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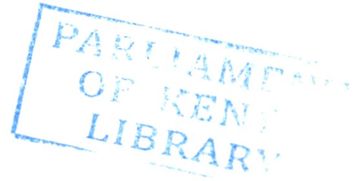
Sessional Paper No. 5 of 1999

on

NATIONAL POPULATION POLICY FOR SUSTAINABLE DEVELOPMENT

National Council for Population and Development

OFFICE OF THE VICE-PRESIDENT AND MINISTRY OF PLANNING AND NATIONAL DEVELOPMENT



Sessional Paper No. 5 of 1999

on

NATIONAL POPULATION POLICY

FOR

SUSTAINABLE DEVELOPMENT

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LIST OF ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
CBD	Community Based Distribution
CPR	Contraceptive Prevalence Rate
DDC	District Development Committee
DP&FPC	District Population and Family Planning Committee
DPM	Directorate of Personnel Management
DPO(s)	District Population Officers
FP	Family Planning
GDP	Gross Domestic Product
GOK	Government of Kenya
HIV	Human Immuno-Deficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
KDHS	Kenya Demographic and Health Survey
KIA	Kenya Institute of Administration
KNUT	Kenya National Union of Teachers
MCH/FP	Maternal and Child Health/Family Planning
NCPD	National Council for Population and Development
NEAP	National Environment Action Plan
NGO(s)	Non-Governmental Organisations
NIC(s)	Newly Industrialized Countries
SAP	Structural Adjustment Programme
STD(s)	Sexually Transmitted Diseases
TFR	Total Fertility Rate

1.0 PREAMBLE

This National Population Policy for Sustainable Development succeeds the Sessional Paper No. 4 of 1984 on *Population Policy Guidelines.* It builds on the strength of the guidelines and widens the scope of the population policy by integrating the Programme of Action of the International Conference on Population and Development, 1994. The Policy respects fundamental human rights and freedoms relating to social, cultural and religious beliefs and practices. Although broad based, the policy is Kenya specific and incorporates only those aspects of the Cairo Plan of Action that are relevant to the country. Addressed in this document are issues on environment, gender, poverty and problems facing segments of the population including the youth, the elderly and persons with disabilities. The problem of HIV/AIDS is also addressed.

The policy recognises that the population question is a matter of State security and should be handled with care and vision.

This policy outlines the population and development goals, objectives and targets to guide its implementation up to the year 2010. The goals and objectives include: improvement of the standards of living and quality of life of the people; full integration of population concerns into the development process; motivating and encouraging Kenyans to adhere to responsible parenthood; promotion of the stability of the family; empowerment of women, elimination of retrogressive socio-cultural practices such as female genital mutilation, and integration of the youth, the elderly and persons with disabilities into the mainstream of national development. To guide implementation of this policy, some specific targets have been set. The targets have been categorized into three broad areas namely: demographic, health and social services.

A wide range of strategies that will be pursued to meet the set goals, objectives and targets of this Population Policy have also been outlined. During the implementation of this policy, mechanisms will be put in place in the country's action plan to address envisioned set-backs in regard to this policy. Some of these set-backs to development include poor planning, poor investment priorities, misappropriation of public funds, resource mismanagement, inappropriate land policies, nepotism and the displacement of people due to ethinic disturbances.

The successful implementation of this policy will enable the Government to undertake investment in public infrastructure, provide for development of human resources through better health and education, protection of the environment and the rule of law. This will subsequently open up avenues for development in all sectors of the country's economy. Like its predecessor, this policy will be implemented through a multi-sectoral and multi-dimensional integrated approach. In this regard, the Government will collaborate with NGOs, the private sector, communities and other agencies. Each member of the society is called upon to play an active role so as to ensure the attainment of the goals, objectives and targets set out in this policy. Government will provide the necessary enabling environment and infrastructure for the implementation of this population policy.

2.0 PRINCIPLES

(i) The overall aim of this Policy is to attain a balance between Kenya's population growth rate on the one hand and sustained rate of economic growth for sustainable development on the other. The Policy is therefore, broad-based and has a comprehensive view of population issues.

(ii) The Policy recognises regional variations with regard to population issues and development.

(iii) The Policy respects fundamental human rights and freedoms relating to social, cultural and religious beliefs and practices.

(iv) The Policy reaffirms that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children, have access to information and education in order to make informed choice, and the means to do so.

(v) The Policy recognises the family as the basic unit of the society and as such should be strengthened.

(vi) The Policy recognises advancing gender equity and equality, empowerment of women and elimination of all forms of violence.

3.0 POPULATION AND DEVELOPMENT

3.1 Economic Setting

In the first decade after independence Kenya's economy grew at impressive rates. The Gross Domestic Product (GDP) expanded at 6.5% per annum, per capita output grew at 2.8% per annum while agricultural output exceeded population growth by 1.3% per annum. This commendable growth was made possible by the transfer of land from large to small farm use, an expansion of the area under cultivation, increased productivity and favourable terms of trade. Industrial development, based on import substitution, saw production rise at 6.5% a year. However, a series of exogenous factors since the mid 1970s has resulted in an erosion of growth which was compounded by inadequate macro-economic policy responses. The most notable of these factors were the oil price rises, recurrent drought and the global recession and worsening terms of trade.

