Group***

The Fish Group is a Catholic youth organisation, started in 1985 to promote Christian values and community service, and to organise activities for young people. In 1995, the group started the 'Youth for Behaviour Change' project, which focuses on HIV prevention. It has a distinctive, youth-led approach to HIV/AIDS education. It recognises that changing sexual behaviour is not easy, and does not happen simply by

giving out information or employing scare tactics. People are encouraged to go through three stages:

Know and accept the *reality* of your present risky behaviour

Choose and commit yourself to a new behaviour, which is *possible* for you

*Act* on your choice of new behaviour

The approach uses workshops and several sessions spread over several weeks. Men and women in their late teens and early twenties are trained as peer educators; virtually all are already sexually active. The approach emphasises that behaviour change is each individual's responsibility, not to be imposed by a facilitator. The Fish Group's project has demonstrated its potential for empowering young people to take greater control of their sexual health and the leaders would like to expand to meet the many requests it receives from community groups, schools and churches. But it depends on the voluntary work and financial contributions of its members and supporters. It could train many thousands of young people.

### ***3. The Kenya Society for people with AIDS (KESPA)***

KESPA was launched in 1992. In western Kenya, it was a one-man organisation run by Edwin Odera, who was HIV positive. He developed a number of Anti-AIDS clubs in secondary schools, to create AIDS awareness among students and teachers and at home, to visit the sick and to offer spiritual support for the affected and infected. By early 1997, there were 25 such clubs active in Siaya District.

Each club has a teacher as Patron but the day-to-day affairs are in the hands of the students themselves, who levy a small membership fee and draw up their own workplans.

About 5,000 girls and boys are members of these clubs, and another 3,000 have left school after being members. KESPA exemplifies the inspirational role a young person living with HIV can play in HIV/AIDS awareness work among other young people. Edwin Odera died of AIDS in June 1997. The board decided to continue his work with KESPA and ACTIONAID-Kenya is continuing its financial assistance.

### ***4. The Teenage Mothers and Girls Association of Kenya (TEMAK)***

TEMAK was founded in 1994 by a couple in their mid-twenties, Philomena and Joab Othatcher. Originally aimed at supporting and empowering young mothers, TEMAK's work has developed into other areas, including HIV/AIDS prevention. Information is provided to members through workshops with small groups and individual counselling. Staff members visit schools to help establish anti-AIDS clubs. Working with child prostitutes in the area is also a high priority of the project. An evaluation of the work has not been carried out but staff and volunteers believe that the self-esteem of many girls and young women involved in TEMAK has improved, partly because they are now knowledgeable about sexuality, pregnancy, and HIV/AIDS. Many have been helped financially to set up and run their own businesses.

Behaviour change is reported; more members use condoms and/or have reduced their sexual partners to one.

In just a few years, TEMAK has helped several hundred young women to become more knowledgeable about their sexual and reproductive health, more self-reliant and more assertive in their dealings with men.

**Source;** *Youth-To-Youth: HIV prevention and young people in Kenya.* By Glen Williams, Lucy Ng'ang'a and John Ngugi. *Strategies for Hope Series No. 13.* Published by ACTIONAID, Kenya AIDS NGOs Consortium and UNAIDS. First edition, December 1997

### **The relationship between Aids and Poverty**

It is a fact there are close linkages between AIDS and poverty. Global demographic data indicate that 95% of all AIDS cases occur within the Third World, where extreme poverty is the common denominator. In addition poverty determines access to medicine, healthcare, information and food security among other things, which are important determinants in the fight against HIV and AIDS. In Kenya, 52% of the population live on less than a dollar per day. Any assault on AIDS must begin by addressing the poverty situation.

### **The impact of HIV/AIDS on education**

Education is a major factor in youth development and in sustainable development as a whole. The AIDS scourge is reversing most of the gains made in education. A recent UNICEF commissioned report and other findings suggest that education is being dramatically affected by the HIV/AIDS pandemic, in the following ways:

- a) Household impoverishment due to death or disability of parents. Because of cost sharing in education finance, this has a direct effect on children who cannot afford to attend school.
- b) Increase in child headed households, now at 5% in Kenya. HIV/AIDS orphans now stands at 850,000.
- c) Loss of teachers through death: 1800 teachers die annually, largely due to AIDS, reinforcing existing inequitable variations in pupil teacher ratios.
- d) The government has had to shift resources from crucial areas like education, bursaries, textbooks, and school feeding programmes to the management of AIDS.
- e) Children feel betrayed by the system and their parents by lack of information about prevention of HIV/AIDS
- f) .
- g) Security of school children from abuse from teacher and other must be enhanced
- h) Educational materials for formal, non-formal and informal contexts urgently needed, as is the training of teachers and other educators in HIV/AIDS.

