

Local variables describing poverty and wellbeing among residents of Kibra slum; Nairobi, Kenya

Njagi N. Wanjiku¹, Irungu Charity², Koome Peter³
St. Pauls University

Abstract

The purpose of this article is to present a contextual definition of poverty derived from research conducted in 2022 by the author among the residents of Kibra slum in Nairobi Kenya also known as Kibera. To aid in the formulation of a contextual definition, local variables describing poverty and wellbeing from the experiences of the residents are presented and discussed. Contextual definitions of poverty are geared towards resolving the accelerating growth of poverty especially in slum communities within Sub-Saharan Africa. As the rest of the world experiences a decrease in poverty, the poverty rate within the region is almost at a fifty percent. The effects of poverty are felt and experienced within the growing cities of this regions and more especially in slum communities. A set of sixteen poverty indicators were identified and mixed methods research used to collect data among the residents. The data is presented through descriptive statistics and thematic descriptions of poverty as narrated by residents. Additionally, a multidimensional poverty index of respondents was computed from data generated from the poverty indicators to give each respondent an individualized score. The study revealed that 68% of the respondents were deprived. They experienced deprivation in access to NHIF, with 65.8% lacking active registration to this health scheme, access to toilet facilities where all the respondents share toilets with several other households with no organized sewerage systems, monthly income with 87% of the respondents earning below the monthly minimum wage, ability to pay monthly rent with 80.9% of the respondents having rent arrears, nature of work with 87.5% not having a regular source of income, and cooking fuel with 70.2% of respondents cooking with paraffin, charcoal, or firewood. Targeting the poorest of the poor within Kibra slum remains a challenge for development practitioners. In consultation with the residents, efforts towards responding to the above-mentioned deprivations including enhancing the quality of education and unemployment among the children and the youth of the slum are of great concern.

Key words: Poverty, Kibra, Slums, Community Development, Poverty Indicators

1.0 Introduction

Poverty has been defined as the inability to provide for one's well-being (Mowafi, 2015). Well-being is then understood as having enough resources to meet basic needs. Poverty is further defined through the lens of three concepts; income poverty, human poverty and capabilities deprivation. Income poverty can be measured through absolute poverty which is not having resources to maintain a minimum standard of living. It is a total lack of means of subsistence or absolute failure to meet basic needs. It is a condition of severe deprivation of basic human needs, including food, safe water, sanitation facilities, health services, shelter, education, and information (Guillaume, 2007). Then there is relative poverty which is referred to as comparative well-being of an individual, relative to the rest of society (Mowafi, 2015). People who are relatively poor have resources however the resources are not sufficient to allow them fulfil the elaborate social demands and customs which have been placed upon citizens of that society. This could be access to appropriate diets and nutrition, amenities, standards, services and failure to fulfil certain social roles (Guillaume, 2007). Human poverty is measured through the three indicators of life expectancy, access to basic education, and access to public and private services (Mowafi, 2015) such as health care, water, or sanitation. The third concept of poverty; capabilities deprivation is about having inadequate command over resources such as access to land ownership, markets, and services. Kakwani (2006), states that there is a distinction between poverty and capability deprivation. To illustrate this difference a scenario of a person with a disability but has a source of income is given. This person is not poor but lacks services thus causing capability deprivation (Kakwani, 2006).

This study embraces a multi-dimensional approach to defining poverty. It considers poverty as the social, economic, physical, environmental, and even spiritual need experienced by individuals and households. Poverty keeps individuals and households in a continuous cycle of need. It is still a pressing concern for many developing countries and has continued to receive a lot of attention in the fields of business, politics, and academics. In Kenya for instance, the government's development agenda since independence has been eradicating poverty, illiteracy, and health concerns. Globally, Millennium Development Goals and now the Sustainable Development Goals have been identified with the aim of reducing poverty levels. However, issues such as urbanization and urban growth, urban poverty and the increase of slums and informal settlements, continue to grow. Poverty still remains a challenge towards achieving sustainable development.

One of the dilemmas in reducing poverty has been derived from a clear understanding of the causes of poverty, but most importantly its definition and the sources of these definitions. A local definition of poverty is imperative to give a voice to the poor within the community. Communities have measures of poverty that need to be explored therefore development workers should not be narrowed to measurements of income and consumption alone. Development efforts should not be far removed from the local context in terms of including local meaningful participation of community members. One of the initial tasks of this study was to conduct a participatory wellbeing ranking with Kibra residents aimed at determining local variables that describe poverty and wellbeing. Indicators of poverty used in this study are multi-dimensional.

2.0 Research Problem

Several studies on poverty reduction in Kibra have been conducted in response to the socio-economic needs of residents, human rights, including the response of civil society and faith-based organizations. Kenya identified poverty reduction as a social ill in 1965 and every national development strategy since then has had poverty reduction as a goal. The plans recommend the construction of low-income houses to address the mushrooming of slums in cities, access to affordable health care, quality education for all, employment, conducive business environment, access to clean water and sanitation facilities, infrastructure among other development programme (Njeru, 2005). However, the plans lack a people-driven implementation plan for slum communities. Contrary to the findings of Njeru (2005), while documenting an urban slum morphology and socio-economic analogy of Kibra slum, Mukeni (2018) mentioned the use of a bottom up approach to the participation of Kibra residents in the housing and resettlement programme in Kibra. He later mentions the challenge of local community brokers who determine the flow of development related information which waters down the principles of the bottom-up participation. These studies fall short of determining the most effective strategy towards the inclusion of the poorest of the poor in slum programmes. This article therefore documents local variables of poverty and wellbeing drawn from the experiences of Kibra residents. With the aim of developing contextual and effective responses.

3.0 Purpose

The purpose of this article is to document local variables of poverty and wellbeing drawn from the experiences of Kibera residents captured through a systematic scientific research. The specific objectives are:

1. To discuss a broad understanding of poverty as it relates to slum communities.

2. To present findings from Kibra residents on local variables that describe poverty in their context.
3. To present contextual socio-economic issues for consideration by development agencies interested in the transformation of slum communities.

4.0 Literature review

This study focuses on poverty within Kibra also referred to as Kibera which is one of the over 200 slums within Nairobi (Krieg, 2011). Nairobi the capital city of Kenya has not been left behind in urbanization and urban growth. Since the 1990's Nairobi's slums have been estimated to occupy only 6% of all land area, and this land houses between 60 to 70% of Nairobi's total population (Parks, 2014). Kibra was established in 1912 (Sure, Marx, & Stoker, 2016) and allocated to the Nubian soldiers originating from Sudan. They formed part of the King's African Rifles; a British battalion of soldiers from its colonies in East Africa (Reyna, 2012). Other Kenyan communities have now moved into Kibra with the landlords comprising of now Kenyan Nubians and the Kikuyus and the tenants being persons from the Luo, Luyha, Kamba, and Kisii communities (Bodewes, 2010). The Kikuyu's comprise of 6% of the population, the Kenyan Nubians consist of a small percentage but are represented in the local administration and the Luos, Luyhas, and Kambas form the majority representing 36%, 27% and 15% respectively (Sure et al., 2016). This mix of communities has over the years resulted into negative ethnicity especially around the country's general elections. The most being in 2007 when homes and businesses were shattered, people were killed, and residents of the Kikuyu community evicted by the other communities (Reyan, 2012, p.10).

