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Sessional Paper No. 3 of 2012
on
Population Policy for National Development

NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT

MINISTRY OF STATE FOR PLANNING,
NATIONAL DEVELOPMENT AND VISION 2030

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Table of Contents

List of Tables

Acronyms and Abbreviations

ARH&D	Adolescent Reproductive Health and Development
ARI	Acute Respiratory Infection
ARV	Anti-Retroviral drug
BCC	Behaviour Change Communication
CBO	Community Based Organization
CDF	Constituency Development Fund
CDR	Crude Death Rate
CEDAW	Convention for the Eradication of all Discrimination against Women
CPR	Contraceptive Prevalence Rate
ERS	Economic Recovery Strategy for Wealth and Employment Creation 2003–2007
FBO	Faith Based Organization
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
FP	Family Planning
FPE	Free Primary Education
FTSE	Free Tuition Secondary Education
GBV	Gender Based Violence
GDP	Gross Domestic Product
GOK	Government of Kenya
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
KDHS	Kenya Demographic and Health Survey
KEPH	Kenya Essential Package for Health
KESSP	Kenya Education Sector Support Program
KNBS	Kenya National Bureau of Statistics
LATIF	Local Authority Transfer Fund
MDGs	Millennium Development Goals
MOYAS	Ministry of Youth Affairs and Sports
M&E	Monitoring and Evaluation
NACC	National AIDS Control Council
NASCOP	National AIDS/STD Control Programme
NCAPD	National Coordinating Agency for Population and Development
NCPD	National Council for Population and Development
NGO	Non-Governmental Organization
NIMES	National Integrated Monitoring and Evaluation System
NRHS	National Reproductive Health Strategy
OVCs	Orphans and Vulnerable Children
PLWHAs	Persons Living With HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
POA	Plan of Action
PWD	Persons with Disabilities
RH	Reproductive Health
STD	Sexually Transmitted Disease
TB	Tuberculosis
TFR	Total Fertility Rate
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Foreword

The Kenya government has since independence recognised that population management is key in realization of sustained socio-economic development. Over time the Government has developed a number of population policies, strategies and programmes to address population management challenges. This Population Policy for National Development succeeds Sessional Paper No. 1 of 2000 on National Population Policy for Sustainable Development which guided implementation of population programmes up to 2010. It recognises and puts into consideration international and national emerging and continuing population concerns. This Policy will contribute to the realization of Kenya Vision 2030 as it aims to attain high quality of life for the people of Kenya by managing population growth to a level that can be sustained with the available resources.

The development of this Policy underwent different stages and is based on collated views from consultations with stakeholders at the grassroot, regional and national levels. A first draft was developed and presented for discussion to a cross-section of Kenyan during a National Leaders Conference on Population and Development in November 2010. The draft Policy was then refined and presented to Members of Parliament during a Parliamentary Retreat in Mombasa in July, 2011 for further discussion. The Parliamentary Retreat Report was developed and shared with the Chairs of Parliamentary Committees in September, 2011 to ensure that the major policy issues were captured. The MPs' inputs from these sessions further informed the finalisation of the Policy.

This lengthy process was crucial as it involved leaders and stakeholders across the diverse views and opinions. The consultations resulted in an all-inclusive Population Policy for National Development that will guide the implementation of population programmes which will contribute to the realization of Vision 2030, the 2010 Kenya Constitution and other international and national aspirations.

This Sessional Paper covers the following broad areas: population structures and vulnerable groups; population and socio-economic Development, Planning and Environmental sustainability; Reproductive Health and Reproductive Rights; Education, Science and Technology; Gender equity, Equality and women empowerment, and Morbidity and Mortality. It should be noted that this Sessional Paper cuts across all the sectors and provide a framework that will guide national population programmes and activities for the next two decades. The implementation of programmes and projects as proposed in this Sessional Paper calls for a multi-sectoral approach from all the stakeholders.

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Executive Summary

This Sessional Paper on Population Policy for National Development presents a policy framework whose goal is to attain high quality of life for the people of Kenya by managing population growth to a level that can be sustained with the available resources. The principal objective of the Policy is to provide a framework that will guide national population programmes and activities for the next two decades. It recognises and puts into consideration international and national emerging and continuing population concerns. It also responds to Kenya's development agenda as contained in Kenya Vision 2030 blueprint and the 2010 Kenya Constitution.

This Sessional Paper succeeds Sessional Paper No. 1 of 2000 on National Population Policy for Sustainable Development. The Policy is premised on the international and national population and development agenda. The Policy is therefore in line with the new international and regional conventions, agreements and declarations of which Kenya as a member of the international community is a signatory to.

The Policy was developed through an extensive and intensive consultative process which involved the participation of various stakeholders. The public engagement included district and regional leaders' meetings, national leaders' conference, and thematic group discussions and submissions. The development of the Policy was further informed by a review of a number of related documents.

This Sessional Paper provides an overall framework and proposes key policy measures to be undertaken to address the critical population management issues. The Policy identifies rapid population growth and a youthful population structure as key issues that will pose challenges in the realization of Vision 2030. High fertility coupled with high unmet need for family planning over a long period of time, has contributed largely to the observed youthful population structure.

The critical population issues proposed in the Policy to be addressed include:

- Characteristics of the Kenya's population with focus on population size and growth, and population structure
- Population programme factors with emphasis on Population advocacy, information, education and communication; and family planning service delivery, and
- Thematic areas for socio-economic improvement. The seven thematic areas for socio-economic improvement considered in the Policy are poverty reduction; environmental sustainability; technology, research and development; education; gender equality and equity and women empowerment; morbidity and mortality, and reproductive health and reproductive rights.

The Policy will be implemented in a multi-sectoral approach. Specific targets have been set to guide successful implementation of the policy. The various sectoral policies and strategies will complement this Policy and guide the implementation of the identified population concerns in each sector. Roles and responsibilities of key implementers have been stipulated in the Policy document.

The Policy will be implemented in phases of five (5) years each. The Implementation Plans will also guide in the resource mobilisation efforts. The implementation framework is aligned to the Vision 2030 implementation framework and its Medium Term Plans. The National Council for Population and Development will work closely with line ministries, government agencies, the private sector and NGOs to develop the scope and focus of the M&E frame work and ensure effective monitoring and evaluation of the implementation of this policy at all levels.

The National Council for Population and Development will be the overall coordinating and advisory body for the implementation of this policy.

Successful implementation of the Policy will result into a well managed population with high quality of life thereby contributing to the attainment of Vision 2030 goals. Other expected results include:

- Reduced fertility and mortality rates
- Substantial amount of resources freed for national development
- Enhanced youth skills development and utilization
- A balanced socio-economic and environmental sustainability

This will in turn free funds for investment in other development programmes and projects for accelerated socio-economic development

1.0 Principles

This policy aims at ensuring that population growth does not impede the attainment of targets set in Vision 2030's economic, social and political pillars. It is recognized that Kenya's population which grew at 2.9 per cent in the 1999-2009 period if not managed would make it difficult to achieve Vision 2030 targets of transforming Kenya into a middle-income country. The implementation of this Policy, therefore, shall be guided by the following principles:

i. Respect for human rights and fundamental freedoms including the right to life, human dignity, equality and freedom from discrimination on the basis of gender or social, cultural and religious beliefs and practices.
ii. Recognition of the family as the basic unit of society.
iii. Affirmation of the basic rights of all couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information and education needed in order to make informed choices, and to have access to the means to act on their decisions.
iv. Recognition of regional variations with regard to population issues and development.
v. Recognition that all communities and individuals have fundamental rights of equal access to opportunities.
vi. Recognition of the necessity to advance gender equity and equality, empowering women, and eliminating all forms of violence.
vii. Recognition of the multi-sectoral nature of population issues and the critical need for a cross- sectoral approach to implementation.

2.0 Socio-Economic and Demographic Setting

2.1 Social and Economic Situation

As a response to past economic and social challenges, Kenya implemented economic and structural reforms as elaborated in the Economic Recovery Strategy (ERS) for Wealth and Employment Creation during 2003-2007. This was subsequently followed by the Kenya Strategy for National Transformation, 2008-2012, which endeavored to accelerate equitable economic and social development for a prosperous Kenya, as a Medium Term Plan. During the period, several poverty reduction interventions were introduced including: Free Primary Education (FPE) and Free Tuition Secondary Education (FTSE), in public schools; reforming the efficiency of public service delivery; and promoting regional development through devolved funds such as the Constituency Development Fund (CDF) and the Local Authority Transfer Fund (LATF).

As a result, the economy grew significantly from stagnation at 0.6 per cent in 2002 to 5.6 per cent in 2010. It was anticipated to grow to over 8 per cent over this period and is expected that economic growth will rise to about 10 per cent per annum by year 2012 with increased employment creation and sectoral growth, including the agricultural, manufacturing, tourism, and Information Communication and Technology (ICT) among others. Although the real GDP has grown, the per capita GDP growth is greatly hampered by the high population growth averaging 2.9 per cent during the inter-censal period 1999 – 2009.