### **A strategy to fight AIDS**

While in recent years there is increased momentum at the global level in the fight against AIDS, there is still a lot to be done in terms of galvanising resources and

involving local communities. Positive steps have been taken, including the declaration of December 2<sup>nd</sup> as the World Aids Day, creation of the Global Fund for AIDS, increased scientific research on vaccines and drugs, among numerous other initiatives. Also there is increased coordination of the fight against AIDS through the UNAIDS. In all this, it is difficult to pinpoint specific actions targeted at the vulnerable youth

Historically though, the fight against AIDS was not always given priority, infighting and indifference within the UN characterised the early days. In addition major financiers did not consider the AIDS a major threat to it and subsequently paid lukewarm attention to it. Early intelligence reports by the CIA of the emerging disaster were largely ignored. This is why AIDS spread so fast in Africa. In the case of AIDS, the international community will carry history's heavy burden of blame.

In Kenya the fight against AIDS has been spearheaded by The National AIDS and STD control programme (NAS COP) which focuses on the provision of support and health care to People Living with AIDS (PWAs) at home as part of the strategy to mitigate the social economic impact of AIDS. Also the government has decentralized the management of AIDS by creating Constituency Aids Committees to coordinate at the grassroots.

Support centres have been established, although only 15% are operational. Epidemiology surveillance, research and blood safety is in place. The National Aids and STD Control Programme (NAS COP) has endeavored to issue all health facilities with special forms for reporting AIDS cases. The HIV sentinel surveillance system is based on data collected from both antenatal clinics and STD clinics. NAS COP also oversees the distribution of condoms and AIDS awareness campaigns. These efforts must be intensified.

In order to effectively arrest the scourge, especially among the youth, we recommend the following principles and actions for both governments, communities, organisations and individuals;

- a) Poverty has been identified as a causal factor and propellant of AIDS. Attempts to reduce poverty are attempts to fight AIDS. The government should intensify efforts to reduce and eradicate poverty in Kenya. One way is to ensure that there are adequate employment opportunities for the youth.
- b) AIDS is not a normal disease. It kills. It has no cure. It affects everybody and infects especially the most economically active young people. It is a threat to society unlike any other witnessed in history. It is therefore important that the government prioritises the issue in terms of human and capital resource allocation.
- c) While AIDS is no ordinary disease, the fact that it has spread to virtually all sectors of society means it should be demystified and especially so among the youth. There is need for intensification of action-oriented awareness campaigns on AIDS among the youth and children.
- d) The introduction of sex education in schools is no longer a choice. It is a necessity. Young people must be equipped with the knowledge of AIDS at the earliest possible opportunity. Currently relatively low infection rates of primary school children provides window of opportunity for tackling disease in primary schools (half the country's population is in this age group)

- e) Drugs that prolong life (antiretroviral) should be made cheap and easily accessible to the victims by both the government and pharmaceutical companies. The youth especially are against the patenting of life-saving drugs. Governments must not compromise on the life of their citizens.
- f) There should be increased testing and epidemiological surveys to monitor the effect and spread of AIDS in order to provide scientific data to inform policy.
- g) Promote and strengthen community and home based care for persons infected with HIV/AIDS to reduce the burden on health services.
- h) Expand the implementation of the programme of the prevention of mother to child transmission of HIV/AIDS (PMTCT)
- i) Legalize abortion for HIV positive mothers especially at the early stages of pregnancy. This will help to reduce the incidence of AIDS orphans: Children condemned to early deaths at birth.
- j) Increase funding for research related to AIDS, especially vaccination and curative procedures
- k) Condoms should be made easily available and the youth trained on effective usage.
- l) Retrogressive cultural practices amongst some communities in Kenya, such as wife inheritance and FGM, have exacerbated the AIDS menace. These should be outlawed henceforth.