Before the enactment of Kibra as a constituency, the slum was comprised of 14 villages namely Kianda, Soweto East, Soweto West, Olympic, Katwekera, Raila, Karanja, Kisumu Ndogo, Makina, Kambi Muru, Mashimoni, Lindi, Lini Saba and Silanga (Mutisya & Yarime, 2011). Since Kibra became a constituency in 2012, Raila village is no longer in Kibra but within Lang'ata constituency. Over time, plans to try and evict the Nubian from Kibra failed however the then government choose to frustrate the residents by not providing services so that they can self-evict. This explains the current state evidenced by limited basic amenities in Kibra to date. The deprivation of services did not stop the growth of Kibra as other ethnic tribe from Kenya began moving into the slum (Wanjiru & Matsubara, 2017).

Kibra resembles other slums in Nairobi with negative ethnicity, poverty, diseases, illiteracy, and insecurity. Its residents live in overcrowded and inappropriate house structures, lack access to water, sanitation, electricity, sewage systems, some inaccessible roads, and unsafe recreational facilities especially for children. Clean and safe water is not accessible and affordable to 75% of Kibra residents (Mutisya & Yarime, 2011). Sixty per cent of the residents have to share a pit latrine with about fifty other persons in the slum and there is poor management of solid waste (Mutisya & Yarime, 2011). Women including pregnant and lactating mothers would find such toilet conditions unfavourable (Wairutu, 2011). The findings documented in this article give current statistics on the context and living conditions of the residents in Kibra.

The population of Kibra according to the 2019 Kenya Population and Housing Census is 185,777 a population housed within 61,690 households (KNBS, 2019). The population of Kibra has constantly been disputed with non-governmental organizations working within the slum quoting higher population figures. However, a bigger question would be the minimal growth of the population in Kibra having increased by only 15,707 people in the last ten years. I would then want to ask the question if the birth rate in Kibra has decreased, whether people are moving out of Kibra or if the slum has reached a level of saturation and can thus not take on more people. These questions would have to be answered in another research.

Understanding Poverty

Poverty has been defined as the inability to provide for one's well-being (Mowafi, 2015). Well-being is then understood as having enough resources to meet basic needs. Poverty is further defined through the lens of three concepts; income poverty, human poverty and capabilities deprivation. Income poverty can be measured through absolute poverty which is having resources to maintain one at the minimum standard of living. Income poverty can also take the form of relative poverty which is referred to a comparative well-being of an individual, relative to the rest of society (Mowafi, 2015). Income poverty will consider the household structure and its characteristics and inquire if the head of the household is married or single, male or female, presence of children, elderly, unemployed, or persons with disability (ibid, 2015). Human poverty is measured through the three indicators of life expectancy, access to basic education, and access to public and private services such as health care, water, or sanitation (Mowafi, 2015). The third concept of poverty; capabilities deprivation is about having inadequate command over resources such as access to land ownership, markets, and services. Kakwani (2006) states that there is a distinction between poverty and capability deprivation.

To illustrate this difference a scenario of a person with a disability but has a source of income is given. This person is not poor but lacks services thus causing capability deprivation (Kakwani, 2006).

This article embraces a multi-dimensional approach to defining poverty. It considers poverty as the social, economic, physical, environmental, and even spiritual need experienced by individuals and households. In essence, looking into the three concepts of poverty; income poverty, human poverty and capabilities deprivation. Poverty keeps individuals and households in a continuous cycle of need. It is still a pressing concern for many developing countries and has continued to receive a lot of attention in the fields of business, politics, and academics.

The Capability Approach Theory

To better understand the multi-dimensional approach to poverty, this study explores Amartya Sen's capability to function approach as a means of understanding and responding to poverty. He encourages people interested in poverty reduction to involve the stakeholders in this case the residents of Kibra, in identifying capabilities that are of value to them; which results in the discovery of functioning strategies addressing poverty. This thinking is what lead to the identification of local variables that describe poverty and wellbeing in Kibra. Unlike the notion that income is the sole determinant of poverty, Amartya Sen in his "capability to function" approach to poverty urges that income and wealth are not an end to themselves and that what the poor or non-poor person needs to survive is not income but the capacity to function. Development should not be limited solely to economic growth but should be about enhancing lives and people's freedoms (Sen, 1999). Sen says that having a commodity may not make sense if that commodity is of no value to the owner. He gives an example of offering a book to an illiterate person who sees no value in the book other than to use it to light a fire. To make sense of poverty, Sen (1999) proposes that practitioners should look beyond having commodities and consider their use (Alkire, 2007). In support of Sen (1999), there are communities that received donations of mosquito nets to use during the night to prevent malaria but have instead used them to fence off chicken from their kitchen gardens. Others received garbage bags and used them to store clothes for their children. Sen (1999) refers to how the commodity is used as "functionings"; which is what a person can do or does with a commodity.

UNDP also embraces the notion that development is about building people's capacities, access to freedom and allowing them to actively participate in shaping and improving their lives (UNDP, 2016). Further, UNDP states that development should not be a privilege for some people but instead, should be universal for all persons. Therefore, if a nation has high levels of inequality with large groups of people experiencing deprivations, then development is yet to be attained (UNAIDS, 2016). The organization then developed what is commonly referred to as the Multi-dimensional poverty index (MPI) that were used to test and frame the variables for poverty and wellbeing discussed in this article. UNDP is actually building on Amartya Sen's definition of development as freedom. Sen (1999) says that "what people can positively achieve is influenced by economic opportunities, political liberties, social powers, and the enabling conditions of good health, basic education and the encouragement and cultivation of initiatives" (Simons, 2000). In essence, Sen (1999) is saying that development is not just about giving people economic opportunities but should also include creating a conducive, social environment where people can freely be involved in the process of transforming their lives.

The capability approach theory, clearly brings out the importance of a contextual, holistic and multi-dimensional approach to understanding poverty and development. A Maasai man in Kenya who may not have money in a bank account but has several herds of cattle may score poorly in the income indicator of the MPI but be considered a very rich man in his community. Indeed, a contextual approach of measuring poverty is instrumental towards developing appropriate development strategies. Further, an increase in income or material acquisitions does not necessarily translate to development. For instance, if two income poor people were to each receive a donation of Ksh. 1,000.00, they would utilize this income very differently. One may use the whole amount to feed his family, while the other will feed his family but also put some of the income aside for the setup of a small vegetable business. The person who uses all the income on food is enslaved and trapped in a web of poverty that requires him to constantly live on the edge as he waits for the next donation. The person who puts some money aside for a small start-up has the knowledge on savings for investment, is aware of a local vegetable supplier, and has identified his neighbours as a ready market. He has the necessary capabilities to transform his life, one day at a time.