The Human Development Index (HDI) summarizes the country's overall achievements in providing its citizens with quality education, health care, longevity, and basic necessities to lead a decent life. Ranging from 1 (perfect equality in access) to 0 (totally unequal), the HDI for Kenya in 2008 was estimated at 0.532 compared to Norway's 0.965 (the best) and Niger at 0.311. However, the national average conceals disparities within various categories such as between urban and rural

areas, income groups, and geographical regions. For example, the HDI ranged from a value of 0.773 in Nairobi to 0.285 in North Eastern province. It is envisioned that through Vision 2030, Kenya's HDI could range between 0.750 and 0.80, by 2030.

One strategic intervention emphasized in Vision 2030 is to address poverty and equity issues, by distributing growth more evenly among income groups and strengthening social and political programs targeting the poor. Vision 2030 articulates a desirable future condition that the nation expects to attain, and the plausible course of action to be taken for its achievement. This calls for active mobilization of people and other resources towards achievement of shared goals. Indeed, Vision 2030 identified the kind of enabling environment that is essential for the nation to flourish economically, socially, politically and culturally.

Among the targets to be achieved are: improved life expectancy to over 60 years, reduction of under- five mortality and maternal mortality, increasing the proportion of birth deliveries by skilled personnel, reducing cases of TB and Malaria fatality and HIV prevalence, other population and demographic indicators which this Policy and other sectoral policies endeavour to address.

2.2 Demographic Situation

Results of the 2008/9 Kenya Demographic and Health Survey as well as the preliminary reports on the 2009 Population and Housing Census, clearly indicate that Kenya is in the stage of demographic transition characterized by substantial decline in mortality and persistent relatively high fertility. This is contrary to expectation having experienced a rapid fertility decline between 1979 and 1998. During that period, birth rates as measured by the index- Total Fertility Rate (TFR) declined from 8.1 births per woman in 1979 to 4.7 births per woman in 1998. Birth rate stagnated thereafter as reflected by the TFR estimated at 4.9 in 2003 and 4.6 in 2009. While birth rate stagnated in the period 2003 to 2009, mortality drastically declined as measured by the Infant Mortality Rate (IMR) from 74 deaths per thousand live births in 2003 to 52 deaths per thousand live births in 2009. The average index of mortality measure, Crude Death Rate (CDR), declined to about 10 per 1,000 population in 2009. The persistent high fertility in Kenya has resulted in a relatively large and increasing youthful population. Further reduction of fertility and childhood mortality rates are critical if Kenya is to record a decline in population growth rate in the future.

2.2.1 Population Size, Growth and Structure

Kenya's population was enumerated at 38.6 million in 2009. The trend data from population censuses indicate that the total population approximately trebled between 1969 and 1999. It also clearly shows that the population was increasing by about one million people per year between 1999 and 2009 as reflected by the recorded increase from 28.7 million in 1999 to 38.6 million in 2009. The population growth rate which was about 2.5 per cent per annum in 1969 increased to a peak of 3.8 per cent per annum in 1979, before declining and stagnating at about 2.9 per cent per annum in 1999 and in 2009. At the growth rate of 2.9 per cent per annum, the population is expected to double to about 77 million in 2030.

One of implications of high population growth rate has been the large increase in the population below 25 years of age estimated at 18.8 million in 2009 and representing about 50 per cent of the total population. The population of the young people aged 10 to 24 years constituted about one third of the total population in 2009. This proportion not expected to change by 2020 due to underlying population dynamics.

2.2.2 Fertility and Mortality

Kenya experienced high fertility levels in the 1970s with Total Fertility Rate (TFR) estimated at 7.9 children per woman. Over the years fertility declined from 4.7 in 1998 to 4.6 children per woman in 2009. There are substantial differences in fertility levels by region and socio-economic groups in Kenya. North Eastern and Nairobi provinces recorded a TFR of 5.9 and 2.8 children per woman respectively in 2009. The TFR is higher in rural than urban areas at 5.2 and 2.9 children per woman respectively. Unplanned fertility remained high at 17 per cent while unwanted and/or untimed pregnancies stood at 26 per cent despite a relatively high level of contraceptive use.

Kenya's mortality experience was characterized by high levels in the 1970s; a declining trend in the 1980s and early 1990s; an upsurge in late 1990s and early 2000s; and, a rapid decline by 2009. The infant mortality rate fell from 119 deaths per 1,000 live births in 1969 to 88 and 66 in 1979 and 1989 respectively, but then increased to 77 deaths per 1,000 live births in 2003 before falling to 52 deaths per 1,000 live births in 2009. Childhood mortality fell from 115 deaths per 1,000 live births in 2003 to 74 deaths per 1,000 live births in 2009. These declines in infant and childhood mortality rates are positive signs towards achieving the Millennium Development Goals related to mortality and child health.

2.2.3 Population Distribution, Internal Migration and Urbanization

Internal migration in Kenya has been stimulated by the economic disparities between geographical areas in Kenya and is driven primarily by the search for employment and settlement. The attraction to urban centres is mainly due to their dominance in the national formal, informal and tertiary industrial sectors. Rapid urban growth may also be attributed to boundary changes, reclassification of small agglomerations from rural to urban, and an increasing rate of rural to urban migration. However majority of the population still resides in the rural areas, hence the dominant types of migration are rural- urban and rural-rural.

The emerging urban settings, however, are characterized by a radical process of change with positive and negative effects. In particular, there have been increased inequities, greater negative environmental impacts, expanding metropolitan areas and fast growing slums. The continued high rate of urbanization in general has led to problems such as increased urban poverty and inadequate services especially among the poor. The continued strain on the existing urban infrastructure, particularly on housing, transportation, educational and health facilities, and employment has created new challenges.

2.2.4 International Migration

International migration raises similar questions like internal migration about the relationships between migration and development, including the ways in which both poverty and development can serve as stimuli for migration and shape the direction, volume and composition of migration flows. It is also equally important to acknowledge the benefits not only of remittances and return migration but also questions of skill drain from sending regions and the impact on the economy. Although the rate of international migration has been regarded as negligible in Kenya in the past, there is considerable attention on the migration of skilled personnel especially those from the health sector.

Kenya is host to a large number of refugees from neighboring countries. Majority of these refugees were forced to flee their countries due to past and on-going conflicts. The presence of these refugees in the country has added a strain on the existing resources.

Migration data is important for policy formulation, programme design and for other administrative uses. There is inadequate data for both internal and international migration in Kenya. There is therefore need to enhance generation of migration data and information.

3.0 Performance of the Past Population Policy

3.1 Past Efforts

Kenya was the first country in sub-Saharan Africa to establish a National Family Planning Programme in 1967. Following the review of this program, the Government issued Population Policy Guidelines in Sessional Paper No. 4 of 1984 to guide the implementation of an expanded population program. Following the 1994 International Conference on Population and Development (ICPD) held in Cairo, the Population Policy Guidelines were reviewed to integrate the ICPD Program of Action. This culminated in the development and issuance of the National Population Policy for Sustainable Development in Sessional Paper No.1 of 2000, which guided the country's population program to the year 2010.

The Government demonstrated its commitment to population and development programmes by creating an enabling policy environment for implementation of the programs and projects, providing good governance in the implementation of Kenya Vision 2030, supporting the National Council for Population and Development (NCPD) to address and coordinate population and development issues, and collaborating closely with development partners, NGOs, CBOs, FBOs, private sector and other key players in the population and development sector. The development partners have been active in supporting reproductive health, maternal and child health, and HIV/AIDS programmes.

The Government put in place a number of specific measures to address issues contained in Sessional Paper No. 1 of 2000 on National Population Policy for Sustainable Development. These include:

i. Integrating population issues into development plans (National, Sector and District development plans) by incorporating population variables and the Millennium Development Goals (MDGs) as targets to be achieved in the Medium Term Plans (2008-2012) and Vision 2030.
ii. Development and implementation of the National Reproductive Health Policy, the Reproductive Health Strategy and National Reproductive Health Training Plan 2007-2012.
iii. Creation of a budget line item on family planning since 2004/2005 financial year.
iv. Increasing Public Private Partnerships in provision of reproductive Health Services.
v. Strengthening the Institutional capacity of National Environment Management Authority (NEMA) to address environmental issues.
vi. Adoption and implementation of the Children Act (2001).
vii. Adoption and implementation of the Gender and Development Policy (2007).
viii. Adoption and implementation of the Sexual Offences Act (2007).
ix. Integration of RH into other health services including HIV (PMTCT) which has improved testing and counseling, prevention of transmissions and provision of ARVs.
x. Establishment of NACC and NASCOP to address the HIV/AIDS epidemic with various strategies.
xi. Establishment of the Division of Malaria control to address the issues related to reducing malaria fatalities.
xii. Increased access to and equality of education among boys and girls through the introduction of Free Primary Education (2003) and the Kenya Education Sector Support Programme (KESSP).
xiii. Establishment of the Ministry of Youth Affairs and Sports (MOYAS) and adoption and implementation of the National Youth Policy (2006).