By the early 1980s, it had become apparent that structural dislocations had emerged and were acting as major constraints to economic growth to the extent that by 1982 GDP growth had declined to 3%. The introduction of structural adjustment policies in response to declining performance resulted in a slight resurgence of growth. The Structural Adjustment Programme (SAP) successfully generated the development needed to create employment, raise the standard of living for ordinary Kenyans and reduce the incidence of poverty. The economic performance of the late 1980s was a dramatic improvement over the period 1982-85; the annual growth rate of GDP at factor cost increased from 3.1 per cent to 5.1 per cent, while GDP at market prices grew at an average rate of 5.9 per cent.

However, the resurgence was short lived and real growth in the GDP slowed progressively to 4.3% in 1990 and to a meagre 0.1% in 1993. The explanation for this downturn includes poor weather and the uncertainties caused by the introduction of multi-party democracy. But most significant was the recession in the developed economies which reduced export earnings, terms of trade and Kenya's capacity to import capital goods. These adverse circumstances coincided with financial imbalances which led to a widening fiscal deficit, inflation and

high interest rates.

Despite the mixed economic performance since independence, by the 1980s Kenya had achieved distinctly more favourable social indicators than most countries in the Sub-saharan Africa. Life expectancy and infant mortality rates attained in Kenya were well above average obtained in these regions. This progress has been maintained for many indicators. Infant and child mortality rates continued to fall and there was further progress in increasing life expectancy. Kenya had achieved nearly universal primary school enrolment by the early 1980s. With regard to other indicators, the progress has been far less impressive. Secondary school enrolment increased only from 20% to 30% of the relevant age group. Child malnutrition rates, after showing improvement during 1982-87, stagnated and even deteriorated in some areas. Thirty-four percent of the population under five is currently estimated to be stunted which compares poorly with the average of 39% for the region.

Kenya is still confronted with a variety of development challenges; the critical ones, which have persisted since independence, being poverty and unemployment.

Implementation of the SAP has also posed additional problems. In the short run, both relative and absolute poverty have increased making it difficult for the disadvantaged group to have access to basic needs. The Government has designed programmes that include targeted interventions in favour of the disadvantaged groups.

If the country is to successfully reduce unemployment and poverty, the economy will require to grow on average by over 6 per cent a year in the long run. To achieve this, it will require an increase in gross fixed capital formation. Experiences of other countries that have been growing at such high economic rates indicate that the required investments have mostly been financed by local savings with the saving ratio averaging around 30 per cent of GDP. The biggest challenge for Kenya is, therefore, to raise the savings ratio from the current level of about 20 per cent of GDP to approach that of the Newly Industrialized Countries (NICs).

While this calls for policies that will successfully mobilize private savings, success of these policies will also depend on the ability of the Government to move from her current position of a dissaver and record budgetary savings. This will not be possible if the rate of growth of the population remains high. At the household level, a fast growing population requires that more resources have to be spent on consumption to meet the basic needs of the children which include food, clothing, education and health services.

Lack of sustained economic growth has become the primary constraint to social improvement in Kenya. While the Government has done a lot in trying to put into place an enabling policy environment, the effects of the high rate of population growth in the past have partly contributed to the inability of the economy to grow. If the economy is to achieve high sustained economic growth in the future, it is imperative that a population policy be put into place that will ensure that the rate of population growth will not be a constraint to social development.

3.2 Demographic Situation

The Population of Kenya was 23.2 million persons in 1989 and was estimated at 27.5 million by mid-1995 assuming moderate decline in fertility and mortality rates that take into account the AIDS pandemic. A time series analysis of census results indicates that Kenya's natural rate of increase accelerated from 2.5 percent in 1948 to 3.0%; 3.3%, 3.8% in 1962, 1969 and 1979, respectively. The analysis also indicates that Kenya's rate of population growth declined from 3.8% in 1979 to 3.3% in 1989 and was estimated at 3.0% by mid-1995. While the acceleration in the growth rate during the 1948 - 1985 period was due to a combination of increases in fertility levels and decreases in mortality attributed to improvements in health and socio-economic status, the decline in the growth rate during the 1990-1995 period is mainly due to fertility decline.

The high fertility rates in Kenya in the past are now in rapid decline. The Total Fertility Rate (TFR) was 7.7 children per woman in 1984. This declined to 6.7 in 1989 and to 5.4 in 1993. The reported drop in the fertility rate has been observed throughout the country although

differentials still exist among Kenyan women associated with the area of residence and level of education. Although the explanation for the onset of demographic transition towards lower fertility is complex and requires detailed analysis, the factors which have contributed to the drop in fertility have been mainly the increased use of contraception and socio-economic determinants such as increased age-at-marriage and women's educational status.

Levels of mortality in Kenya have declined steadily during the four decades prior to 1989. Infant mortality declined from 184 deaths per 1000 live births in 1948 to 104 deaths in 1979 and to 62 deaths in 1989. Life expectancy at birth had also increased from 39 years in 1948 to 54 years in 1979 and to 60 years in 1989. It is projected to have decreased slightly to 58 years in the 1990-1995 period mainly due to the impact of the HIV/AIDS pandemic. The 1995 estimate of maternal mortality rate of 365 deaths per 100,000 births is also relatively high when compared with rates of the developed countries.

The sustained combination of high and increasing fertility as well as declining mortality in the past four decades in Kenya resulted in the current youthful population structure. Almost 50 percent of the population of Kenya was below 15 years of age by mid-1995. Considering that only 4 percent of the population is above 64 years of age, the total dependency ratio had grown to about 117 economically dependent persons to every 100 who were economically active by mid-1995.