### **Constraints in the fight against AIDS**

- a) Lack of adequate financial resources: The health sector has not been able to expand rapidly enough to ensure adequate coverage, including supply of drugs. The constant lack of drugs affects the utilization of health services including promotive and preventive care. Most health programmes are donor dependent and therefore collapse when left on their own. The low levels of incremental financial resources, inefficient utilization of existing resources and the emergence of new diseases have made the situation worse.
- b) Inadequate human resources and technological know how: AIDS has taken a huge toll on health workers and administrative staff of many hospital, thereby denying the country of vital human resources and experience required to combat the scourge. This situation has been aggravated by the continuing brain drain affecting the health sector as nurses and doctors move to other countries as economic refugees. The mushrooming private clinics has also resulted in many experienced staff leaving the public sector.
- c) Expensive AIDS drugs and antiretroviral therapy: Drugs for treating AIDS are too expensive for most patients in Kenya to afford. Patenting of AIDS drugs under WTO rules has meant that governments cannot legally produce generic drugs to alleviate suffering. This situation is very unfair as it involves life and death. Governments have amoral obligation to reject such rules.
- d) Continued stigmatization of AIDS: The continued stigmatization of AIDS patients is a major constraint in fighting it. Many people hide their status while others are afraid of testing because of the stigma associated with AIDS. A recent report by the Kenya Human Rights Commission takes issue with the labeling of certain categories of orphaned children as 'AIDS orphans'. While we all regret the dreadful circumstances of these children it is important to recognize that there are children like others

- e) Cultural practices surrounding sex: Many communities still maintain traditional practices that fuel the spread of AIDS. Wife inheritance among the *Luo* and *Luhya*, forced marriage among the *Kuria*, FGM among the *Kisii* and undue permissiveness amongst the *Kikuyu* are but a few examples. We must reject retrogressive culture.

Overall, the HIV/AIDS pandemic remains a challenge to Kenya's economic development. It robs the nation of the most productive labour force while vast resources have to be spent on its management and curative services for AIDS related complications.

## **CHILDREN, YOUTH AND GLOBALISATION**

Globalisation is not exactly an emerging issue. For globalisation as a process has been with us for centuries. The only difference is that the pace of globalisation has increased at breathtaking speeds over the past 50 years or so. This has presented both opportunities and threats especially to Third World economies and vulnerable groups such as Children and Youth.

We define globalisation as the observation that an increasing number of transactions and relationships occur between states and individuals living in different states. Globalisation is a dynamic, multidimensional phenomenon that occurs in cultural, social, political, economic and environmental milieu. Globalisation has been fuelled by fast paced developments in Information and Communication Technologies and in transportation, which have broken down geographical, cultural and political boundaries that have hitherto restricted interaction. In addition, the increasing importance of organisations with global and regional mandates such as the UN, the WTO, NATO, and the OECD are rightly seen as manifestations of globalisation.

As has been noted, globalisation is loaded with opportunities and challenges. Some of the challenges that have relevance to the welfare of Youth and Children include

### **Continued economic marginalization.**

There is widespread belief that in globalization, the poor are becoming poorer while the rich get richer. Liberalization in Kenya has meant increased unemployment especially among the youth, because essentially it has resulted in net export of jobs. Such concerns fueled by economic globalisation must be addressed.

### **Global warming and Environmental degradation.**

The rapid industrialization taking place due to globalization has substantially increased pollution and depletion of natural resources. There is no better example than the case of global warming. A recent World Bank report says that there is 'broad agreement among scientists that human activity has led to global warming and that much greater climate change is in store unless collective, corrective actions are taken.

Where the problem comes from is clear. Seven economies (the E-7) account for 70 percent of CO<sub>2</sub> emissions. The United States, with only 4 percent of the world's population, emits nearly 25 percent of greenhouse gases. China is the second largest emitter, followed by the EU, the Russian Federation, Japan, India, and Brazil. Incidentally these are also the fastest 'globalizers'. Environmental pollution affects all across the board and its protection is therefore a global public good. Failure of global agreements to roll back the emissions that cause global warming means that the Children and Youth will inherit a dangerous place to live in.

### **Social dislocation and cultural alienation**

Loss of culture and Indigenous knowledge at the altar of western civilization affects the youth and children in Kenya most. This is one of the ugly sides of globalisation. It is not uncommon to find young Kenyans practicing western lifestyle including homosexuality and lesbianism. Respect for elders and traditional kinship that has characterized African life is being lost at an amazing rate. It is necessary to protect African culture that has been time tested and is eco friendly for the benefit of posterity.