3.2 Past Achievements

The implementation of the measures stipulated in the past population and related policies and programmes contributed to achievements of demographic outcome provided in the table below:

Table 1: Trends of key indicators

Indicator	1984	2000	2010	2000–2010 (% change)
Annual population growth rate (%)	3.3	2.8	2.9	3.6
Total fertility rate (per 1000 live births)	6.7	4.9	4.6	-6.1*
Infant mortality rate	63	74	52	-29.7*
Child (under-5) mortality rate (per 1000 live births)	90	112	74	-35.7*
Contraceptive prevalence rate (%)	17	39	46	17.9
Family planning knowledge (%)	81	95	95	0
Desired family size	5.8	4.3	3.8	-11.6
Life expectancy (years)	62	61	57	-4**
HIV prevalence (%)	-	6.7	6.3	-6

***The desired change** ****The undesired change**
Source: Census reports, KDHS reports.

3.2.1 Achievements Attributed to the 1984 Population Policy Guidelines

The implementation of the Population Policy Guidelines of 1984 resulted in the decline of the population growth rate from 3.3 to 2.8 per cent per annum. The total fertility declined from about 8 to 5 children per woman in the 1990s. Similarly, contraceptive use among married women (aged 15–49 years) more than doubled to 39 per cent from only 17 per cent.

The desired family size also declined to 4 from 6 children per woman over the same period. However, the infant and child mortality rates increased from 64 to 74 and 90 to 112 deaths per a thousand live births, respectively. The Life expectancy at birth has been declining since 1984 at 62 years for the total population and currently at 57 years. This has been due to the HIV/AIDS epidemic, which has had a devastating impact on the health and lives of Kenyans. The prevalence of HIV, despite declining from 7.4 per cent in 2007 to 6.3 in 2010, remains high.

3.2.2 Achievements Attributed to the 2000 National Population Policy for Sustainable Development

The implementation of the National Population Policy for Sustainable Development which was multi-sectoral and multi-dimensional is associated with little or stagnation of annual population growth rate, TFR, and FP knowledge. However it is associated with substantial improvements in mortality, contraceptive use and family size desires. Total fertility stagnated at an average of 5 births per woman, child under five mortality dropped from 112 to 74 deaths per 1,000 live births and family planning knowledge remained unchanged at the same level in the year 2000.

In summary, all the past efforts combined have resulted into the following notable achievements:

i. Inter-censal population growth rate stagnated at about 2.9 per cent per annum in the period 1999-2009.
ii. Total Fertility Rate declined slightly to 4.6 in 2009 from 4.7 children per woman in 1998.
iii. Infant mortality declined to 52 in 2009 from 74 per 1,000 live births in 1998.
iv. Under Five Mortality declined to 74 in 2009 from 112 per 1,000 live births in 1998.
v. National immunization coverage increased to 77 per cent in 2009 from 65 per cent in 1998.
vi. Contraceptive Prevalence Rate for all methods among married women increased to 46 per cent in 2009 from 39 per cent in 1998.
vii. Knowledge of family planning methods remained universal at over 97 per cent.
viii. Reported ideal family size among married women remained unchanged at about 4 children per woman
ix. Life expectancy slightly decline to 57 years in 2009 from 61 in 1999
x. HIV prevalence declined slightly to 6.3 Per cent in 2009 from 6.7 per cent in 2003.

3.3 Major Facilitating and Constraining Factors of the Past Population Policy

3.3.1 Facilitating Factors

There has been notable success in the implementation of the population policy which has resulted in the reduction of fertility and mortality over the last few decades.

This can be attributed to the following factors;

i. Government commitment and support from development partners for the population programmes
ii. High level Advocacy
iii. Participation by various sectors in population programme activities

3.3.2 Constraining Factors

The implementation of the past population policy has been hampered mainly by lack of commitment and political leadership to further the population agenda. Other constraints include:

a. Socio-economic environment

i. Persistent poverty levels.
ii. Rapid population growth and population momentum.
iii. Limited systematic use of population data in formulation, implementation, monitoring and evaluation of development plans and programmes.
iv. Reduced commitment for reproductive health and population programmes after the HIV/AIDS pandemic was declared a national disaster.

b. Socio-cultural factors

i. Low involvement of women in decision-making.
ii. Negative attitudes and perceptions.
iii. Myths and Misconceptions.
iv. Conflicting messages from political and religious leaders.

c. Programme Resources

i. Declining donor support in the face of inadequate government funding.
ii. Limited Public Private Partnerships.

d. Population Programme Management

i. Inadequate enforcement of coordination mechanisms.
ii. Inadequate capacity of partners to implement sectoral population programmes.
iii. Weak institutional capacity of coordinating institutions

3.4 Continuing and Emerging Programme Challenges

There are continuing and emerging challenges that need to be addressed for the country to achieve its national goals as articulated in Kenya Vision 2030 and the Millennium Development Goals. These challenges, which are addressed in this policy, include:

i. Full integration of population concerns into development strategies has not been achieved and many devolved units have been created which require more resources.
ii. The diverse cultural and religious beliefs and practices that encourage early marriages and polygamy.
iii. The proportion of Kenyans in extreme poverty is still persistently high.
iv. Persistent regional, socio-economic disparities in fertility, FP use and mortality rates.
v. High childhood mortality rates making it difficult for individuals to adopt the small family norms.
vi. High unmet need of FP.
vii. Contraceptive commodity insecurity.
viii. Increasing youthful population.
ix. Low male involvement in RH and FP programs.
x. High levels of adolescent fertility partly attributed to early marriages and polygamy.
xi. Climate change and environmental sustainability.
xii. Rapid urbanization.
xiii. Low participation of women in decision making processes.
xiv. HIV/AIDS, Malaria, TB and other emerging non- communicable diseases.
xv. Low level of political will at both national and community level.
xvi. Increasing insecurity and continuing conflicts over resources

4.0 Population Policy Framework

4.1 Analytical Framework

The framework for this Policy is derived from the Programme of Action of the 1994 International Conference on Population and Development, which was anchored on the interrelationships between population and development. This is consistent with the classic socio-economic theory of population change formulated by Davis and Blake. The theory propounds that changes in population dynamics are mainly attributed to socio-economic development processes acting through proximate determinant factors. The framework also recognizes that contraception is an effective short-term measure for fertility reduction.

A schematic diagram depicting the operations of the analytical framework with some illustrative indicators is provided as Annex A. Taking into consideration the Vision 2030 blueprint, socio-economic development that impact on population dynamics has three critical components namely: sustained economic growth; just, cohesive and equitable social development; and, good governance. According to this analytical framework, socio-economic development efforts undertaken with support from international cooperation and public–private partnerships, result in improvements in seven areas of focus identified in the ICPD Programme of Action. These improvements in turn positively influence household/family living conditions and population programme factors that influence individuals' reproduction attitudes and behaviours, which in turn influence household and national population dynamics. The seven areas of focus in the analytical framework for socio-economic improvements which are also in harmony with the MDGs are: poverty reduction; environmental sustainability; technology, research and development; education; gender equality and equity and women empowerment; morbidity and mortality; and reproductive health and reproductive rights.

The critical issues to be addressed by this Policy are derived from the analysis undertaken using this framework and focus on the following: population characteristics; population management factors; and the seven thematic areas for socio-economic improvement.

4.2 Critical Population Issues

4.2.1 Characteristics of Kenya's Population

The past and current fertility rates coupled with improvement in child survival have resulted in a youthful population. The population below 25 years constitutes 66 per cent of the total population. Children below the age of 15 years make up 43 per cent. The young age structure creates a powerful momentum for future population growth. The youthful population is also responsible for the high dependency ratio.

The proportion of the elderly people, those above 60 years, was estimated at about 5 per cent of the population in 2009. This segment of the population is not expected to increase due to expanding population base in the face of declining mortality.

Kenya's population is predominantly rural but the urban population is expanding rapidly and it is expected to reach slightly more than half of the total population by the year 2030. Fifty five per cent of the urban populations live in informal urban settlements, where basic utilities such as clean water and sanitation are insufficient, resulting in high environmental degradation.

4.2.1.1 Population Size and Growth

Kenya's population estimated at about 40 million in 2010 is expected to reach about 77 million by the year 2030 assuming there will be no change in population growth rate estimated at 2.9 per cent per annum in 2009. Rapid population growth requires greater investments in basic social services and hence exerts pressure on the economy limiting prospects for savings and production in a setting where about 50 per cent of the total population is living below the poverty line and a large number in the labour-force ages are not gainfully employed.

Singapore is one of the benchmarking counties with regard to the blue print of Vision 2030. Kenya's socio-economic status was at approximately the same level with Singapore at independence. In the 1970s the population of Singapore was about 2 million and four decades later the population has only risen to about 5 million.

In comparison, Kenya's population has increased about four times from about 10 million to about 40 million. Kenya can learn from the Singapore experience on population management as a tool for socio-economic prosperity. The critical issue to be addressed by this Policy is the high population growth rate which is unsustainable given the projected economic growth in Vision 2030 and its socio-economic and political implications.

Policy Measures

Support programmes that will intensify nationwide advocacy and public awareness campaigns on implications of rapidly growing population on individual family welfare and national socio-economic development. This should create the required small family norms; desire for high quality of life as opposed to large numbers; and, promote acceptance and use of family planning.

4.2.1.2 Population Structure

Kenya's population is one that can be classified as "very young", that is one in which at least two-thirds of the population is composed of people under age 30 years, and only 5 per cent of the population is above 60 years.