Population distribution in Kenya is influenced by a number of factors among them the physical, historical, pattern of economic development and policies pertaining to land settlement. The average population density was approximately 37 persons per sq. km. in 1989. With only 17.5 percent of Kenya's land suitable for cultivation, population densities vary considerably. Population densities for areas with large proportions of arable land such as Western, Central and Nyanza Provinces reached over 230 persons per sq. km. while in the dry North Eastern Province, the average density was only 3 persons per sq. km. in 1989.

The urban population has increased from 7.8 percent of the total population in 1962 to 27 percent in 1989. The urbanisation process in Kenya has largely been determined by the post-independence rural-urban migration process. There is a shift in the pattern of urban growth from the primacy of Nairobi and Mombasa to the medium and smaller urban centres. Internal migration is dominated by rural to urban movements. Other movements include rural to rural and urban to rural. Young school leavers in search of employment and other opportunities in the urban centres are the most dominant rural to urban migrants.

3.2.1 Implications of the Projected Population

Projections based on the assumptions that total fertility rate (TFR) will continue to decline linearly but at varied rates indicate that the country's total population would reach 31.9 million by the year 2000, and 37.4 million by the year 2010 assuming the medium variant in fertility decline. The projections also indicate that infant mortality rate will decline from 62 deaths per 1000 live births in mid-1995 to 53 deaths per thousand by 2010. It is also estimate that life expectancy at birth will decrease slightly from 58 years in mid-1995 to 53 years by the year 2010 taking into account the impact of HIV/AIDS.

Under the projected fertility and mortality conditions, the rate of population growth would still be high and is estimated at about 3 percent per annum in the 1995-2000 period, 2.5 percent per annum in the period 2000-20005 and about 2 percent per annum in the 2005-2010 period. Due to the relatively high fertility regime in the recent past, the population structure would still be youthful with population aged 15 years and below comprising about 40 percent by the year 2010.

The projected youthful structure and a high rate of growth of the population, though declining, would constrain progress towards the achievement of Kenya's dual development goals of rapid economic growth and raising the standard of living for the entire population in future unless appropriate policies, strategies and programmes are put in place for tapping the energy of the youth.

3.3 Interactions between Population and Development

The 1974 Bucharest Population Conference concluded that development is the best contraceptive. In Kenya, like in other countries around the world, development catalyses reduction in mortalities, fertility and population growth due to improved health care and family planning services. This makes population dependent on development. The converse is also true but less obvious that development is dependent on population. The effects of rapid population growth on social and economic development in Kenya is manifested in:

(i) Increased unemployment due to increase in labour force. This leads to increased dependancy constraining the national economy.

(ii) Increased demand for basic and higher education beyond the countrys' institutional capacities, leading to a reduction in school enrollments and to high attrition rates. Education should be tailored to enhance self-reliance.

(iii) Increased pressure on both financial resources and health facilities. Per capita government expenditure on health services has declined from about US$ 10 in 1980/81, to US$ 3 in 1993/94. At present, the health delivery system is characterized by congestion, and a shortage of both medical personnel and service delivery points.

(iv) Increased demand for food and other basic services such as housing.

(v) Increased environmental degradation through the removal of ground cover and cultivation of hillsides, river banks, catchment areas and other marginal lands.

The factors mentioned above are some of the negative effects of rapid population growth on the country's economy and, therefore, its development. The following are some of the positive effects of development and good governance on population :

(i) reduced infant and child mortality due to improved primary health care services;

(ii) increased life expectancy due to improved nutrition and health care for the population;

(iii) improved literacy levels and educational attainment levels. These can be improved further by making education easily affordable;

(iv) reduction of poverty levels in the country over the years; and,

(v) political and social cohesion among a culturally heterogenous society.

4.0 JUSTIFICATION FOR THIS POPULATION POLICY

4.1 Performance of the Past Population Policy

4.1.1 Past Efforts

Although the Government adopted a national family planning programme in 1967, it was not until 1984 that the country issued the Sessional Paper No.4 of 1984 on *Population Policy Guidelines* to guide the implementation of the population programme. In issuing the policy guidelines, the Government had recognised that the country's population was the most valuable resource. It is with this understanding that the Government has been and will continue to formulate policies and provide programmes to improve the quality of life of its people.

Judging from its enunciated goals and evidence from the 1989 Census and various surveys, the implementation of the past policy guidelines made substantial achievements. Notable among these are:

(i) the population growth rate declined from an all time high of 3.8 percent in 1979 to 3.3 percent per annum in 1989 and to 2.8 in 1998;

(ii) the Total Fertility Rate declined from 6.7 children per woman in 1989 to 5.4 children per woman in 1993 and to 4.7 in 1998.

(iii) knowledge of family planning methods increased from 81 percent to 97 percent between 1984 and 1998;

(iv the reported ideal family size among married women declined from 4.4 children in 1989 to 3.9 children in 1993 and 4.1 in 1998; this means the Kenyan women still desire to have a small family size of about 4 children.

(v) the Contraceptive Prevalence Rate among married women for all methods almost doubled from 17 percent in 1984 to 33 percent in 1993 and to 39% in 1998;

(vi) the establishment and implementation of the District Population Programme; and,

(vii) child immunisation coverage reached 80 percent in 1993.

4.1.2 Emerging and Continuing Challenges

Despite the above achievements, there exist noted emerging and continuing challenges that need to be addressed. These include:

(i) the unmet need for family planning among currently married women;

(ii) the quality of family planning services;

(iii) regional and rural-urban disparities in fertility and mortality levels and family planning knowledge and use;

(iv) high prevalence of sexually transmitted diseases including the HIV/AIDS epidemic;

(v) high level of adolescent fertility due to socio-economic, and socio-cultural factors and moral decline;

(vi) diversification of the country's economy to accommodate increasing labour force and demand on educational expenditures in particular.