### **INFORMATION AND COMMUNICATION TECHNOLOGIES (ICT)**

The Dakar Youth Empowerment Strategy made wide-ranging recommendations on issues relating youth access to information and communication technologies. It is now patently clear that increased access to the Internet and information is key to survival in the 21<sup>st</sup> century. Bridging the existing digital divide is therefore an important priority for youth development in future. The following Dakar recommendations should be fully adopted in Kenya:

- a. An increase in technical, technological, material and financial support through the establishment of an Education and ICT fund, which promotes North – South and South – South cooperation, national, regional and international networking, and government and private partnerships of ICT training centres, and support specific youth voluntary services in the fields of both formal and non formal education and ICT;
- b. The creation of peer education and exchange programmes and policies to encourage and improve the equitable, free and easy use of ICT in underdeveloped rural, urban and remote areas;
- c. The establishment of vocational schools at a community level, the creation of internet cafés, distance learning centres, the training of trainers, and the development of re-training programmes;
- d. The enhancement of existing mass media and interconnected radio, television and Internet for improved education processes.
- e. Improvement in the quality and access of education and ICT by means of giving a priority to education and ICT and waving of taxes on ICT materials intended for free community use;

- f. Create government and private partnerships, global cooperation and regional strategies to promote ICT in education;
- g. Increase the budget for education and ICT in the respective national budgets, expressed as a percentage of the GDP;
- h. Implement of bilateral and multilateral debt relief for a better and broader ICT programme implementation;
- i. Reduce the prices of ICT material and training;
- j. Encourage the local production of educational and ICT content and access to content;

The Dakar empowerment strategy further noted that ‘In order to empower young people and close the digital divide, it is necessary that youth understand ICT. ICT must be used as media for the dissemination of information about such important issues as HIV/AIDS prevention and de-stigmatization, personal hygiene and maintenance of sanitary conditions, environmental problems and matters of cultural and social nature having a practical impact on the every day life of young people’

## **DRUG ABUSE AND TRAFFICKING**

### **PERFORMANCE OF INTERNATIONAL ORGANISATIONS ESPECIALLY THE UN IN ENHANCING THE WELFARE OF YOUTH AND CHILDREN IN KENYA**

#### **-YOUTH REPRESENTATION AT MAJOR CONFERENCES-**

## **GENERAL POLICY AND INSTITUTIONAL RECOMMENDATIONS**

### **NATIONAL YOUTH POLICY**

Clearly, addressing the challenges affecting young people and preparing them for future tasks requires the development of a comprehensive and dynamic National Youth Policy. Kenya does not have such a policy.

The process of developing a National Youth Policy must be participatory and based on the needs of young people. Kenya and other countries without coherent youth policies might borrow a leaf from the procedures used to develop the European White Paper on Youth Policy by the European Union.

A recent youth statement (*statement on the education of young people*) called for the adoption of Youth Policies that would create autonomous, responsible, supportive and committed young men and women for tomorrow's world needs. Since a National Youth Policy should aim at molding youth into the kind of adults that society needs, it must therefore permeate every sector of government and civil society that affects young people. It must have a coordinating, overreaching role. A good National Youth Policy should therefore have the following characteristics;

#### **Long-term policy**

The policy should be conceived as a long-term strategic instrument and not out of short-term political expediency. It should therefore be a policy of the State and not merely of a government. One of the main bottlenecks affecting Youth Development programmes relates to the transitory nature of youth. No sooner are youth leaders trained than they cease to be youth in the strict sense of the term. A long term youth policy should recognize that youth is merely a stage in life where the young are trained and primed for societal challenges that come with adulthood.

#### **A consensus based policy**

It should reflect an integrated, cross-sectoral and coherent approach, and be interdisciplinary, interministerial and multi-departmental. For example there should be a youth dimension to every government project, just as there is supposed to be an Environmental Impact Assessment.

#### **An integrated, cross-sectoral policy**

The policy should be the fruit of multi-party, national consensus, based on a consultation of a broad spectrum of stakeholders. Mainstreaming young people into the development processes of a country requires an overreaching policy. One that permeates all sectors of society. Therefore the process of developing such a policy should be as participatory as possible.