(a) Children

These are persons below eighteen years and constitute about 55 per cent of the total population. The socio-economic implications of this segment of the population include the provision of basic needs such as education, health, food, shelter and protection. Emerging problems arising from disruptive social changes and poverty have led to unpredictable yearly increases in the number of children living under difficult circumstances. These include street children, abandoned and neglected children; abused and exploited children; adolescent mothers; and orphans occasioned by the HIV/AIDS pandemic.

The Kenya Government recognizes the needs of the children in general and especially those living in difficult circumstances. To address these challenges, the government has put in place appropriate legal provisions to protect children against abuse and exploitation, commitment to budget allocation for the basic needs of children as well as a non-corporal punishment policy for children in primary school. The juvenile justice systems, national plan of action for survival, protection and development of children, and a government body for coordinating the national strategy for children are in place. A number of policy measures are being implemented by relevant sectors to address these issues.

A large proportion of these children are still in school arising from the successful implementation of free primary education (FPE) and Free Tuition Secondary Education (FTSE) school policy. This segment of the population whether in school or out of school are also in their cognitive formative ages where values and norms are being acquired. It is therefore critical that appropriate population education is imparted to them at this tender age within the framework of the existing education curriculum.

Policy Measures

i. Support the implementation and enforcement of the existing policies and laws protecting the right of the child.
ii. Develop appropriate curriculum and materials to introduce population education in school and other education institutions curricula serving under 18-years old children.
iii. Advocate for budget allocations for the basic needs of all children including those with disabilities.
iv. Enforce legal framework for provision of compulsory basic education.

(b) Young People

The young people (10-24) years comprise about 36 per cent of the total population. Kenya has a youthful population with two out of three (66 per cent) of its population below the age of 24. This young age structure creates a powerful momentum for future population growth. The unemployment rate among the youth stands at about 25 per cent but is skewed in favor of males at 22 per cent against 27 per cent among females.

It is estimated that 3 per cent of the youth ages 15-24 are HIV positive. Young women in this age group are more vulnerable to HIV infection than the men of the same age. While this youthful segment of the population has major demographic, social and economic implications, it remains a critical resource whose capacities have to be tapped for any meaningful development in future. Investment in building the capacity of the youth in terms of education, skills training and gainful employment is therefore imperative.

Efforts are required to address continued high rate of unemployment; rural-urban migration; child labour ; limited availability of youth friendly services; low implementation rates of relevant policies; lack of reliable and timely data on youth perspectives; high poverty and dependency levels ; drug and substance abuse. In this regard, resource allocation to implement programs for full utilization of the youth bulge and the provision of population education and reproductive health services to the youth is critical.

Policy Measures

i. Advocate for (Support the implementation of the Youth Policy including expanding and strengthening of)Youth Empowerment Centers to implement region specific youth development initiatives
ii. Support the implementation of National Youth policy
iii. Promote a multi-sectoral approach in provision of quality integrated youth friendly population education and RH services
iv. Advocate for Family Life Education for in and out of school youth
v. Advocate for scaling up of middle level and tertiary training to develop relevant talents

(c) The Active Age Population

This working age population (15-64 years) represents 52 per cent of the total population. Of special significance for fertility is reproductive age group 15-49 years for women and 15-54 years for men. The per centage of women of reproductive age (15-49) was 48 per cent in 2009 and is projected to increase to 51 per cent in 2030. The large number of women of reproductive age implies an increasing demand for reproductive health and related services.

The working age population is expected to increase to 24.5 million by 2015, and further to about 36.5 million in 2030 and 57 million in 2050. Projections also indicate that the number of children below 15 years will also rise to about 18 million in 2015; 25 million in 2030 and 32 million in 2050. This implies that the dependency ratio will still remain high due to population momentum. In addition, the number of people seeking employment will continue to rise and if high fertility continues more jobs will need to be created.

Policy Measures

i. Support the implementation of policies and programmes aimed at increasing investment in education and technology, new innovations, health care, and infrastructure to cater for this productive segment of the population
ii. Intensify population education campaign and provision of quality RH including family planning services to address the reproductive health needs of both men and women
iii. Formulate a scheme that recognises small family sizes

(d) The Elderly Population

The population of the elderly, defined as persons aged 60 years and above is about 5 per cent of the total population and is increasing. This segment of the population presents a challenge due to the breakdown of the societal structures and support systems which used to take care of them and the absence of alternative comprehensive support programs coupled with economic difficulties faced by majority of families. The vulnerability of the elderly has increased over time and with the absence of a comprehensive social support programme which includes social security and health insurance schemes, their participation and contribution to the overall development of the nation cannot be assured.

To address this issue, the Kenyan Government has developed a National Policy for the Elderly Persons. The implementation of this policy is expected to ensure their socio-economic support including the creation of private social security programmes. This policy takes cognizance of the important role grandparents played in population education in the traditional setting before the forces of modernization disrupted this mode of passing messages including reproductive knowledge from the elderly to the young people.

Policy Measures

i. Support the implementation of the National Policy on Ageing including article 47 of the new constitution
ii. Advocate for the establishment of social security and health insurance schemes
iii. Advocate for formation of community-based support networks for the elderly people to undertake provision of population education in their respective communities

(e) Persons with Disabilities

This segment of the society constitutes about 5 per cent of Kenya's population and has special and varied needs. In this regard, the government and other agencies have put in place vocational institutions to equip these persons with the necessary life skills in their social and cultural settings; established rehabilitation centers and special schools for children with disabilities; enacted the Persons with Disabilities Act of 2003 that ensures the rights and privileges of persons with disabilities to employment, education, etc are respected; and, developed a National Policy for Persons with Disabilities and its Plan of Action.

Some of the key issues that affect persons with disabilities include: Inappropriate infrastructure for Persons with Disabilities to access reproductive health including FP; stigma and social discrimination and high unemployment rates.

Policy Measures

i. Integrate and mainstream issues affecting PWD's in the provision of quality reproductive health including FP services at all levels
ii. Establishment of a database on the magnitude, characteristics and RH/FP needs of PWDs
iii. Advocate for full implementation of the disability act
iv. Roll out awareness programmes to address stigma and discrimination

(f) Spatial Distribution of the Population

Kenya's population is concentrated in about 20 per cent of the land area. To address the unsatisfactory spatial distribution of the country's population, Government has adopted policies refocusing urbanization process from major urban centers to medium and smaller towns as the best way to achieve balanced development. However, continued rural-urban migration and, increasing urban poor population in informal settlements is still a challenge impacting negatively on urban environment. There is also a problem with provision of reproductive health including Family Planning services to the urban and rural poor as well as in hard to reach areas due to poor infrastructure.

Policy Measures

i. Support implementation of decentralization of services and economic activities to smaller towns and rural markets within the framework of devolution
ii. Encourage and design special reproductive health programmes including targeting the urban and rural poor as well as hard to reach areas

4.2.2 Population Programme Factors

4.2.2.1 Information, Education and Communication (IEC) and Advocacy

Basic understanding of the relationship between large families and the utilization of available resources would enable the populace make informed choices about appropriate options. Similarly, understanding of proper use of resources will create awareness about environmental sustainability. The focus here is therefore on supporting IEC activities that target the general public, programme implementers and policy makers. Information, Education and Communication (IEC) have significant role in behaviour change and in the data used for decision making.

Designing a comprehensive strategy that defines key targets and develops culturally sensitive approaches using appropriate multimedia to reach policymakers, planners, communities and their leaders has been a major challenge. There is need to promote the use of appropriate and suitable technologies to influence behaviour change and also ensure a supportive environment to translate policies into actions and social norms.

Policy Measures

i. Enhancing advocacy and public awareness on population issues facing the country and the counties
ii. Improving knowledge and information base on population issues
iii. Improving policy framework and environment to tackle population issues
iv. Increasing resources for population related programmes
v. Enhancing capacity for population programme planning, coordination and M&E

4.2.2.2 Family Planning Services Delivery

From 1984 to 1998, the family planning (FP) program had impressive achievements. The Contraceptive Prevalence Rate (CPR) more than doubled from 17 per cent to 39 per cent. The CPR then stagnated for some time before increasing to 46 per cent in 2009. Despite this achievement, there is an unmet need for FP at 26 per cent. Nyanza and Rift Valley provinces have the highest unmet need of 32 per cent and 31 per cent, respectively. The unmet need is least in North Eastern at 15 per cent and Central provinces at 16 per cent. The large unmet need is attributed to inadequate service provision and poor access to FP commodities and lack of support for contraceptive security due to over-dependence on donor funding. Besides, contraceptive use is suppressed by low male involvement in family planning and high unmet need for family planning and, poor access to FP services.

The key challenges in FP services provision and uptake are:

i. Inadequate access to family planning services delivery points.
ii. Contraceptive commodities insecurity attributed to over-dependency on donor funding and poor distribution logistics.
iii. Low community and private sector participation in FP.
iv. Low male involvement in family FP.
v. Socio-cultural barriers, myths and misconceptions.
vi. Low level of integration of FP with HIV/AIDS and other services.