4.1.3 Constraints

In the implementation of the policy and its attendant programmes, the following constraints were encountered:

(i) the mushrooming of NGOs in the population field with the subsequent duplication of effort complicated the coordinating role of the NCPD;

(ii) funding levels have not been sufficient to meet the diverse needs of the populace although there has been continued cooperation with the donor agencies. These include infrastructural, educational and health needs;

(iii) there has been different understanding and commitment to family planning matters by different segments of the society; and,

(iv) decrease of the country's population growth rate has been hampered by the limited involvement of males in family planning, amongst other factors.

4.2 Focus of this Population Policy

This policy re-asserts the tenets of its predecessor, the difference being that:

(i) it is a policy on population and sustainable development;

(ii) it incorporates emerging issues on population and the environment, children, the youth, the aged, persons with disabilities, and the HIV/AIDS epidemic;

(iii) it addresses the family, gender, and reproductive rights; and,

(iv) its formulation and approach is based on past experience, and demographic and socio-economic information and data collected during the implementation of the predecessor policy guidelines.

4.2.1 Demographic Considerations

(i) If population growth is to stabilise at 2 percent per annum by the year 2010, a more concerted programmatic effort is needed, with greater emphasis on the inter-linkages between population and sustainable development.

(ii) The youthful structure of the population implies the existence of an in-built population growth momentum due to the increase in young potential mothers entering reproductive ages.

This calls for policy and programme interventions that will sustain fertility decline while narrowing the existing fertility differentials.

4.2.2 Social Considerations

(i) In this country, like in all societies, the aged, persons with disabilities, women, children and the youth need policies and programmes to protect them from the adverse effects of rapid population growth.

(ii) Gender disparities in literacy and educational attainment add to the traditional gender roles that overburden the girl child. To realise their full potential in the development process appropriate policy and programme interventions are needed to offer girls equal opportunities with boys.

(iii) The country continues to record high prevalence of sexually transmitted diseases and HIV/AIDS infections. It is therefore essential that intensive programmes be put in place to reduce the spread of this scourge with an emphasis on the enhancement of moral and cultural values of the people.

(iv) Increase in population pressure worsened by inappropriate land policies is pushing people to encroach on forest and marginal lands leading to desertification and environmental degradation in parts of the country.

4.2.3 Advocacy Considerations

Kenya is committed to international efforts on population and development. This policy integrates relevant sections of the ICPD Programme of Action and is a manifestation of Kenya's advocacy of global population and development concerns.

5.0 CRITICAL POPULATION ISSUES AND STRATEGIES

This policy has identified the issues given below as critical. It has also identified strategies that will be pursued for implementation in order to realize the policy's stated goals, objectives and targets.

5.1 Integration of Population into the Development Process

The integration of population into all spheres of development is currently being implemented through the following mechanisms: incorporation of population variables into sectoral planning, and in the national and district development plans; involvement of policy makers and opinion leaders at all levels; and, the strengthening of District Information and Documentation Centres and the District Population and Family Planning Committees (DP & FPC).

Despite these efforts, full integration of population into the development process is impeded by: insignificant impact of public education and information programmes due to some religious and socio-cultural perceptions; low level of community participation; pressure on resources allocated for population programmes; inadequate capacities of institutions undertaking population activities; poverty among the majority of the population; and, inadequate conservation and protection measures of the natural resources in the face of mounting population pressure. To address the above, the following actions will be undertaken:

(i) initiating special public education and information programmes on population issues to address problems of the segments of the population not being reached;

(ii) expanding the resource base for population programmes by encouraging the private sector and the local communities to be actively involved in initiating, implementing and financing the programmes;

(iii) designing packages within the population programme that would enhance the capacities of the institutions dealing with integration of population into development planning at all levels;

(iv) pursuing sound macro-economic policies that enhance accelerated and sustainable development;

(v) enhancing the implementation of poverty reduction policies articulated in various development plans and other policy documents;

(vi) reviewing and enforcing the environmental laws so as to promote attainment of population-ecological balance in line with the Agenda 21 and the National Environment Action Plan;

5.2 Gender Perspectives

Although the contribution of various segments of the population in social and economic development of our country is recognised, there exists various gender disperities especially where women are concerned.

Women comprise 51 percent of the total population. Their contribution in social and economic development can be viewed from the perspective of the various productive activities they perform in addition to reproduction, child upbringing and other family responsibilities.

There are gender disparities in literacy and educational attainment. While the literacy rate for males based on the 1989 Census for males was 67 percent, the rate for females was 63 percent. Although school enrolment at primary level is at par for girls and boys, disparity increases at secondary and higher education levels due to higher female dropout rates attributed to socio-cultural and economic factors.At secondary school level, the enrollment ratio is 56 for boys and 44 for girls. The ratio of males to females with university education is 4:1.

Low levels of educational attainment by women coupled with retrogressive socio-cultural practices have resulted in low participation and representation of women in decision-making positions and lack of access to economic opportunities. In addition, women experience some barriers which limit their participation in property ownership. Women are also exposed to some forms of exploitation, discrimination, violence and harassment. Furthermore, women face harmful cultural practices such as genital mutilation, forced and early marriages and food taboos among others. The traditional gender roles overburden the girl child thus limiting her opportunities for social and economic development. This scenario demands that more efforts be made to address the existing gender disparities so as to fully integrate gender concerns into the development process.