#### **Emerging from the needs of youth**

All concerned, particularly youth should be allowed to make input on what they feel such a policy might address. Especially, a Youth Policy should be based on the needs of young people and should be dynamic to accommodate the constantly shifting priorities of youth. Society should look at youth development as an investment in the future sustainability of current initiatives. A youth policy should therefore aim at nurturing young people into conscientious, responsible, and active citizens.

Clearly, it is from such a policy as envisioned above that relevant institutions to coordinate youth development will derive their mandate. In Kenya youth issues have, hitherto been handled by a department in the Ministry of Culture and Social Services. We eventually see the creation of a National Youth Council to coordinate youth affairs and implement policy as a future imperative.

## **NATIONAL CHILDREN POLICY**

The recent passing of the Children's Bill in the Kenyan parliament represents an important policy coup on behalf of children. The bill provides among others free and compulsory primary education for all children, wide ranging legal provisions touching on children's welfare including health labor and nutrition.

However, fears have been raised about implementation and we call for innovative measures and institutions to ensure full implementation of the same.

## **THE ROLE OF CIVIL SOCIETY**

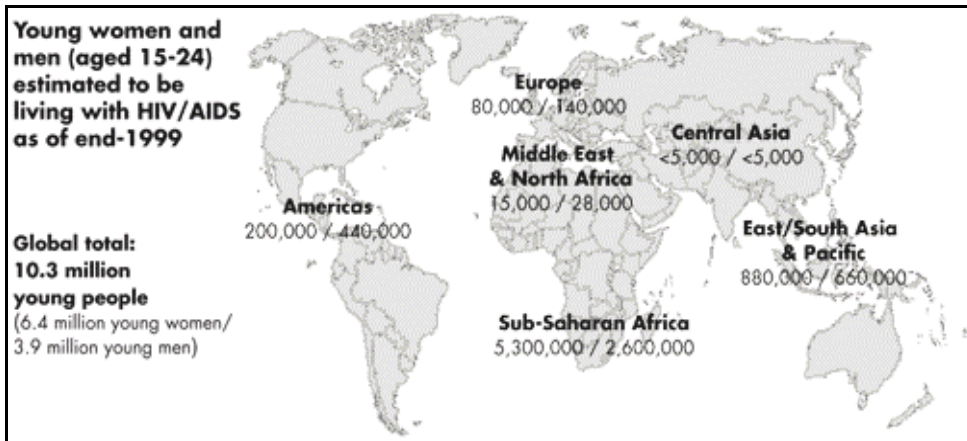
## **FINANCING YOUTH AND CHILDREN PARTICIPATION**

## **CONCLUSIONS**

## **REFERENCES**

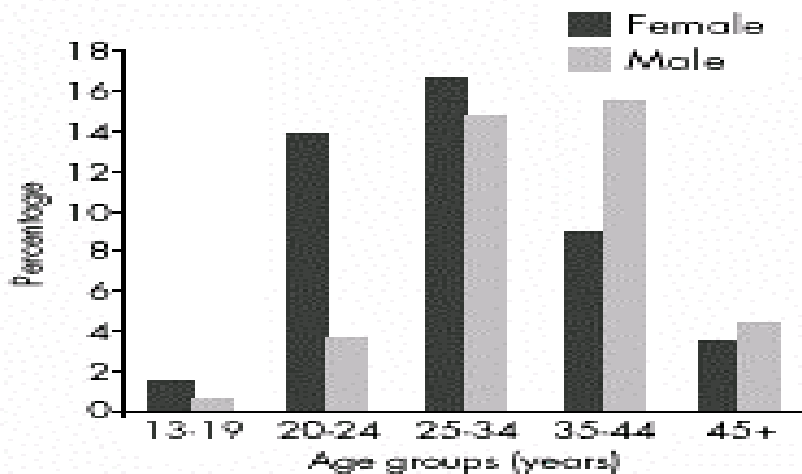
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## Annexe 1: Global Aids outlook for Youth



### Adolescence: Window of opportunity

Studies in countries with generalized AIDS epidemics show that women become infected at younger ages than men, usually by older men. Men's infections tend to occur at later ages. To change behaviour and prevent infections, therefore, intervention programmes should focus mostly on adolescents.