Policy Measures

i. Expand family planning services delivery points including community based distribution
ii. Promote male involvement and participation in family planning
iii. Ensure appropriate contraceptive method mix and commodity security in service delivery points
iv. Strengthen the integration of family planning, HIV/AIDS, reproductive health and other health services
v. Intensify advocacy for increased budget allocation for population, reproductive health and family planning services

4.2.3 Thematic Areas

This section covers the seven critical thematic areas identified in the analytical framework linking population dynamics with socio-economic and political development. It starts by analyzing issues in Population and Socio-Economic Development Planning. The seven areas covered are: Population and Poverty Reduction; Population and Environment Sustainability; Population, Technology, Research and Development; Population and Education; Gender Equality, Equity and Empowerment of Women; Morbidity and Mortality; and Reproductive Health and Reproductive Rights.

4.2.3.1 Population and Socio-Economic Development

Kenya has undertaken significant multi-sectoral actions to integrate population issues into the development planning processes. The integration of population into all spheres of development has been implemented through a series of mechanisms, including incorporating population variables into national, sectoral and district development plans; involvement of policy makers and opinion leaders at all levels; and the strengthening of the District Information and Documentation Centers. Despite these efforts, full integration of population issues into all spheres of development planning has not been achieved as a result of inadequate access to user friendly population data for development planning particularly at lower sub-regional levels.

Kenya relies heavily on data from population and housing censuses conducted every 10 years for computation of socio-economic development indicators and resource allocation. There is therefore need to ensure that the integrity of the census data. As a result, there is need for adequate capacity and resources for population data collection and integration of population variables into development planning at all levels.

Policy Measures

i. Mobilize adequate resources to increase availability and use of population data for integration of population variables into development planning in all spheres and at all levels
ii. Enhance the capacity of institutions responsible for population data collection, analysis and dissemination to generate accurate and user-friendly population data for integration of population issues into development planning at all levels

4.2.3.2 Population and Poverty Reduction

Data derived from the 2005/2006 Kenya Household and Budget Survey indicate that the proportion of the Kenyan population living below the poverty line rose fast from 40 per cent in 1994 to 54 per cent in 1997. It is currently estimated at slightly more than 46 per cent with large regional variations. A population characterized by such high levels of poverty can hardly be expected to contribute to meaningful economic growth. Furthermore, such high levels of poverty pose a serious threat to the achievement of the Kenya Vision 2030. Abject poverty is highly correlated with factors such as low incomes and poor nutrition status which negatively influence population dynamics at individual and household levels. A high proportion of the Kenyan population live in poverty that is associated with high fertility and mortality rates in both urban and rural areas. This has been exacerbated by low pace of employment and wealth creation and mismatch between population and economic growth.

Policy Measures

i. Contribute to the implementation of the Kenya Vision 2030 poverty reduction programmes
ii. Improve performance of population programmes to accelerate population stabilization and bring a fair balance between population and economic growth at all levels

4.2.3.3 Population and Environmental Sustainability

Kenya recognizes the need to integrate population and environmental variables into development planning in order to accommodate the needs of current and future generations. The population pressure is a major contributing factor to high rate of environmental degradation and unpredictable climate changes. The key challenges are:

- Encroachment of human settlement in fragile ecosystems including water catchment areas.
- Inadequate integration of demographic factors into environmental management planning.
- Rapid fragmentation of high potential agricultural land into uneconomical units.

Policy Measures

i. Integrate environmental sustainability issues into population awareness campaigns
ii. Intensify the use of population data in environmental planning and resource management
iii. Enhance the integration of Environment Impact Assessments (EIAs) into development planning and implementation

4.2.3.4 Population, Technology, Research and Development

Government recognizes the importance of valid, reliable, timely, culturally relevant and internationally comparable population information for policy and program development, implementation, monitoring and evaluation.

Over the last few decades, research, in particular biomedical research, has been instrumental in giving more and more people access to a greater range of safe and effective modern methods for the regulation of fertility. Similarly, social and economic research has been useful in designing programs especially those that take into account the views of their intended beneficiaries.

It is, therefore, necessary to strengthen the capacity of stakeholders to be able to carry out sustained and comprehensive programs to collect, analyze, disseminate and utilize population and development data, including migration data that has over time received minimal attention. Such data will be useful in monitoring progress made towards the attainment of the goals and objectives set forth in this Policy and in Vision 2030, MDGs and the ICPD Plan of Action.

Policy-oriented research, at the national and local levels, is needed to identify and understand areas beset by population problems, poverty, patterns of over-consumption, and environmental degradation, giving particular attention to the interactions among these factors. It should be noted that such research activities require lobbying and mobilization of appropriate resources, capacity building of relevant research institutions and the participation of local communities.

A comprehensive National Population Research Agenda needs to be regularly updated and relevant baseline surveys and operational research conducted.

Policy Measures

i. Intensify efforts in the collection, documentation and timely dissemination of population information
ii. Update on a regular basis the national population research agenda
iii. Mobilize funds for population and development research
iv. Undertake regular training programmes on data collection, analysis and research
v. Promote the use of population information in planning processes and programming, and conduct regular training for partners on population information use
vi. Undertake continuous capacity needs assessment on population research
vii. Enhance the capacities of counties to generate and use county level data
viii. Undertake activities that will help to reduce the gap between research, policy, and implementation

4.2.3.5 Population and Education

Education is a fundamental human right yet with a high population growth rate this right may not be realized by all. Studies on population and education linkages indicate that education especially for women leads to improved health and sustainable development. Higher education leads to lower fertility rates, increased productivity and improved competitiveness.

With a rapid population growth there is increased demand for education and training, increased need for teachers/instructors and infrastructure which require increased budgetary allocation. Unless population growth is managed the country will be faced with low efficiency (low retention, high dropout, high repetition) and low participation (low net enrolment rates) and may not achieve universal primary education within the context of resource constraints. It has been noted that non-formal education system plays an important role in imparting knowledge and livelihood skills among the urban poor and in hard to reach areas.

Policy Measures

i. Advocate for a revised curriculum to include Family life education
ii. Support the implementation of policies that promote education such as the "back-to-school" policy for girls who get pregnant
iii. Enhance IEC in communities that still practise harmful tradition practices such as Female Genital Cutting (FGC) and early marriages
iv. Advocate for increased resources for education at all levels in view of the direct and indirect impact of education on population dynamics
v. Target non-formal education institutions and the marginalised areas with population messages

4.2.3.6 Gender Equality, Equity and the Empowerment of Women

Even though women comprise more than half of the population, gender disparities exist in all social and economic spheres. Among these are: education; labor force participation; reproduction; and, participation in politics and decision making. To promote gender equality, equity and women empowerment at all levels and to transform socio-economic and cultural values and attitudes that hinder gender equality and equity are imperatives for this population policy.

Vision 2030 embraces the need for gender equality, equity, elimination of all forms of discrimination against women and the affirmation of women's ability to control their own fertility. Moreover, Kenya is a signatory to the Convention for the Elimination of all Forms of Discrimination against Women (CEDAW) and ICPD affirmation of women's ability to control their own fertility. In some communities, harmful socio-cultural practices such as early marriages, female genital mutilation (FGM) and nutritionally biased taboos still exist despite Government efforts and initiatives to curb the biases.

These initiatives include Enactment of the Sexual Offences Act of 2006; establishment of the Gender Based Violence (GBV) centers in public health facilities; development of guidelines on the management of rape and sexual violence; and the creation of a favorable environment in the provision of RH services. In addition, the Children's Act prohibits subjecting children aged less than 18 years to harmful traditional practices.

However, disparities in gender equality, equity and empowerment of women are predominantly on many socio-cultural and socio-economic areas that include: women's participation and contribution to development; access to and control of property and inheritance; participation in formal education and employment sectors; Female Genital Mutilation; gender-based violence and sexual abuse and other persistent harmful cultural practices. All these factors inhibit women participation in development including low participation of women in decision making in RH matters and low involvement/participation of men in family planning which is regarded as women issue.

Policy Measures

i. Promote the participation of both men and women in decision making at all levels including Reproductive Health matters and Family Planning
ii. Improve the policy environment for mainstreaming gender and reproductive rights in population and reproductive health programmes
iii. Advocate for availability and access to quality treatment, care and rehabilitative services for victims of those affected by harmful practices and/or violence

4.2.3.7 Morbidity and Mortality

(a) Childhood Morbidity and Mortality

Kenya is a signatory to the UN Convention on the Rights of the Child and the African Chapter on the Welfare and the Rights of the Child. The Kenya Essential Package for Health (KEPH) singles out two phases of childhood, 2 weeks - 5 years and 6-12 years, for attention in its life-cycle cohorts. Together with maternal health indicators, infant and under five- mortality, immunization coverage, and child malnutrition status, among others, measures the country's socio-economic development. To reduce child deaths, the Government in collaboration with WHO and UNICEF implemented a new approach for improving child health in the mid 1990s - the Management of Childhood Illnesses (IMCI) Strategy which combines better management of childhood illness with nutrition, immunization, maternal health, and other health programs. Tremendous progress was made in reduction of infant and child morbidity and mortality.

Infant mortality declined remarkably from 77 deaths per 1,000 live births in 2003 to 52 deaths per 1,000 live births in 2008-2009. Under-five mortality declined from 115 to 74 deaths per 1,000 live births in the same period. The improved child survival is as a result of increased vaccination coverage. Vaccination coverage of children age 12-23 months increased from 57 per cent in 2003 to 77 per cent in 2008-2009. The challenge now is to further reduce childhood mortality rates and increase full immunization coverage in order to attain MDG number 4, that is, to reduce child mortality.