A possible challenge in Kibra among other slums is the availability of donations and material items that have not necessarily transformed the lives of the slum residents. Donations have created dependency and the feeling of entitlement. A critical debate would be, what if all the

development organizations working in the slum were temporarily suspended from their work, and the residents asked to start a fresh and take charge of their transformation journey, would the levels of poverty decrease? Would the settlement look different? Indeed, a larger percentage of individual development should be intrinsic. Freedom, self-worth, confidence, and dignity are intrinsically driven and cannot be sustained by external factors such as donor organizations. However, one tends to wonder if slum residents have in place a conducive environment to transform their lives. Do they have in place policies, frameworks, structures, and institutions that can aid them to transform their lives?

5.0 Research Methodology

This article is drawn from research that takes a constructivist philosophical orientation by inquiring from Kibra residents, their local definitions and responses to poverty. The research used a participatory approach by conducting focus group discussions (FGDs) among Kibra residents to identifying local parameters of defining poverty. The local parameters were then compared with what is provided in computing a multidimensional poverty index (MPI). The researcher used a mixed methods research design to investigate the perennial nature of poverty within Kibra slum. Qualitative and quantitative data collection methods were used to give Kibra residents an opportunity to voice their experiences as slum residents. Data was collected from a total of 495 respondents comprising of village leaders, programme leaders, and residents. The ethical concerns that guided this research were, voluntarily participation, informed consent, privacy and confidentiality, and the concern for vulnerable groups. Ethical concerns were incorporated during data collection and reporting.

Qualitative data was analysed through thematic concepts and presented in form of texts and stories that capture the narratives of the residents. Quantitative data from the poverty variables was also recorded and entered into the Statistical Package for Social Science (SPSS). An MPI variable was then computed for each respondent by equally weighting the health, education, and living standards indicators of the poverty variable. Tests of normality, multicollinearity, and heteroscedasticity were conducted. The MPI scores were then processed through SPSS and analysed in form of tables, frequencies, percentages and descriptive statistics.

6.0 Results and Discussion

This section takes a look at the socio-economic characteristics of the survey respondents with an aim of scientifically describing their level of poverty. Respondents were drawn from four wards within Kibra namely Saran'gombe, Makina, Lindi and Laini Saba. A distribution of respondents by demographic characteristics shows that youth aged 20 to 34 years comprised of more than half the survey respondents at 56.2%. Majority were women at 71.9%, respondents who had attended or completed secondary education were 44.5%, and more than half of the respondents (55.5%) were married. Women were more deprived than men. Those who were married were more deprived than the widowed and separated respondents.

This study took a multidimensional approach in measuring poverty among the respondents as per the multidimensional poverty index (MPI) approach in measuring poverty. The specific indicators reviewed in this study are discussed below. Respondents were asked to gauge their level of poverty which was also used as a poverty indicator referred to as a poverty description in this study. These indicators were then used to compute the MPI of each respondent.

6.1 Household burden of care due to number of dependants

The researcher sort to find out the number of children aged 0-18 years under the care of the respondent. These children could both be biological or those living with, and whose basic needs are provided for by the respondent. During focus group discussions, poor families were said to have as many as 4 to 5 children who they struggle to feed and educate (FGD Makina Ward, 2022).

Majority of the respondents (284; 69%) had zero to three children and those who had four children and above were 125. This agrees with the Kenya national population census of 2019 that documented the average household size of families in Kibra as being 2.9 (KNBS, 2019). From these findings, it can be deduced that respondents do not have many children under their care and therefore do not experience a huge burden of care.

About 25% of the respondents with children were youth in the age bracket 18 to 24; youth in senior secondary school or just completing college. Youth who are supposed to be in school have an extra burden of raising children.

6.2 Children in school

The researcher sought to find out if all children within the school going age and under the respondent's care were enrolled in school. The larger percentage of respondents (70.4%) said all the children under their care attend school. The reason given for those not in school was that school enrolment had been suspended in March 2020 due to the COVID-19 pandemic outbreak.

Churches, government, and other non-governmental organizations (NGO) offer affordable education to the residents of Kibra. During focus group discussions, it was mentioned that the few public primary schools within Kibra are crowded and not accessible to all residents. Admission into these schools may require a bribe in the form of a large sum of money due to the high demand within the community. This amount may not be accessible to the average and poor persons within Kibra therefore the church and NGO schools address the education need (FGD Makina Ward, 2022). One of the priests running a church school said that parents at this school are required to pay a subsidised amount of Ksh. 800 per month yet only 30% of the parents are able to pay the full amount. The Church cannot turn away the other 70% of children who would otherwise be left stranded with no access to education (KII Anglican Priest, 2022).

During focus group discussions participants said;

Children from poor households at the primary school level are chased away from school for not paying tuition fees and because the family is also struggling to put food on the table, the child remains at home with the hope that some money will be available to take to school. To occupy their time, the children leave home in search for scrap metal which they sell for food. Eventually if such children are not monitored and pushed back into the school system, they drop out at a young age. Some end up engaging in criminal activities (FGD Lindi Ward, 2022).

When enrolling children to school becomes a never-ending financial burden especially at the secondary school and university levels, the FGD respondents said;

“education is not prioritized instead, children are encouraged to begin working to earn an income for themselves and their siblings rather than attaining an education” (FGD Lindi Ward, 2022)

6.3 Burden of disability in the household

Respondents were asked if there is a member of their family with a disability that causes family strain. The family and the person with the disability may strain emotionally, physically, socially, and financially thus depending on family members for constant help. Having a family member with a disability increases the family burden and level of poverty due to a limited access by the disabled to social amenities including access to work, stigma, and clinical depression among caregivers (Kabare, 2018). The caregiver may have to stop working to care for the person with a disability. This is the kind of disability sought through this study.

Majority of the respondents (87.8%) reported having no disability in their family while (12.2%) which represents 50 families, had a family member with a disability. In comparison to the number of disabled persons in Kibra aged five years and above which stands at 2,212 persons (KNBS, 2019), this study alone identified 50 families that had a family member with a disability. Respondents interviewed may not be deprived due to disability however; this study sample is a significant population not to pay attention to. The need for research and response in this area is recommended.

When respondents were asked to specify the nature of the disability, the larger number mentioned physical disability. Either crippled or paralysed at the limbs or spine and could not walk or work. The disability happened at birth or through accidents. The 2019 Kenya National Population Census identified mobility as the most common type of disability (KNBS, 2019). The other forms of disability mentioned were total or partial blindness, cerebral palsy, deafness, impaired speech, and dumbness.