In this regard, the following actions are proposed:

(i) establishing mechanisms that will ensure equal participation and representation of men and women at all levels in political processes and public life including planning and implementation of population programmes;

(ii) mounting massive public awareness campaigns and education programmes aimed at changing the attitudes of both men and women to promote women's education, eliminate practices that discriminate against women; and eradicate retrogressive cultural practices such as female genital mutilation; and,

(iii) reviewing legislation to promote equal protection of the rights of men, women and children including the access to quality services and information on reproductive health services consistent with cultural values and religious beliefs;

5.3 The Family

The Government affirms that the family is the basic unit of the society. The roles and responsibilities played by each member of a family in enhancing and sustaining family stability must be supported and strengthened. Apart from the traditional nuclear family, consisting of mother, father and children, there are other types of families that require special attention. These include single-parent and child-headed families which are on the increase due to family breakups, widowhood, child-bearing outside marriage and orphanhood.

Demographic and social factors have a direct and indirect contribution to some of these types of families. High mortality among adults resulting from the HIV/AIDS pandemic leads to widowhood, orphanhood and general instability within a family unit.

The high incidence of under fives mortality which stood at 96 per 1000 live births in 1993 tends to promote high fertility in an attempt to achieve the desired family size. Evidence from the 1993 Kenya Demographic and Health Survey (KDHS) indicates that Coast and Nyanza Provinces which have high infant and child mortality also have high fertility. High fertility rates adversely affect the ability of the family to meet basic needs with subsequent family instability. Teenage pregnancies have contributed significantly to the single-parent headed families. The consequences of teenage pregnancies include increased school drop-out rates for girls, exposure of both the mother and the child to high risk of morbidity and mortality, and limitation of the girls' potential and participation in socio-economic development. The management of the population policies will therefore contribute to family stability by supporting and strengthening the family and promoting equality of opportunities for all family members. To facilitate this, the following strategies will be adopted:

(i) providing information and public education on the consequences of unplanned families and adolescent pregnancies;

(ii) enacting laws to protect the rights of single parents especially the young, the poor and the economically disadvantaged;

(iii) providing better working conditions and environment to pregnant women and nursing mothers;

(iv) researching into the determinants of increased family instability and violence; and,

(v) expanding, diversifying and intensifying morally acceptable guidance and counseling programmes to promote the welfare of the family.

(Vi) Recognizing that parents are the primary educators of their children, everything possible will be done to assist them perform this task as adequately as possible especially among adolescent children.

5.4 Population Structure

5.4.1 Children

Children, defined as persons below 18 years, constitute 55 percent of the total population. This proportion has socio-economic implications in terms of provision of basic needs such as education, health, food, shelter and protection. The emerging problems arising from disruptive social changes and poverty have led to an increase in the number of children living under difficult circumstances. These include: street, abandoned and neglected children; abused and exploited children; and, adolescent mothers. The Government recognises the needs of the children in general and especially those living in difficult circumstances. The implementation of this population policy will supplement other intervention programmes being implemented by the Government and other agencies.

5.4.2 Youth

The youth, defined as persons between 15 and 24 years, form about 20 percent of the total population and are the fastest growing segment of the population. This has major demographic, social and economic implications. These include: strain on the national economy; pressure on the provision of social services; and, unemployment as well as the creation of high dependency.

The youth are an important resource whose capacities need to be tapped for development. At the moment, programmes are in place to provide the youth with formal education and vocational training for skill development aimed at attaining gainful employment in the formal and informal sectors. In addition, the youth are being prepared for responsible adulthood through guidance and counselling. The

problems facing the youth are many and complex and include: teenage pregnancies; abortions; drug abuse; and, sexually transmitted diseases including HIV/AIDS.

To address these issues, the following actions are recommended:

(i) providing and increasing accessibility to, and affordable quality primary health care services;

(ii) providing relevant educational programmes including information, counseling and guidance regarding responsible adulthood. In no way will contraceptives be given in schools while adults may be guided by their religious and cultural values.

(iii) strengthening the existing programmes and formulating and implementing new ones to address reduction of fertility, infant, child and maternal mortality;

(iv) formulating and implementing relevant programmes to address the needs of the youth particularly in regard to education, employment and reproductive health while preparing them for a better life;

(v) enacting and implementing a comprehensive new child law to protect the rights of the child;

(vi) establishing children and youth advisory councils at all relevant levels of decision making;

(vii) reforming and enforcing minimum legal age-at-marriage to eliminate child marriages;

(viii) formulating and implementing programmes to address children and youth in difficult circumstances arising from conflicts, hunger and disasters; and,

(ix) encouraging youth participation and involvement in planning, implementation, monitoring and evaluation of projects and programmes addressing their needs.

5.4.3 The Elderly

The elderly, defined as persons 64 years and above, form 4 percent of the total population. However, they present a potential problem in

light of the breakdown in societal structures that used to take care of them and the absence of comprehensive support programmes coupled with economic difficulties faced by the majority of the families. The major challenge with regard to this group is therefore, the provision of basic needs and care by formulating long-term programmes to ensure the socio-economic support and security for the elderly, including creation of private social security programmes and encouraging positive traditional support networks.

5.5 Persons with Disabilities

Disabled persons according to the 1989 Census constitute about 10 percent of Kenya's population. There are a number of educational and vocational institutions run by the Government and other agencies to equip persons with disabilities with the necessary skills for their participation in the social, cultural and economic life. These institutions include vocational and rehabilitation centres and special schools for the disabled children. Efforts have also been made to integrate persons with disabilities into the social and economic activities. In addition, appropriate legislation has been put in place to eliminate all forms of discrimination against the disabled. Further efforts will be made in the context of this policy to address their concerns with particular emphasis on promoting policies, programmes and strategies to ensure the realization of the rights of all persons with disabilities and their participation in all spheres of political, social, economic and cultural life.