High levels of childhood morbidity and mortality are attributed to malaria, acute respiratory infections (ARI), diarrhea, childhood malnutrition, measles and HIV/AIDS. There is inadequate access to and utilization of child health and other related programmes.

Policy Measures

Support the implementation of the ongoing child survival programmes including Integrated Management of Childhood Illness (IMCI) and other efforts such as PMTCT to reduce HIV and promotion of insecticide treated bed nets to combat malaria. The expected outcome is that with improved child survival, desired family size and actual fertility will decline drastically.

(b) Maternal Morbidity and Mortality

Maternal health is an important area of reproductive health needed to reduce maternal mortality. Effective maternal health includes continuum of care with a focus on antenatal, safe delivery and postnatal care. Maternal mortality increased from 414 deaths per 100,000 live births in 2003 to 488 in 2008-09. Leading causes of maternal morbidity and mortality among Kenyan women are obstetric complications including hemorrhage, obstructed labor and unsafe abortion, with the latter causing more than a third of maternal deaths. Although 92 per cent of women received antenatal care from a medical professional, only 43 per cent of them delivered in a health facility and only 44 per cent of the births were delivered under the supervision of a health professional.

Some measures have been taken to reduce maternal mortality and improve maternal health, including the following: the health care system has absorbed community mid-wives to participate in the provision of primary health care services, the user fees for maternity services have been waived in public health facilities; and free insecticide treated nets are given to pregnant women. However the lack of efficient emergency obstetric care facilities, equipment and supplies are challenges which make it difficult to have every woman access health services to obtain appropriate care when complications arise.

Policy Measures

Intensify advocacy for increased resources to provide comprehensive maternal health care services, with attention to under-served population groups and poorly addressed issues including postnatal care, post abortion complications and fistulae.

(C) HIV/AIDS, Malaria, TB and Other Communicable Diseases

Government has adopted a multi-dimensional and multi-sectoral approach to address the incidence and prevalence of HIV/AIDS. Strategies include mainstreaming gender into the HIV/AIDS Strategic Plan; distribution of free anti- retroviral therapy (ARVs) and condoms in public health facilities; involvement of NGOs, FBOs, Private Sector, development partners and communities in the implementation of the National HIV/AIDS Program; and, the development of an HIV/AIDS Syllabus for schools and colleges.

In spite of the progress made in the fight against HIV/AIDS the epidemic still poses many challenges. Among these are extreme poverty; continued stigma and discrimination against persons living with HIV and AIDS (PLWHAs). The fight is further constrained by scarce resources as not everyone who requires ARVs has been able to access them. Despite decades of information campaigns, the KDHS 2008-09 indicated that while nearly all adolescents have heard of HIV/AIDS, only 61 per cent of women and 71 per cent of men aged 15-19 know that using condoms and limiting sexual intercourse to one uninfected partner can reduce their risk of contracting HIV.

Malaria remains a leading cause of morbidity and mortality in Kenya. Five per cent of the deaths in the country are due to Malaria and 70 per cent of the population lives in Malaria prone zones. The Government has developed strategies to reduce the disease's socio-economic and biological impact. It is also committed to the Abuja Declarations of 2000 and 2006 to provide resources to facilitate the realization of targets set for Malaria prevention and treatment. Efforts to combat malaria include: development of National Malaria Strategy (2009-2017); mapping malaria risk areas; provision of insecticide treated nets targeted at expectant mothers and children less than 5 years among others as stipulated in the National Malaria Strategy.

On tuberculosis, Kenya has experienced an increase in incidence in the last few years. According to the World Health Organization's Global TB Report of 2009, Kenya ranks 13th on the list of 32 high burden TB countries in the world and 5th highest in Africa. This has affected the most economically productive group of the population (15-44) years. The government has responded by establishing partnerships for financial and technical support; establishing the Tuberculosis Interagency body to ensure integrated delivery of TB services.

The major challenge includes the high morbidity and mortality rates attributed to high HIV prevalence, malaria and tuberculosis.

Policy Measures

i. Support full implementation of HIV/AIDS policy and programmes to reduce mortality; universal access to cost-effective malaria control interventions; and programmes for TB surveillance and treatment
ii. Integrate population education messages into HIV/AIDS, malaria and TB IEC materials to leverage the application of the scarce and dwindling resources.

4.2.3.8 Reproductive Health and Reproductive Rights

The National Reproductive Health Policy of 2007 aims at enhancing the reproductive health status of all Kenyans by: increasing equitable access to reproductive health services; improving quality, efficiency and effectiveness of service delivery at all levels; and, improving responsiveness to client needs. The policy has prioritized the following reproductive health components based on both the magnitude and significance of the problem: safe motherhood; maternal and neonatal health; family planning; adolescent/youth sexual and reproductive health; and, gender issues including sexual and reproductive rights. Other components are: HIV/AIDS; reproductive tract infections; infertility; cancers of reproductive organs; and, reproductive health for the elderly. Critical to its successful implementation is the design involving full range of reproductive health components and multi-sector approach.

Measures put in place to enforce reproductive rights and to guide provision of reproductive health services include: implementation of the Adolescent Reproductive Health and Development (ARH&D) Policy of 2003; and, guidelines and training curricula for health care providers. The new constitution provides the right to reproductive health services. However, provision of adequate reproductive health services is still being constrained by several factors including: social; cultural and religious beliefs and practices; low status of women in decision making; low male involvement in family planning; infertility, poverty; weak health management systems; and, inadequate funding.

Policy Measures

i. Support the implementation of the RH Policy and its Implementation Plan as well as other policies that promote attainment of reproductive health and reproductive rights of both males and females within the framework of the new constitutional dispensation and the Laws of the Land
ii. Advocate for male involvement in family planning
iii. Promote community awareness on infertility

5.0 Population Policy Goal, Objectives and Targets

The goal, objectives and targets of this policy are consistent with, and within the broad parameters of the Kenya Vision 2030, which aims "to transform Kenya into a newly industrializing middle income country providing high quality of life to all its citizens in a clean and secure environment". The Vision's Economic Pillar aims to achieve an economic growth rate of 10 per cent per annum and sustain the same to 2030 while the Social Pillar aims to create just, cohesive and equitable social development in a clean and secure environment. The Political and Governance Pillar, on its part, aims to realize an issue-based, people oriented and accountable democratic system.

5.1 Policy Goal

The goal is to attain high quality of life for the people of Kenya by managing population growth that can be sustained with the available resources.

5.2 Policy Objectives

i. Reduce population growth rate in order to harmonize with the economic growth and social development envisioned in Vision 2030.
ii. Reduce fertility and mortality rates that sustain the high population growth rate at the same time assist individuals and couples who desire to have children but are unable to.
iii. Provide information and education on population matters to the general public and particularly the youth to encourage a small family norm.
iv. Provide equitable and affordable quality reproductive health services including family planning.
v. Contribute to the planning and implementation of socio-economic development programmes as a long term measure to influence population dynamics with special focus on: poverty reduction; technology and research; environment; education; health; and, gender equity, equality and empowerment of women.
vi. Mobilize resources through government budgetary allocation, international cooperation and public/private partnerships to ensure the sustainability of the population programmes and effective impacts on the population dynamics.

5.3 Demographic Targets

The demographic targets contained in this policy document have been segmented into four phases corresponding to four rolling five-year Implementation Plans that will be formulated during the life of this long term policy. They have been generated using a complex simulation model designed for long term projections demographic processes. The targets provided in Table 2 are set to guide the implementation of the policy. The projections cover the period 2010 to 2050 and will be reviewed from time to time as the need may arise including availability of new data.

Table 2: Targets for Key demographic Indicators 2015-2050

Indicator	Base year 2009	2010	2015	2020	2025	2030	2050
Population (millions)	38.6	39.6	44.6	49.7	54.7	59.5	77.3
Labour force (Millions)	20.7	21.4	25.5	29.9	34.1	38.6	53.1
Dependency Ratio	86.8	84.9	75	66.2	60.3	54.3	44.6
Crude Birth Rate (per 1000)	38	37	34	30	26	23	17
Crude Death Rate (per 1000)	13	13	11	10	9	8	7
Natural growth rate (%)	2.5	2.4	2.3	2.0	1.7	1.5	1.0
Median Age (years)	17	17	18	20	27	28	30
IMR (per 1000 live births)	52	51	45	38	31	25	11
U5MR (per 1000 live births)	74	73	67	62	55	48	34
MMR (per 100,000 live births)	488	473	400	350	250	200	120
Life Expectancy (years)	57	57	59	61	62	64	72
TFR	4.6	4.5	4.0	3.4	3.0	2.6	2.1

5.3.1 Demographic Targets for the Year 2030

i. Reduce the Natural growth rate of the population from 2.5 in 2009 to 1.5 % by 2030.
ii. Reduce the infant mortality rate from 52 in 2009 to 25 per 1,000 live births by 2030.
iii. Reduce the under-five mortality rate from 74 in 2009 to 48 per 1,000 live births by 2030.
iv. Reduce the maternal mortality rate from 488 in 2009 to 200 deaths per 100,000 live births by 2030.
v. Reduce the crude death rate from 13 in 2010 to 8 deaths per 1000 people by 2030.
vi. Improve life expectancy at birth for both sexes from 57 in 2009 to 64 years by 2030.
vii. Reduce the Total Fertility Rate from 4.6 in 2009 to 2.6 children per woman by 2030.