6.4 The burden of chronic illness

The researcher also sought to find out if the respondent or a member of the family they live with suffers from a chronic illness. Chronic illness within the family raises the family burden due to increased medical, physical, and emotional care required towards the sick family member. This in-turn increases the poverty level at the household. From the findings, 29% of the respondents said that they or a family member suffered from a chronic illness. Chronic illness mentioned include blood pressure, asthma, HIV and diabetes in that order. Other illnesses that were not highly mentioned were tuberculosis, chest problems, and ulcers.

Respondents also mentioned mental illness, epilepsy, sickle cell anaemia, heart challenges, arthritis, hypertension, pneumonia, meningitis, and cancer.

6.5 Infant and child mortality

Research findings show that 19.6% of respondents had lost a child or children under the age of five years. On the cause of death, majority of the respondents mentioned that their children died from treatable and preventable diseases; including those that immunization is available. Illnesses mentioned include fevers, headaches, stomach aches, sore throat, malaria, measles, and pneumonia. Other respondents lost their children through birth related complications such as miscarriages, still births, death during delivery, and pre-mature birth. There are those whose children died due to accidents such as suffocating during a house fire, or drowning in the river. One respondent reported that their child died due to a swelling on the arm after an injection in the hospital. There are those respondents whose children died of chronic illnesses such as HIV, Tuberculosis, blood cancer, diabetes, and epilepsy.

One respondent had lost 5 children by the time of the interview caused by preventable diseases, accidents, and “mysterious deaths”. Witchcraft and cultural superstitions were also raised as causes of death for children under five years. Another respondent in explaining cultural superstitions said;

“My child died at one year due to family issues; my husband brought another lady into the matrimonial bed that tainted the bed. It is believed that if the man holds the child or the child sleeps on the bed before some cultural cleansing rites are performed the child dies” (Respondent Saran’gombe 54, 2022).

Additionally, on witchcraft, yet another respondent said; “We believe that my child died because she was bewitched by community members” (Respondent Saran’gombe 33, 2022). Findings reveal that infant and child mortality among children in this community is as a result of preventable illnesses and cultural beliefs.

6.6 Access to the National Health Insurance Fund

Respondents were asked if they had an active registration with the National Health Insurance Fund (NHIF). The assumption behind this inquiry was that access to the NHIF serves as a safety net for families especially when they have to deal with illnesses that need technical medical attention or hospitalization. With this in place, families do not have to run down their small businesses, deplete their income, depend on well-wishers, delay treatment, or struggle so as to receive urgent medical attention.

Majority (65.8%) of the respondents do not have an active NHIF registration thus cannot assess treatment through the fund. Majority felt that they lacked sufficient funds to pay the monthly subscriptions of Kenya Shillings 500. Others were of the opinion that they needed a regular job to register. Since they were unemployed or did not have a stable income, they could not enrol to the scheme. Broken relationships also contributed to an in-active membership with NHIF when one partner could not keep up with the payments.

There are those whose cards were dormant because they lost their form of regular employment and would not continue making the monthly payments. Other reasons given were no time to register, not having the appropriate documents such as birth certificates, or not being aware of the registration process. There are those who lacked the interest or had indifference towards enrolling in the scheme. They stated reasons such as, they or their children were not sickly, or because they were discouraged by how the scheme chooses who benefits. According to the respondents, the lowest paying subscribers are discriminated against in choice of hospitals, and payment of hospital claims. There are respondents who said that being enrolled in the NHIF scheme does not help due to the availability of other insurance options in the community such as German hospital or free health care offered by NGOs. Kibra residents see the payment towards the NHIF as an extra expense on top of their many basic need responsibilities. The access to free and accessible health care options within the community may in essence negate some of the benefits of paying towards a health insurance fund.

6.7 First Medical Response

The researcher sought to understand the first medical response by finding out what the respondent's family action would be if a member exhibited persistent symptoms of illness. A list of several health care seeking options and behaviour was provided for the respondent to choose from. Majority (68%) of respondents visit a local clinic as their first health care response when persistent symptoms of illness are experienced. Those who buy medicine from chemists and go back home were 13.7%, closely followed by those who visit Mbagathi Hospital 10.8% and Kenyatta Hospital 4.6%. Only 1.7% of the respondents choose receiving prayers and going back home, as an option when illness persisted and 0.2% stayed at home hoping to get better.

When asked why they sought prayers as their first health care option as opposed to going to the hospital, one respondent said;

In April 2020, I was unwell, so I went to the pastor who told me that my landlord bewitched me. The pastor prayed for me, put some salt and oil on my chest and stomach, and removed two stones and I was healed. Since then the pastor has prayed for me twice. Prior to seeking prayers, I had been to the hospital but the situation persisted (Respondent Sarang'ombe 11, 2022).

Respondents who picked going to the local clinic as their first health care option were asked to specify local health care clinics within the slum. Additionally, they were asked to give a reason for choosing the specified health care option. Most of the respondents visit SHOFCO, CDC, Kibera South Health Centre, and Beyond Zero clinics because they are accessible and provide free or cheap services. These clinics also provide referrals to Kenyatta and Mbagathi public hospitals and pay the hospital bill.

Kibra residents have several local clinics that provide free or affordable health care services. They are therefore not deprived of health care services if these facilities are in operation. Residents choose to go to these clinics even when they have access to NHIF that would aid them to access health care services in national hospitals like Mbagathi and Kenyatta. A cross-tabulation of data from respondents on active NHIF registration and first health care response for medical attention shows that even with an active NHIF registration, respondents did not use the system.

6.8 Respondent's nature of work

The researcher sought to find out the respondent's form of work. Casual labourers were 25.9% of the respondents, followed by those who were unemployed at 20.3%, employed at 12.5%, and the self-employed at 18.8%. A lower percentage (8.8%), of respondents said that they were market traders. Only 12.5% of the respondents in the employed category have a regular source of income, the rest (87.5%) have to hustle through life to get an income.

A further look at the poverty levels per the respondent's form of work; casual labourers formed the larger percentage of persons who are deprived at 29.7% followed by the unemployed at 20.8%. Respondents across all forms of work were deprived with 7.2% of those who were employed rating as being deprived. Respondents were also asked to specify the form of work

that they were involved in. Majority of the respondents are in the informal sector and involved in laundry and house related cleaning jobs, selling food, the government's national hygiene programme giving youth cleaning jobs within their neighbourhoods; "*Kazi Mtaani*", and construction jobs in that order. There were those who were employed as security guards, cooks within institutions, teachers, an accountant, an agriculture analyst, and shop attendants. There are yet those with technical skills and talents used to make a living such as tailoring, carpentry, cobbler, plumbing, barber, hairdressing, electrical engineering, vehicle mechanics, artists, sports instructors, and content creators. These findings agree with the study of Diwakar and Andrew (2018) that document 78% of Kenyan workers being in the informal sector. Housewives contributed to a large per cent of the group of respondents who termed themselves as unemployed.