5.6 Reproductive Health and Reproductive Rights

5.6.1 Reproductive Health

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Reproductive health care is defined as the appropriate constellation of methods, technologies and services that will ensure reproductive health and well-being by preventing and solving problems related to human reproduction and sexuality.

Abortion will not be used as a method of family planning in Kenya and every attempt will be made to eliminate the need for abortion through reliable information, counselling and services. Women who have had an abortion will, however, not be discriminated against and

will have access to quality services for management of complications arising from abortion and post-abortion counselling, education and family planning services will be offered.

As of 1995 the Government was providing 60 percent of health care services. NGOs including religious groups and the private sector provide the other 40 percent. Traditional healers and herbalists still play a significant role although unquantified, more so in rural areas. The major reproductive health service outlets in the country remain the MCH/FP clinics. Such clinics have been established in all public hospitals, health centres and most dispensaries. Through these clinics the public health sector has been able to provide 68 percent of all FP services in the country. These efforts together with the CBD programme, have led to a rise in the contraceptive prevalence rate for all methods from 17 percent in 1984 to 33 percent in 1993. In urban areas, most people are within 4 km of a health facility whereas in the rural areas it varies from 5 to 8 km in high potential areas and 20 to 25 km for arid and semi-arid areas.

Curative services for reproductive and sexually-related gynaecological problems are provided through maternity units and gynaecology/urology and other outpatient clinics within hospitals and health centres. Although STDs can be treated in most health facilities, there are however, only two specialised treatment centres, one in Nairobi and the other in Mombasa. A major flaw in the provision of reproductive health services is the persistence of low quality care in most public facilities. This is attributed to over-crowding, shortage of essential commodities and supplies, and the unfriendly attitude of some service providers.

Cost-sharing was introduced in Government institutions as part of the Structural Adjustment Programmes in the late 1980s. Preventive and health promotion services including FP, ante-natal care and immunisation were, however, free of charge. A small fee is levied on curative and in-patient services at hospital levels.

Kenya is a multi-ethnic country with varying customs and cultural practices. Over time, some of these have changed in order to accommodate modern lifestyles. Some have been retained despite clear evidence of their adverse effects on human reproduction. These include female genital mutilation, early and forced marriages, polygamy, frequent births, wife sharing, wife inheritance, wife beating and food taboos.

A number of constraints have been identified during the implementation of the guidelines contained in the Sessional Paper No. 4 of 1984 concerning issues of Reproductive Health. These constraints include: the accessibility to information and services by the youth; medical, cultural and religious perceptions; and, sustainability of the programmes. The other emerging issues of concern are the unmet need for services, efficient management and utilization of programme resources and the capacity for management of information systems. In addition, the internalization of the Community Based Programme, data collection mechanisms, and lack of male involvement must be addressed. The unmet need for FP services estimated at 36 percent in 1993 has further implications in terms of expansion of services and costs. Moreover, the implementation of the Population and Family Life Education Programme has been made difficult by the controversies on the subject.

Sexual activity among the youth coupled with inadequate knowledge and education has resulted in various problems that face the young people. Teenage pregnancy poses a major problem and contributes significantly to the high fertility. In addition to the wastage of opportunities for the girls, early pregnancy also predisposes the young girls to medical complications some of which are related to induced abortions. Teenage pregnancies are also associated with high maternal morbidity, mortality and infertility. Sexually active youth are further exposed to the risk of contracting sexually transmitted diseases including HIV/AIDS.

5.6.2 Reproductive Rights

Reproductive rights, embracing certain human rights that are already recognised in our laws and in international human rights documents and other consensus documents, have emerged as a separate area of concern requiring attention that encompasses a number of issues. These include: the right of a married couple to receive adequate information about family planning and determine responsibly and freely the number of children they should have and how to space them. They also include the right of HIV/AIDS infected individuals to receive health care and not to be discriminated against because of their state and the right of the spouse or partner to know that their consort is infected. In addition, reproductive rights embrace the medical protocols regarding spousal consent and confidentiality.

5.6.3 Safe Motherhood

Safe motherhood is a concept whose aim is to assist women to achieve safe pregnancy and safe delivery leading to healthy babies of healthy mothers. The present safe-motherhood programmes include preventive and health promoting activities encompassing FP, ante-natal care and clean and safe delivery, post-natal care, promotion of breast-feeding and maternal nutrition. However, these services are not equitably accessible to users in all parts of the country.

5.6.4 Male Involvement

Men fall under a special category of the population that is currently under-served and inadequately targeted by reproductive health programmes. Men in most communities have the overall authority and decision-making responsibility on all family matters including reproductive health. There is, therefore, urgent need to involve them in all population programmes.

5.6.5 Sexually Transmitted Diseases, HIV/AIDS

The cumulative number of reported AIDS cases as at the end of August 1995 was 60,567. Eighty percent of these cases have occurred in people in the age-group 20-49 years. The regions with relatively high concentration of HIV/AIDS are Nyanza, Western and Coast Provinces. Sexual contact accounts for between 80 - 90 percent of all infections while the rest is due to exposure to blood together with mother-to-child transmission. Mother-to-child transmission is expected to increase due to the high incidence of HIV among young women and will greatly influence infant and child mortality.