5.3.2 Population Advocacy, Information and Public Education Targets to 2030

(a) Awareness indicators

i. Increase Age at First Birth from 19.8 in 2009 to 20.4 in 2015, and 21 by 2030.
ii. Raise Age at First Marriage from 20.2 in 2009 to 23 by 2030.
iii. Reduce mean ideal number of children for men from 4.3 in 2009 to 3 by 2030 and for women from 4.0 to 2.8 by 2030.
iv. Maintain high family planning knowledge at 97% recorded in 2009.
v. Reduce teenage pregnancies from14.5% in 2009 to 7% by 2030.
vi. Reduce teenage child bearing from 17.7% in 2009 to 8 %.

(b) Exposure to family planning messages through radio, TV and Newspapers

Table 3: Targets for Media Channels (2009 -2030)

	2009		2015		2020		2025		2030	
Channel	men	women	men	women	men	women	men	women	men	women
Radio	71	69	80	80	90	85	95	92	99	97
TV	39	38	44	43	50	49	55	54	60	60
News paper	40	34	44	40	51	45	56	48	60	51

5.3.3 Family Planning Service Delivery Targets beyond 2030

These targets are to be delivered through institutions that provide family planning services under the supervision and coordination by the Ministry of Public Health and Sanitation (MOPHS).

Table 4: Family planning services indicators by five-year phases

Indicator	2010	2015	2020	2025	2030	2050
Contraceptive Prevalence Rate for Modern Methods (%)	40	52	58	64	70	75
New family planning acceptors (in thousands)	141.5	187.2	235.0	287.3	316.0	399.3
Number of family planning users (in millions)	2.2	3.4	4.4	5.5	6.7	9.0
Total fertility rate (TFR)	4.6	4.0	3.5	3.0	2.6	2.1

6.0 Implementation Framework

This policy will be implemented within the broader framework of the implementation of the Vision 2030 and the new constitutional dispensation. However implementation will remain cross sectoral, multidimensional and will involve the Government, FBOs, NGOs, Private Sector and communities. NCPD will be the overall coordinating and advisory body for the implementation of this policy. It will strengthen the linkages among actors to facilitate the best use of resources and minimize duplication of efforts. It will also ensure that efforts of stakeholders are harmonized towards the achievement of the population goals. The sector- wide approach (SWaP) will be used to provide a framework for collaboration in design, financing and implementation of the policy.

6.1 The Role of NCPD

As the lead organization in population matters, NCAPD is charged with the following responsibilities:

i. Analyzing multi-sectoral population issues and developing population-related policies.
ii. Providing leadership and coordinating and mobilizing support for population programs.
iii. Tracking and assessing the impact of population programs and making policy recommendations based on the assessment results.
iv. Assisting stakeholders and partners in the integration of priority population interventions.
v. Advocating for political and other support to address population issues.
vi. Judiciously work towards achieving its main objectives, which include :-
    a. To enhance awareness on population issues (fertility, mortality, migration).
    b. To improve knowledge and information base on population issues.
    c. To improve policy framework and environment for population issues.
    d. To increase resources for population related programmes and,
    e. To enhance capacity for programme planning, coordination, monitoring and evaluation.

To be consistent with implementation of Vision 2030, this policy will be implemented in phases each lasting five years (2011-2015, 2016-2020, 2021- 2025 and 2026-2030).

6.2 The Role of Other Government Ministries and Institutions

In order to implement this policy effectively line ministries, local governments and institutions are expected to play their respective roles regarding population concerns in accordance with their mandates. NCPD will be required to assist implementing partners to identify their roles in the implementation of this policy.

Table 5: Sectorial Roles

SECTOR	SECTORIAL INTERVENTION
Agriculture And Rural Development	**Agriculture** i. Integrate population and family planning issues into agricultural extension programmes and services. ii. Increase efforts to enhance food production and guarantee food security. iii. Promote women's participation in rural development programmes.
Trade, Tourism And Industry	Promote population issues in entrepreneurship.
Physical Infrastructure	**Local Government** i. Ensure population concerns are integrated into local authority plans. ii. Provide quality social and RH services.
	Housing i. Monitor trends in demand and supply for housing and taking into account population trends. ii. Provide affordable and quality housing to growing population. iii. Design medium to long term plans for development of intermediate towns to curb rural–urban migration.
	Nairobi Metropolitan Development i. Decentralize population and RH services. ii. Upgrade the slums to improve RH service provision infrastructure.
	Kenya Wildlife Services i. Integrate population, health and environment issues into programmes to stem human–wildlife conflict and protection of fragile ecosystem.
	Environment and Mineral Resources / Forestry and Wildlife i. Provide population health education (PHE) for sustainability. ii. Provide guidelines on effective use of water and soil conservation for sustainability.

SECTOR	SECTORIAL INTERVENTION
Human Resource Development	**Labour and Human Resource Development** i. Promote implementation of labour legislation in private and public sectors and monitor gender disparities in employment to increase individual and family income. ii. Promote employment opportunities for youth, PWDs and other vulnerable groups ensuring gender equality. iii. Establish mechanisms to strengthen collection and reporting of data concerning employment and underemployment to determine their geographic impact.
	Medical Services and Public Health i. Coordinate implementation of RH programmes. ii. Provide FP services at all levels of service delivery. iii. Strengthen RH education programmes. iv. Collaborate with other public and private institutions in the provision of RH services. v. Train RH service providers. vi. Strengthen integration of RH services with other services. vii. Strengthen and expand maternal/child health programmes. viii. Strengthen health information systems for M&E.
	Education i. Introduce population and family life education in curricula (primary and secondary and training institutions). ii. Implement back-to-school policy for girls and address factors leading to school dropouts. iii. Strengthen literacy programmes for improved uptake of FP services.
	Public Service i. Monitor the implementation of the 30% affirmative action on employment and promotion to improve female participation in decision making.

SECTOR	SECTORIAL INTERVENTION
Research, Innovation And Technology	**Higher Education, Science and Technology** i. Promote Population Research in the national research agenda. ii. Support population and development research. iii. Promote and support evidence based research in the area of population and RH. iv. Enhance effective use of existing and development of new talents especially in RH technology.
	Information and Communications i. i. Increase coverage of population related issues in the media (e.g., increased airtime for population forums). ii. Incorporate population and development issues into training programmes. iii. Strengthen media facilities for better population IEC.
Governance, Justice, Law & Order	**Provincial Administration and Internal Security** i. Provide security and maintain law and order to minimize insecurity issues. ii. Provide statistics on crime rate and nature including gender-based violence (GBV) and rape cases.
	OVP & Ministry of Home Affairs i. i. Support Empower vulnerable groups. ii. Provide RH information and counselling to offenders in custody and rehabilitation. iii. Resettle and re-integrate offenders into the community.
	Justice, National Cohesion and Constitutional Affairs i. Enforce legislative measures on harmful cultural practices like FGM and gender discrimination, the Children Act and other laws related to population issues. ii. Facilitate enactment of new laws on matters pertaining to population and development (RH, environment and other population issues).
	Immigration and Registration of Persons i. Provide vital information on civil registration (births, deaths, marriages). ii. Provide information on refugees and other migrants. iii. Maintain a database on population in the Diaspora.

SECTOR	SECTORIAL INTERVENTION
Special Programmes	**Regional Development Authorities** i. Promote equity in rural development.
	Gender and Children Affairs i. Advocate gender equity, equality and women's empowerment. ii. Implement policies/plan of action related to gender, children (e.g. socio-cultural and discriminatory practices). iii. Promote welfare of the ageing and other vulnerable groups. iv. Mainstream gender issues in all sectors. v. Sensitize men, women and youth on their RH rights.
	Special Programmes i. Resettlement of populations in distress.
	Youth and Sports i. Promote youth programmes for responsible parenthood. ii. Strengthen youth to participate in economic activities.
	Development of Northern Kenya and Other Arid Lands i. Promote provision of social services and food security.
National Security	**Internal Security and Defence** i. Promote population services within the security services.
Macro Working Group	**Finance** i. Mobilize both local and international resources to support population programmes and activities. ii. Allocate adequate financial resources to population and RH programmes.
	Planning and National Development i. Incorporate implementation of the population policy into national & county development plans and frameworks. ii. Develop guidelines to incorporate population and development variables into the planning process. iii. Evaluate and Monitor planning activities in various sectors to ensure population variables are fully integrated.