6.9 Monthly income

From the research data, 74.8% of the respondents range from having no income to having an income of Ksh. 9,999.00. This finding correlates with feedback from FGDs where participants reported that majority of Kibra residents with some form of work earn a monthly income of about Ksh. 10,000.00. Additionally, the monthly income of 87% of the respondents is below the basic minimum monthly wage of Nairobi residents set at Ksh. 13,572.90 (Government of Kenya, 2018).

According to the findings of this study, being employed does not imply that one is not deprived. On cross-tabulating poverty levels and the nature of work and a cross-tabulation of the respondent's nature of work and monthly income shows that 273 respondents who had some form of work earned below the minimum monthly wage of Nairobi including those who were employed. There were respondents from all work groups who were deprived.

6.10 Valued asset

From the findings, 29.6% of the respondents rated a simple functioning mobile phone costing no more than Ksh. 1,000 as their highest monetary valued asset. Those who choose land were 25.2%, mainly ancestral land at their family home upcountry. This was followed by respondents who picked household items at 24.4%. A comparison between gender and access to assets was carried out. Despite the fact that this study attracted more women than men, 72 women mentioned land in their ancestral home as their highest monetary valued asset. Women also mentioned owning livestock (16), and business assets (33).

6.11 Rent and rent arrears

To assess the respondent's financial burden, the researcher sought to find out how much the respondent pays for rent and if they had rent arrears before and during the first COVID-19 outbreak period in Kenya in March 2020. The larger percentage (81.4%) of respondents pays a rent that is not more than Ksh. 3,999.00 per month.

The FGD among the residents of Lindi ward agreed with the findings above. They said that houses in Kibra range between Ksh 2,000.00 and 5000.00. They were emphatic that houses costing Ksh. 500.00 are fewer and almost non-existent therefore residents; especially those who do not have families share houses to spilt costs. They said that rent in Kibra is cheap as compared to other housing areas in Nairobi. Discussants compared their rent and that of a neighbouring suburb, the Jamhuri estate. According to them, "the rent cost in Jamhuri for a month is a year's worth in Kibra". The low rent cost is one of the pull factors for people migrating into Kibra.

The researcher sought to find out if the respondents had any rent arrears before the COVID-19 period. Finding out the situation before would help to assess the respondent's normal rent situation without the effects of COVID-19 on livelihoods. More than half (58.7%) of the respondents said that they had rent arrears before the COVID disruptions. The other 41.3% said that they did not have any rent arrears. Respondents were further asked to state the number of months they had not paid their rent before the COVID-19 period and their responses ranged from a period of 1 month to a year.

Respondents were asked if they had rent arrears at the time of the research. The effects of COVID-19 would now be at play due to loss of livelihoods. Majority (80.9%) had arrears. A comparison on rent arrears before the COVID-19 outbreak and rent arrears currently indicates that a higher number of respondents were struggling implying a possible effect of the COVID period on respondent's ability to pay rent. A survey on the socio-economic impact of COVID-19 on households in Kenya also revealed that 37% of households were defaulting on their rent due to reduced income (Kenya National Bureau of Statistics, 2020). Additionally, even though majority of the respondent said that they pay rent ranging from Ksh. 2,000.00 to 3,999.00, the high percentage of those with rent arrears expresses their difficulty in meeting their rent obligations.

During FGDs, respondents said that paying rent was not a priority as compared to having food for the day (FGD Makina Ward, 2022). Those working in companies, in hotels, or doing laundry and house cleaning related work had lost their sources of income due to COVID-19 lock downs, work from home measures, or downsizing in companies. The small traders within the slum community were not making as much money due to the low purchasing power experienced. This meant that the urgency was to survive one day at a time. Additionally, eviction notices increased.

6.12 Type of fuel

Majority (70.2%) of the respondents use the cheaper types of fuel; firewood, paraffin, and charcoal. This group of respondents is therefore deprived. Those who stated that they use paraffin were almost half (49.4%). When the FGD discussants were asked to name the type of fuel used by majority of Kibra residents, one of the discussants said, with 20 Kenya Shillings, one can buy paraffin for cooking supper very quickly so that the fuel does not run out while having some to spare to prepare tea in the morning. The poorest of the residents use firewood collected from bushes around the community or the Ngong forest that is adjacent to Kibra. They would also use the left-over fire from their neighbour's charcoal stove, request to cook at the local brewer joints, or use "chenga", which is charcoal dust made into balls.

6.13 Toilet Facilities

It is in cognisance of the fact that poverty should be understood and interpreted from a multidimensional perspective that this research considers sanitation of Kibra respondents. In this regard, the researcher sought to understand if the respondents had access to a toilet within their plot, and the type of toilet that they used. Having a toilet within the plot means that it is near their house, it is not shared, and the resident can access it at their convenience. A respondent who stated that they had a toilet in the plot and did not share it with other households was less poor than one who said they did not have one. There were however six respondents who said that they had toilets within their plot but they opted to use a paid community toilet instead. The reason given was that tenants have to pay between Ksh. 1,000.00 and Ksh. 1,500.00 in two months to have the toilet exhausted and cleaned. Some residents find getting a lump sum amount of money challenging to find and expensive and choose to pay Ksh. 3 per use per person or not pay at all. Another respondent said that yes, there was a toilet in the plot, however, she and her family do not use it because it was not clean and other times, full. She thus opts to use the paid community toilet.

More than half (53.3%) of the respondents, said that they have toilets in their plot. It is worth noting that respondents did not state the use of polythene bags and tins for their toilet use as had been previously assumed by the researcher. However, it may have been important to find out from the 46.7% respondents who do not have toilets in their plots or for those who cannot access the toilet in the plot, what happens at night when family members need to use the toilet and the paid community toilet is closed.

That said, majority of the respondents (164) said that they use pit latrines, 142 said that they use paid community toilets and 103 said that they use flush toilets. In Kibra, a flush toilet may or may not have a functional cistern tank. Therefore, water to flush the toilet is poured manually by each user; referred to as the pour flush in the Kenya Demographic Health Survey (KDHS) of 2014. Toilets in Kibra including those within plots are shared with other households.

From the findings, 42.1% of the respondents pay toilet costs as part of their rent. Another 20.5% pay between Ksh. 100.00 to 200.00 per month for toilet cost, while 13% pay above Ksh. 500.00 per month. Cumulatively 57.9% of residents pay for toilet costs separate from their rent costs and the larger percentage pays between Ksh. 100.00 to Ksh. 300.00 per month for the household. Paying for the toilet costs within the rent does not mean that the tenants have a toilet in the plot. The landlord may have negotiated a toilet arrangement for the tenants within the available community toilets. During one focus group discussion respondents said that residents avoid paying for toilet costs, by asking the children to relieve themselves at the railway line, by the river, or hidden community paths. Those who leave the slum during the day in search of work ensure to relieve themselves while at work before coming back to the slum.