The total direct and indirect costs of AIDS is expected to increase from 2 - 4 percent of GDP in 1991 to 15 percent by the year 2000. The Kenya National AIDS/STD Control Programme estimates that there were 250,000 - 300,000 orphans in Kenya in 1994 who had lost their parents due to AIDS. It is projected that there will be about 600,000 orphans by the year 2000 and one million by the year 2005. Increases in the mortality rates of both children and young adults will have a substantial impact on life expectancy at birth.

The interventions that have been employed against the epidemic have mainly focused on education, blood screening and surveillance. The major challenge now is to intensify education for behavioural change, involving and mobilising the community to take responsibility in prevention of the spread of HIV and the provision of care to people

with AIDS, and early diagnosis and treatment of Sexually Transmitted Diseases.

Strategies to address the above-given issues include:

(i) intensifying and expanding the scope of IEC programmes to cover information, education and counselling services on reproductive health, human sexuality and responsible parenthood;

(ii) encouraging the participation of communities, NGOs and the private sector in the implementation of primary health care programmes including family planning through cost-sharing, cost recovery, social marketing and CBD programmes;

(iii) improving the quality and efficiency of delivery of reproductive health care services including family planning by: expansion of services; setting minimum standards that must be met by all service delivery facilities and agents; intensifying specialized training for health providers; and, developing appropriate strategies for promotion of family planning services:

(iv) seeking to attain national consensus on integrating population education and responsible parenthood in all development programmes;

(v) mounting and strengthening the existing public awareness campaign to: address the socio-cultural and economic issues that promote the spread of STD/HIV/AIDs;

vi) reviewing laws to protect the vulnerable groups from all forms of abuse including early and forced marriages;

(vii) promoting women's health and safe motherhood through ante-natal, intra-natal and post-natal care programmes which should include the training and equipping of Traditional Birth Attendants;

(viii) improving health and nutrition status of women, especially those who are pregnant or nursing, through special programmes;

(ix) reducing the high maternal morbidity and mortality;

(x) carrying out research to establish levels and determinants of maternal mortality in the country;

(xi) providing and promoting easily accessible, affordable, acceptable, available and effective methods of family pianning to reduce the incidence of unplanned pregnancies;

(xii) intensifying IEC programmes aimed at the reduction and prevention of the spread of STDs/HIV/AIDS infections through increased community awareness at all levels and mobilisation for behavioural changes with regard to sexuality, marriage and cultural practices;

(xiii) controlling the spread of STDs, HIV/AIDS through counseling, early detection and treatment of STDs, encouraging HIV testing and promotion of research and training;

(xiv) promoting and encouraging home-based care of AIDS patients in order to avail hospital beds for the management of other curable diseases;

(xv) enacting legislation to protect the rights of AIDS patients and, to stop deliberate spreading of the disease by exercising responsible confidentiality for those at risk from such deliberate infections; and

(xvi) enhancing multi-sectoral collaboration in the management of STDs, HIV/AIDS.

5.6.6 Population and the Environment

The Government is concerned with the rate at which the environment is being exploited, misused, overused and polluted. Of particular concern is the technological inability to assess the damage caused on land, water and air resources in order to sustain a friendly environment. The population pressure on the environment with the subsequent continued degradation of the soils, water, forests and the ecosystem continues to constrain Kenya's effort to sustain food production for the people and guarantee acceptable health standards for sustainable development. Such a situation would lower the standards of living of the people, the very opposite of the overriding goal this policy intends to achieve. In order to protect the environment for sustainable development, this policy will complement the implementation of the strategies contained in the 1994 National Environment Action Plan (NEAP).

5.6.7 Information, Education and Communication (IEC)

The overall goal of the IEC component in the population programme is to contribute towards the reduction of the country's population growth rate. In its motivational role, the IEC programme has been educating potential and actual parents on the benefits of family planning by using multi-media and multi-sectoral approach. The development of national IEC strategies would streamline the activities of various actors in this area and minimise duplication of effort and wastage of resources.

5.6.8 Population Distribution, Urbanisation and Migration

To address issues of population distribution, urbanisation and migration, the following strategies are proposed:

(i) strengthening the government system at central, provincial and district levels for effective implementation of policies and programmes;

(ii) increasing the capacity and competence of local communities and urban authorities to plan and manage development programmes that will cater for their population needs;

(iii) encouraging rural industrialisation and development by creating necessary infrastructure to attract investors;

(iv) encouraging and establishing income generating projects in the rural areas;

(v) reviewing laws relating to land ownership and settlements in urban and rural areas;

(vi) refocusing the urbanisation growth process from major urban centres to medium and smaller towns through balanced urban development programmes;

(vii) providing an enabling working environment, suitable accommodation and care to the immigrants according to national and international laws;

(viii) giving special attention to gender equity in the protection and assistance of refugees and the displaced persons;

(ix) promoting peace and stability between and among countries to facilitate resettlement of refugees; and,

(x) formulating and implementing projects to address reproductive health including family planning needs for the refugee population.

5.6.9 Population, Development and Education

Strategies to address issues of population, development and education are as follows:

(i) expanding the adult literacy programme to cover all parts of the country as well as diversifying its curricula to cover population issues;

(ii) mobilising resources to maintain and sustain high enrolment in primary schools, colleges and in vocational training institutions so as to retain the youth especially the girls in formal and non-formal school systems;

(iii) encouraging NGOs, the private sector and communities to complement Government effort in allocating more funds for bursaries to cater for needy children;

(iv) diversifying the curricula in both the formal and non-formal education and training institutions to cover wider issues regarding population and development at all levels. In this regard, mechanisms should be put in place to strengthen education programmes being offered by religious organisations;

(v) expanding appropriate and culturally relevant IEC materials and communication channels for population and family planning programmes; and,

(vi) mounting vigorous public education and awareness campaigns to encourage responsible protection of the environment.