6.3 The Roles of Other Institutions

Table 6: Roles of other Institutions

INSTITUTION	ROLES
UNIVERSITIES / COLLEGES	i. Provide training on population and development. ii. Carry out research and provide advisory services on population, reproductive health and development.
NGOS / CBOS	Supplement Government efforts in the formulation, financing, implementation, monitoring and evaluating of population projects
POLITICAL PARTIES	i. Support fully the integration of population issues into their social and development agendas. ii. Sensitize the public on population issues. iii. Mobilize support for population programmes.
FBOS	i. Provide moral and spiritual guidance in the implementation of the population policy and programme. ii. Provide services in the field of reproductive health and family planning consistent with their beliefs.
MASS MEDIA	i. Produce and serialize programmes and features on population, reproductive health and development. ii. Promote awareness on population issues, policies and programmes. iii. Promote the use of reproductive health services. iv. Inform and educate the public about population issues / problems (e.g., reproductive health, gender-based violence, sexual abuse, HIV/AIDS, abandonment of children).
PARLIAMENT	i. Promote the implementation of the population policy. ii. Include population issues in their agenda.

7.0 Resource Mobilization

The implementation of this policy will require resources to be pooled from various sources. This also calls for the provision of necessary resources to all actors in order to ensure the achievement of the set goals, objectives and targets stipulated in the policy. Invariably, these resources include:

i. Human and technical resources
ii. Financial resources
iii. Capital resources

The human and technical resources will be charged with the responsibility of managing all other input resources to ascertain that the strategies stated in this policy are achieved within the set timeframe.

Kenya has enjoyed the financing of some of the national population activities by bilateral and multi-lateral donor agencies in the past. While acknowledging the need for the continuation of this support, the Government recognizes the necessity of local "ownership" of the policy. In this regard, the Government shall assume responsibility for the greater proportion of the resources required for the implementation of this policy.

The Government will continue to collaborate with the NGOs, FBOs, Private Sector and communities in implementing this policy to ensure the attainment of its goals, objectives and targets. The Government will continue to provide the necessary enabling environment and infrastructure and all the stakeholders are encouraged to assume a share in financing of the policy's programs. The NCPD, on its part, will continue to provide the necessary leadership and coordination in all aspects of resource mobilization and utilization.

The challenges on resources currently include:

i. Diminished share of resources for population and FP activities due to competing or new and emerging issues
ii. Inadequate funding for some key aspects such as population IEC and advocacy
iii. Little participation in program funding by endowed local corporations and foundations

In this regard the following policy measures will be encouraged:

Policy Measures

i. Persistent advocacy and lobbying for adequate and sustained resources for population/ family planning
ii. Dialogue with development partners on the need to prioritize identified key area in their funding decisions.
iii. Advocate for increased government support for identified priority population activities
iv. Advocate for policy frameworks that encourage corporate contributions to population programme initiatives

8.0 Monitoring and Evaluation

An effective Monitoring and Evaluation System is critical for the successful implementation of this policy. The M & E system that will be put in place should promote evidence based decision making at all levels involving stake holders at various levels. The M&E system should encourage communication between different stakeholders involved in national as well as sub national needs. The system should fit within the national monitoring and evaluation system. In this regard the National Council for Population and Development, will, therefore work closely with line ministries, government agencies, the private sector and NGOs to develop the scope and focus of M&E frame work and plans and ensure that there is effective monitoring and evaluation of the implementation of this policy at all levels.

8.1 Monitoring Framework and implementation Mechanism

Effectiveness of the framework put in place to monitor and evaluate this policy will depend on the coordinated action of NCPD. It will be expected that the implementing partners will also develop their own frame works and plans to monitor activities they will be implementing. Information collected will feed into the National Integrated Monitoring and Evaluation System (NIMES) which was established in 2004 with an objective of providing the government with a reliable mechanism and framework for measuring the efficiency of government programmes and the effectiveness of public policy in achieving its objectives at the national, and sub national levels.

Under NIMES, capacities in information and communication technology (ICT), project monitoring, data-base management, and preparation of monitoring reports will be strengthened. Subsequently, annual regional monitoring and evaluation reports for all sectors will be published. This system will be invaluable to the implementation of this National Population Policy. Efforts will therefore be made to ensure that M&E activities at all levels are harmonized with those of the National frame.

Apart from the regular data collection the M&E mechanisms will where necessary include national surveys such as Demographic Health Surveys, (DHS), and Service Provision Assessment Surveys (SPA) and any other commissioned special surveys or reviews.

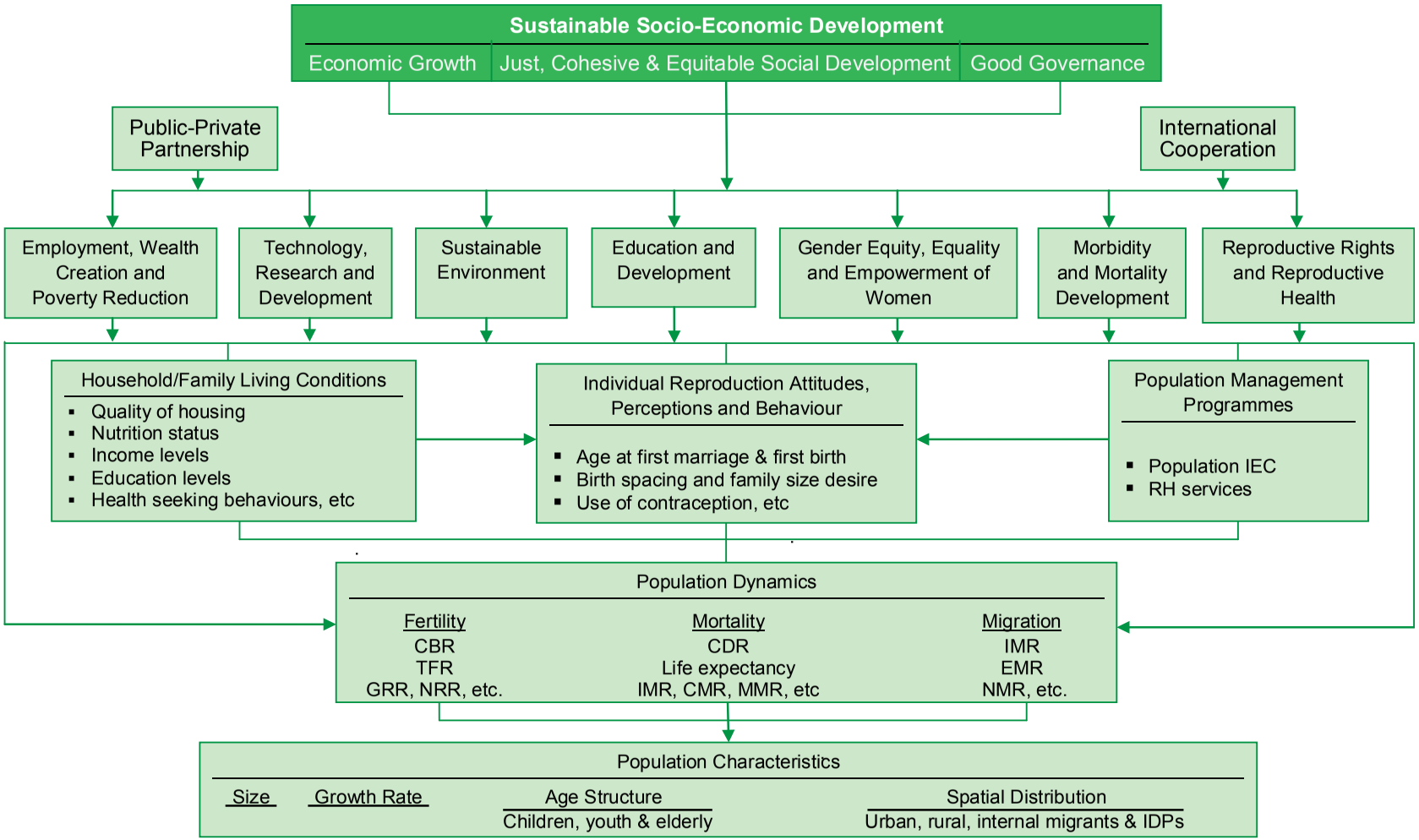
Policy Measures

i. Develop a national M &E policy that will require all stakeholders to comply with set guidelines for data collection, analysis, reporting and dissemination
ii. Strengthen national and institutional capacities to develop and Operationalize M&E frame works for population programmes at all levels
iii. Establish suitable mechanisms for funding M&E

Glossary

Crude Birth Rate	The annual number of births per 1,000 population.
Crude Death Rate	The number of deaths per 1,000 population in a given year.
Life expectancy	An estimate of the average number of additional years a person could expect to live if the age - specific death rates for a given year prevailed for the rest of his or her life. Most commonly cit-ed as life expectancy at birth.
Median Age	The age that divides a population into two numerically equal groups; that is, half the people are younger than this age and half are older
Maternal mortality rate (MMR)	The number of women who die as a result of complications of pregnancy or childbearing in a given year per 100,000 live births in that year. Deaths due to complications of spontaneous or induced abortions are included.
Total fertility rate (TFR)	The average number of children that a woman would have if she went through her entire reproductive period, from 15 to 49 years, reproducing at the prevailing age specific fertility rate. This rate is sometimes referred to as the number of children women are having today.
Infant mortality rate (IMR)	The number of deaths of infants under age 1 per 1,000 live births in a given year. The IMR is considered a good indicator of the health status of a population.

Annex A: Schematic of the Operations of the Policy Framework



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NCPD is a semi-autonomous government agency that formulates and promotes population policy and coordinates related activities for sustainable development in Kenya.