6.14 Access to water

On household access to water majority (84.4%) of the respondents; get water less than 1Km away from their home, 9.8% have water at their plot, 2.4% get water 1Km away from their home and 2.0% have running water in their house. Majority of the respondents spend less than 30 minutes to access water meaning that they are not water deprived when it comes to its access. Respondents were further asked to state how much they spend on water per month for

household use. Majority (76.8%) of the respondents spend between Ksh. 100.00 to 1,000.00 per month on water costs per household.

Discussants at the FGDs stated that water cost between Ksh. 10 to 20 per 20 litre containers. A household with children uses approximately 5 containers per day which is still not enough to meet all the needs and has to be used sparingly. Due to cost, families have to buy the bare minimum required for cooking which does not include water for cleaning clothes or taking a daily shower for all household members. A respondent at the Sarang'ombe FGD said, "during one of my lowest moments, I could not afford a jug of water and had to borrow my neighbour to make porridge for my grandchildren (Participant, FDG Sarang'ombe Ward, 2022).

6.15 Garbage and sewage disposal

Respondents were asked to describe how garbage is disposed in their community. From their feedback, the most common way of garbage disposal in Kibra is throwing or dumping in the river either by individuals or after communal collection. It is collected in a bin, a sack or even garbage bags donated by NGOs and once it is full, it is emptied or dumped in the river. There are communities in Makina and Laini Saba Wards that have organized garbage collections systems. Youth who have formed self-help groups or enterprises collect garbage within designated communities on a weekly basis at a fee ranging from Ksh. 10 to 50 per household. On collection from households, it is dumped at a common spot within the slum for collection by the city council however most of it is dumped in the river.

Respondents were also asked to describe how sewage is disposed in their community. Majority of the respondents said that waste water is disposed in the open drainage trenches near their homes which then flow into the river. In regard to toilet waste, majority said that their toilets are connected to a sewer line built within the community. The paid community toilets and the pour flush toilets which are in the majority, are connected to a sewer line. Yet a large number of respondents said that toilet waste is released into the river.

6.16 Contextual description of poverty

This section borrows from the capability to function theory that encourages communities to define poverty and identify appropriate functioning mechanisms. Respondents were asked to place themselves in one of three categories that best described their standard of living. Prior to administering this question, a series of FGDs were held to give contextual definitions to

poverty in Kibra. The three categories were: “*Wa chini kabisa*”, those who are extremely poor who comprised 13.4%. The second level group was referred to as “At least”; the average poor group according to Kibra standards who comprised the majority (83.1%) in this study. The third category referred to as “*Anajiweza*”; contextually described as the rich was comprised of residents who can sustain their lives, at 3.4%.

From the FGDs the poorest group was referred to in Swahili as “*wachini kabisa*”; those at the lowest level. This group lives from hand to mouth because daily income is not guaranteed. The children from these households often sleep hungry and choose to borrow food from hotels, markets, or neighbours. They are also found going through trash early in the morning for leftover food. The neighbours despise these children because they are constantly borrowing food. Some residents from this category will have house sharing arrangements in an 8 by 9 ft. room so that they can split the rent. There are those who will live in dilapidated structures because they are cheap; “*unalala kwa nyumba lakini ni kama uko nje*”. Interpreted to mean, the person lives in a house but due to its dilapidated nature you may as well be living outside”. Others cannot afford to pay house rent so they are constantly being evicted or locked out of their houses. Yet others in this group mostly men, will sleep under market structures or in community bathrooms because they do not have a house.

When asked if clothing could be used to describe a person in the lowest category, respondents at the Laini Saba FGD said, “a man in this category utajua tu (is easy to pick out), he wears dirty clothes, he does not bathe, and this may be because his household cannot afford to purchase water for washing the clothes”. Household members have two to three sets of clothes with no need to keep up with fashion. The children from these households ranging from five to 10 do not go to school regularly because their parents cannot afford to pay the additional charges required at school. Instead, the children roam around the slum collecting metal objects for sale or doing odd jobs for food. The mother of this household has not gone to school and her mental health is wanting, she walks around confused, talking to herself, with little concentration. Some of the mothers engage in prostitution to earn an income and have to take up family planning options to control pregnancy due to the trade. Other sources of income or occupations for residents in this group include, borrowing, hawking, small businesses with meagre income, carrying water for residents, washing clothes in neighbouring suburbs at about Ksh. 200, washing clothes and dishes for other residents within Kibra with a pay of Ksh. 20 for both tasks, and construction jobs.

The family structure of this category is mainly made up of many single mothers because the fathers have disappeared from the home into vices such as alcohol among others, due to the weight of the family responsibilities. Community leaders said, that the state of one's children will disclose the level of poverty; the joy of a child is when they have enough food to eat. When a person cannot feed their children, then they are at their lowest.

The average group of people in Kibra was given the title; the "At least" group, and also considered as poor. The household in this group is assured of a daily meal, however the quality or quantity is inconsequential. Residents in this category have a roof over their head but with rent arrears. They have a source of income of about Ksh. 10,000.00 a month through small businesses or employment but there is never enough money to meet all the needs. Some women from this group also engage in commercial sex for income encountering risks such as sexually transmitted infections and rape. During the FGD with the village leaders from Laini Saba, one of the leaders described the dangers that commercial sex workers go through. He said, "a lady was raped by three men and infected with HIV, she was found by police unconscious with a Ksh. 1,000.00 on her chest. Yet another lady was hired for bestiality sex and found dead by police".

For fuel, households in this category use a paraffin or charcoal stove, or gas depending on the time of the month and access to finances. They have access to the illegal electricity connection referred to by residents as Kibera Power. The children who average about five to six go to school unlike those in the very poor group. However, they do not have text books and when they are chased away from school due to lack of school fees, they take time before resuming because their parents have to earn or borrow money. Alternatively, not all children within this household go to school especially secondary school. Sometimes a decision is made for one or more children to differ or leave school to allow others to complete. Mentally, the heads of these households are self-aware they can plan, pick household supplies on credit from the neighbourhood shop and pay back. Their most valued asset is a mobile phone while other assets include a small radio, a table and second-hand seats infested by bedbugs.

The well to do group; the Kibra rich as per the descriptions given by respondents was referred to as the "*Anajiweza*" a person who can comfortably take care of their needs. This is the who is who in Kibra, the landlords, structure owners, village leaders, employers, members of county

assembly, government employees, and traders. They live within the settlement in well-furnished homes with running water, with proper flush toilets, and access to both legal and illegal electricity. Respondents said that this group chooses to live in Kibra because they have land within the settlement and because it is cheap. Residents within this group own several rental units in the slum and have tangible assets such as public transport vehicles, motorbikes, and rental houses in suburbs outside the slum. They have access to monthly incomes ranging from Ksh. 100,000.00 to 500,000.00. Both parents earn an income and they happily share ideas and plan together. Their children go to school with no financial challenges and have access to books and school transport. They employ those from the very poor group as househelps for food or for pay at about Ksh. 3000 per month or Ksh. 200 to wash a basin of clothes. This group is the first to receive information about any form of development or project directed to the people of Kibra. A comment at an FGD was made that, “*kuna watu wamefanikiwa huku Kibra*”; translated to mean that there are people who have benefited from the situation in Kibra through taking advantage of poverty experienced by others.