**Annexe1: Kenya's Statistical Profile**

VARIABLE	1992	fn	1993	fn	1994	fn	1995	fn	1996	fn	1997	fn	1998	fn	1999	fn	2000
AIDS cases, new, reported by countries (number)	11,569		12,204		8,588		9,133		6,844		4,885		2,565				
Births attended by skilled health personnel (percentage)			45										44				
Carbon dioxide emissions (CO2), kg of CO2 per capita	218		242		241		239		251		234						
Carbon dioxide emissions (CO2), metric tons of CO2	5,459,000		6,236,000		6,386,000		6,496,000		6,987,000		6,643,000						
Children 1 year old immunized against measles, percentage											79	15	79	15	79	15	
Children under 5 moderately or sev'ly underw'gt, %(Unicef)																	22
Children under 5 severely underweight, percentage (Unicef)																	5
Children under five mortality rate per 1,000 (UNICEF)															118		
Contraceptive use, % of currently married women (Wistat)			33														
Debt service as % of exports of goods and services	31.15		27.15		33.18		30.57		27.96		22.48		21.48		26.69		
Forested land area, percentage (based on FAO)	29.52		29.52		29.52												
GDP per metric ton oil equivalent of energy consumptions (US					3,836		3,486		3,634		3,978						
Girls enrolled, first level, perc. enr.(UNESCO est.)	48.87	1	49.14	1,11	49.35	1	49.46	1,11			49.11	1	49.41	1			
Girls enrolled, second level, perc. enr.(UNESCO est.)	43.9	4,7	44.45	7,9,10	45.72	7,10	45.95	7,9,10									
Girls enrolled, third level, perc. enr.(UNESCO est.)																	
Illiteracy rate, females aged 15+	35.93		34.3		32.67		31.06		29.64		28.22		26.81		25.39		23.97
Illiteracy rate, males aged 15+	17.25		16.41		15.55		14.72		13.99		13.26		12.54		11.81		11.1
Illiteracy rate, population aged 15+	26.67		25.42		24.18		22.95		21.87		20.79		19.72		18.64		17.57
Illiterate females aged 15+	2		2		2		2		2		2		2		2		2
Illiterate males aged 15+	1		1		1		1		1		1		1		1		1
Illiterate population aged 15+	3		3		3		3		3		3		3		3		3
Infant mortality rate (UN estimates and projections)							66										59
Infant mortality rate per 1,000 (UNICEF)															76		
Maternal mortality ratio per 100,000 live births (Wistat)																	
Mortality under age 5 per 1,000 births (UN ests. and projs.)							109										
Nutrition, undernourished as per cent of total population									43	14	43	14	43	14			
Nutrition, undernourished, number of persons (FAO est.)									12	14	12	14	12	14			
Poorest 20 per cent of pop., perc. share of national income					5.04	12,13											
Poverty, est. % of pop. under int'l \$1/day consumption (WB)					27												
Rural access to improved sanitation, perc. pop.																	81
Rural access to improved water supply, perc. pop.																	31
Telephone lines in use	207,440	3	214,760	3	228,520	3	256,430	3	266,780	3	271,820	3	288,250	3			

Telephone lines in use per 100 inhabitants	0.82	2	0.76	2	0.78	2	0.84	2	0.89	2	0.92	2	0.99	2			
Urban access to improved sanitation, perc. pop.																	96
Urban access to improved water supply, perc. pop.																	87
Women in parliamentary seats, percentage (Wistat)							3									4	
Women's literacy rate 15-24, ratio to men's (UNSD, UNESCO)											1.6						

Code	Footnote
1	As from 1985, change in structure.
2	Data refer to fiscal years ending 30 June of the year indicated.
3	Data refer to fiscal years ending 30 June of the year indicated.
4	Not including vocational education.
5	Countries with no estimates of maternal mortality: For countries without accurate information on numbers of deaths and without direct or indirect estimates of maternal mortality, the model is used to predict the proportion maternal of all deaths of women
6	Universities only.
7	As from 1991, change in structure.
8	Provisional or estimated figure.
9	Estimates.
10	General education only.
11	Estimate.
12	Refers to expenditure shares by percentiles of population.
13	Ranked by per capita expenditure.
14	Data refer to a three year average for the period 1996-1998.
15	Data refer to a three year average for the period 1996-1998. Bottom of Form

Source: The UN statistics unit