6.17 Multidimensional Poverty Index

With the aim of deriving a standardized measure of poverty among the respondents, the researcher chose to use the Multidimensional Poverty Index (MPI) according to (UNDP, 2016). Sixteen poverty indicators were identified as discussed in the following sections. This list was arrived at following participatory FGDs with respondents on their description of poverty with the context of Kibra in mind. Additionally, the 10 indicators that are referenced by the MPI were taken into consideration (Alkire, 2007). According to data computed through SPSS from the 16 indicators mentioned among 409 respondents, 279 (68.2%) of the respondents had a score of ≥ 0.33 while 130 (31.8%), had a score of < 0.33 . Thus, 68% of respondents are deprived. This level of poverty identified in this study is close to the figure of 60% stated by (Diwakar & Andrew, 2018) for Kibra among other slum communities in Nairobi.

Further the intensity of poverty experienced was calculated at 49%. The intensity was used to calculate the level of deprivation that came to 33%. From the 16 indicators selected, a 33% level of deprivation would mean that respondents experience deprivation in five indicators but this study would like to mention six. Access to NHIF, access to toilet facilities access to organized sewerage systems, monthly income, ability to pay monthly rent, nature of work, and cooking fuel.

7.0 Conclusion

In regard to poverty, the well-being ranking and descriptions of poverty helps us conclude that a large percentage of residents are living one day at a time. This research also helped identify the specific deprivations experienced by the residents of Kibra. Organizations implementing socio-economic programmes in the slums should therefore aim at addressing these deprivations and targeting the poorest of the poor based on the poverty descriptions outline in this article.

It has been assumed that slum residents have low education attainment up to primary level or have not gone to school. However, this research shows that they have received some education that stretches all the way to secondary school. The quality of this education is however low facilitated by untrained teachers, with limited or no access to books and other amenities. The education attained does not equip the slum resident with skills and knowledge to make a livelihood and transform their life within a harsh growing city. A conclusion of the study is that respondents had received secondary education but did not demonstrate a forward movement towards self-empowerment.

The researcher draws a conclusion that Kibra residents have access to health facilities that are free, affordable, and readily accessible. Due to this, they are not health care deprived when it comes to treatment and access to it but in some instances lack health care education and information. Residents experience lifestyle diseases such as diabetes and blood pressure mainly due to mental stress and the sedentary lifestyle lived by some of the women in this community. Other illnesses such as asthma are attributed to the forms of cooking fuel, and cold from the type of housing structures. Children under the age of five years are dying from preventable diseases. Witchcraft, cultural and religious believes are still used to explain the cause of death and the prevention of illness. Parents lack adequate information and training to prevent death of children under the age of five years.

One of the reasons that draw people to Kibra is the cheap rent costs. However, the cost of housing in Kibra is a challenge. From the findings of this study, it is therefore concluded that residents struggle with several months of rent arrears which increased with the outbreak of COVID-19 in March 2020.

Another key conclusion of this study is that residents of Kibra earn an income that is lower than the average minimum wage for Nairobi residents. It can barely meet the household's basic needs let alone financing the education of their children. The youth are breaking away from the traditional casual labour jobs to technical skilled and talent related jobs. The researcher also concludes that Kibra residents are deprived of a coordinated system to cater for the garbage and sewerage collection and disposal. Evidence that waste within the slum finds its way into Nairobi River is an environmental concern that requires a response.

8.0 Recommendations

Local churches in Kibra offering education support to children from the slum should continue in this noble duty while ensuring the quality of what they offer. Slum residents need support to educate their children. If the local churches did not provide education some of the children within the slum would be at home not going to school because their parents can't afford to educate them. To respond to this need, the government of Kenya through the Ministry of education should partner with church and other organizations to ensure that schools in the slums are offering quality education taught by qualified teachers with the necessary books and amenities. Further, church schools and the ministry of education should ensure that education attained by the children and youth of Kibra contributes towards the transformation of their lives. On youth engagement and unemployment, there is need for the government and the private sector to create meaningful work opportunities for the youth while at the same time exposing them to avenues where they can explore their talents and potentials so that they can dream beyond Kibra; the slum life.

In regard to health care, facilities, and organizations offering this service to community residents, need to conduct regular education forums to avoid child mortality.

Local churches and organizations responding to the socio-economic needs of slum residents should think through creative ways of helping households increase their income to meet their needs and transform their lives. Additionally, safe, state of the art day care facilities can be re-imagined and set-up within slum communities to allow young single mothers to have time to look for work while giving the child a conducive environment for growth.

References

- Alfred, L. (2008). Poverty Eradication Dilemma: Understanding Poverty Dynamics in Nebbi District, Uganda. *Africa Development*, 33(2), 117-140.
- Alkire, S. (2007). Choosing dimensions: the capability approach and multidimensional poverty. *Chronic Poverty Research Centre*.
- Bodewes, C. (2010). Civil Society and the Consolidation of Democracy in Kenya: An Analysis of a Catholic Parish's Efforts in Kibera Slum. *Journal of Modern African Studies*, 547-571.
- Centre for Urban Mission. (2013). *Kibera Directory 2013*. Nairobi : Time Line Company Ltd.
- Chambers, R. (2009). *Whose Reality Counts? Putting the First Last* . Warwickshire : Practical Action .
- Chowdhury et al. (2018). The Role of Faith-Based NGOs in Social Development: Invisible empowerment. *International Social Work*, 1-20.
- Diwakar, V., & Andrew, S. (2018). *Understanding Poverty in Kenya; A multidimensional Analysis*. London : Overseas Development Institute .
- Donna, B., & Divyanshi, W. (2018, December 21). *Who We Are: Year in Review: 2018 in 14 Charts*. Retrieved February 13, 2020, from World Bank: www.worldbank.org
- Entmacher, J., Gallagher K, R., Julie, B., & Lauren, F. (2013). Retrieved from National Women's Law Centre: <http://www.nwlc.org/resource/Insecure-unequal-poverty-among-women-and-families-2000-2012>
- Government of Kenya. (2018, December 19). Kenya Subsidiary Legislation Order of 2018. *The Labour Institutions Act*, pp. 1-5.
- Government of the Republic of Kenya . (2007). Kenya Vision 2030. Nairobi, Kenya.
- Government of the Republic of Kenya. (2018). *Third Medium Term Plan 2018-2022; Transforming lives: Advancing Socio-Economic Development through the "Big Four"; Kenya Vision 2030*. Nairobi: Government of the Republic of Kenya.
- Guillaume, I. (2007, February). Researching Urban Poverty in Sub-Saharan Africa. *Development in Practice*, 17(1), 27-38.
- Kabare, K. (2018). *Social Protection and Disability in Kenya* . Nairobi : Development Pathway Kenya .
- Kakwani, N. (2006, September). Retrieved February 12, 2020, from http://www.sarpn.org/documents/d0002176/IPC_Poverty_Sep 2006.pdf

- Kenya National Bureau of Statistics. (2020). *Survey on Socio-Economic Impact of COVID-19 on Households*. Nairobi: Kenya National Bureau of Statistics.
- KNBS. (2015). *Kenya Demographic and Health Survey; Key Indicators 2014*. Nairobi : Kenya National Bureau of Statistics.
- KNBS. (2019). *2019 Kenya Population & Housing Census : Counting people for sustainable development and devolution of services .* Nairobi: KNBS.
- KNBS. (2019). *2019 Kenya Population and Housing Census; Volume IV: Distribution of Population by Socio-Economic Characteristics*. Nairobi: Kenya National Bureau of Statistics.
- KNBS and SID. (2013). *Exploring Kenya's Inequality; Pulling Apart or Pooling Together*. Nairobi: Kenya National Bureau of Statistics and Society of International Development.
- Krieg, J.-L. (2011). *Transforming Cities:Addressing the Greatest Challenge of the 21st Century- Its Theory and Praxis*. Mexico: Comunidad Mosaico.
- Laverack, G. (2006). Using a 'domains' Approach to build community empowerment. *Oxford University Press and Community Development Journal*, 1-10.
- MacPherson, L. (2013). Participatory Approaches to Slum Upgrading and Poverty Reduction in African Cities. *Hydra-Interdisciplinary Journal of Social Sciences*, 1(1), 85-95.
- Ministry of Education. (2018). *Kenya-National Education Sector Strategic Plan; 2018-2022*. Nairobi: Ministry of Education.
- Mowafi, M. (2015, August 15). *The Meaning and Measurement of Poverty: A look into the Global Debate*. Retrieved February 12, 2020, from <http://www.sas.upenn.edu/~dludden/Mowafi>
- Mpanje et al. (2018). Social Capital in Vulnerable Urban Settings: an analytical Framework. *Journal of International Humanitarian Action*, 1-14.
- Msuya, S. M., Mosha, P. E., & Mtili, R. A. (2017, August). The Challenges of Development Control of Informal Settlement in Arusha City: A Case of Ngaranaro Ward. *International Journal of Innovation and Scientific Research*, 32(1), 166-172.
- Mukeku, J. (2018). Urban Slum Morphology and Socio-Economic Analogies: A Case Study of Kibera Slum, Nairobi, Kenya. *Indian Institute for Human Settlements*, 17-32.
- Mulwa, F. W. (2010). *Demystifying Participatory Community Development*. Nairobi : Paulines Publications Africa.

- Mutegi, R. G., Muriithi, M. K., & Wanjala, G. (2017, November). Education policies in Kenya: Does free secondary education promote equity in public secondary schools? *International Journal of Development Research*, 07(II), 16696-16699.
- Mutisya, E., & Yarime, M. (2011, January). Understanding the Grassroots Dynamics of Slums in Nairobi: The Dilemma of Kibera Informal Settlements. *International Transaction Journal of Engineering, Management, & Applied Science & Technologies*, 2(2), 197-213.
- Myers, B. L. (2011). *Walking with The Poor; Principles and Practices of Transformational Development*. New York: Orbis Books.
- NCPD. (2020). *The State of Kenya Population 2020*. Nairobi: National Council for Population and Development .
- Ndemo, E. B. (2006). Assessing Sustainability of Faith Based Enterprises in Kenya . *International Journal of Social Economics* , 446-462.
- Niamboue, B. (2012). Community-driven Development: A Viable Approach to Poverty Reduction in Rural Burkina Faso. *African Development Review*, 24, 34-40.
- Njagi et al. (2019, June 30). Challenges faced by women entrepreneurs in their efforts towards poverty reduction in Mukuru Kwa Njenga; Embakasi East Constituency, Nairobi, Kenya. *Developing Country Studies*, 9(6).
- Njeru, P. (2005). *Policy Based Approaches to Poverty Reduction in Kenya: Strategies and Civil Society Engagement*. Nairobi: UNDP.
- NN Aryaningsih et al. (2018). Model of urban poverty alleviation through the development of entrepreneurial spirit and business competence. *Journal of Physics: Conference Series*, 1-7.
- Omiti, J., Wasunna, O., Otieno, W., & Odundo, P. (2002). *Poverty Reduction Efforts in Kenya: Institutions, Capacity and Policy*. Nairobi: Institute of Policy Analysis and Research.
- Parks, M. J. (2014, July). Urban Poverty Traps Neighbourhoods and Violent Victimisation and Offending in Nairobi, Kenya. *Urban Studies*, 51(9), 1812-1832.
- Reyna, H. S. (2012). The NGOs Vs. the State in Kibera . *Special topics in Culture and Development* .
- Sen, A. (1999). *Development as Freedom*. New York: Knopf.
- Sharper, R. V., & Swanson, K. (2016). Poverty in Global Perspective. In N. A. Naples (Ed.), *The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies, First Edition*. John Wiley & Sons.

- Simons, R. (2000, August-September). Review of Development as Freedom by Amartya Sen. *Australian Institute of Policy and Sciences*, 72(4), 31-35, 40.
- Sure, T., Marx, B., & Stoker, T. M. (2016). *There Is No Free House: Ethnic Patronage in a Kenyan Slum*.
- Tanga, P. T., & Mundau, M. (2014). The Impact of Donor-funded Community Empowerment Projects on Poverty Alleviation in Zimbabwe. *Perspectives fo Global Development and Technology*, 465-480.
- Todaro, P. M., & Smith, C. S. (2012). *Economic Development*. (11, Ed.) Boston: Pearson.
- UNDP. (2016). *Human Development Report 2016; Human Development for Everyone*. New York: United Nations Development Programme.
- UN-HABITAT. (2012). *State of the World Cities 2012-2013: Prosperity of Cities*. Nairobi: UN-HABITAT.
- UN-HABITAT. (2015). *Informal Settlements*. New York: United Nations.
- Vertigans, S., & Gibson, N. (2019). Resilience and Social Cohesion through the lens of residents in a Kenyan Informal Settlement. *Community Development Journal*, 1-21.
- Wairutu, J. (2011). *Mukuru Kwa Njenga Inventory* . Nairobi : Muungano Support Trust .
- Wanjiru, M. W., & Matsubara, K. (2017). Slum Toponymy in Nairobi Kenya. A Case Study Analysis of Kibera, Mathare and Mukuru. *Urban and Regional Planning Review*, 4, 21-44.