5.6.10 Population, Technology, Research and Development

To address issues concerning population, technology, research and development the following actions are recommended:

(i) expanding the coverage of the national frame for sample surveys to cover all the districts;

(ii) availing sufficient resources and equipment to facilitate timely processing, analysis and wider dissemination of data;

(iii) encouraging individuals and institutions involved in research to include budget line-items for the dissemination of findings at the planning stage of every research undertaking;

(iv) seeking ways and means to enhance the capacities of institutions responsible for Rural Documentation and Information Centres to provide better services including making information and population data readily available and accessible;

(v) encouraging the private sector to invest part of its resources to support local research institutions; and,

(vi) identifying gaps in knowledge so as to form part of the research agenda for institutions undertaking population related research.

6.0 THE POPULATION POLICY GOALS, OBJECTIVES AND TARGETS

6.1 Goals

The overriding concern of this population policy is the implementation of appropriate policies, strategies and programmes that will consistently match the population growth to the available national resources over time in order to improve the well-being and the quality of life of the individual, the family and the nation as a whole. The goals of this population policy therefore include:

(i) improvement of the standard of living and quality of life of the people;

(ii) improvement of the health and welfare of the people through provision of information and education on how to prevent premature deaths and illness among high risk groups especially mothers and children;

(iii) sustenance of the on-going demographic transition to further reduce fertility and mortality and especially infant and child mortality;

(iv) continuing motivation and encouragement of Kenyans to adhere to responsible parenthood;

(v) promotion of both the stability of the family taking into account equality of opportunity for family members, especially the rights of women and children;

(vi) empowerment of women and the improvement of their status in all spheres of life and elimination of all forms of discrimination, especially against the girl child;

(vii) elimination of retrogressive socio-cultural practices through education

(viii) sustainability of the Population Programme.

6.2 Objectives

(i) To promote awareness among Kenyans of the population problem and the impact of high population growth on development.

(ii) To promote and expand all aspects of the Primary Health Care services.

(iii) To educate individuals and married couples on the relationship between family size, their health and their standard of living and to provide quality, accessible and affordable family planning services.

(iv) To integrate population and environmental concerns into development planning at all levels.

(v) To enhance integrated rural-urban development and to slow down migration to major urban centres.

(vi) To increase involvement of men in family planning.

(vii) To improve the status of women and enhance their role in development at all levels.

(viii) To integrate the youth, the elderly and persons with disabilities into the mainstream of national development and to set up programmes to care for children in extremely difficult circumstances especially the orphaned and street children.

(ix) To increase awareness on the spread of STDs, HIV/AIDS, and their consequences to the individual and the nation as a whole in order to promote sustainable behavioural change.

(x) To sustain the collection, analysis and timely dissemination of demographic data on regular basis for planning and other purposes.

(xi) To seek collaborative understanding with the private sector to encourage it to invest in basic education for Kenyans, the private sector being the greatest beneficiary of the nation's trained human resource.

(xii) To complement other efforts in the provision of basic services such as safe drinking water and adequate sanitation.

(xiii) full integration of population concerns into development strategies and into all aspects of development planning at all levels;

(xiv) increasing awareness of all married couples and individuals regarding their rights to decide freely and responsibly the number, spacing and timing of their children, and access to health care services to meet their reproductive goals;

(xv) integrating rural-urban development, proper management of the environment and more balanced spatial population distribution;

(xvi) increasing availability, accessibility, acceptability and affordability of quality family planning services.

(xvii) development of high quality human resource and its full utilization, integration of the youth, children and women, the elderly and persons with disabilities into the mainstream of national development and providing adequate care for children, especially orphans and street children;

6.3 Targets

The following targets have been set to guide the implementation of the Population Policy, and the projections used here cover the period 1995 to the year 2010 taking into account the impact of HIV/AIDS. These targets are subject to review from time to time depending on circumstances.

6.3.1 Demographic Targets

(i) reduction of Infant Mortality Rate (per 1000 live births) from 67 in 1995 to 66 by the year 2000 to 63 by 2005 and to 59 by 2010;

(ii) reduction of Under-five Mortality Rate (per 1000 live births) from 106 in 1995 to 108 by the year 2000 to 104 by 2005 and 98 by 2010;

(iii) reduction of Maternal Mortality Rate (per 100,000 births) from 590 in 1995 to 300 by the year 2000 to 230 by 2005 and to 170 by 2010;

(iv) maintain Crude Death Rate (per 1000 population) at 12 between 1995 and the year 2000 and reduce to 10 by 2005 and to 9 by 2010;

(v) minimise further decline in life expectancy at birth (in years) for both sexes from 58 in 1995 to 55 by the year 2000 to 53 by 2005 and to 53 by 2010;

(vi) Stabilisation of population growth rate (percent per annum) at 3.0 in 1995 at 2.0 by 2010.

6.3.2 Health Service Targets

(i) increase in full immunisation coverage from 80 percent in 1995 to 98 percent by the year 2010;

(ii) increase in professionally attended deliveries from 45 percent in 1995 to 90 percent by the year 2010; and,

(iii) expansion of services and improvement of quality of care.

6.3.3 Social Service Targets

(i) increase in literacy rates for both sexes from 65 percent in 1995 to 82 percent by 2010;

(ii) increase in educational attainment levels for both sexes. Primary (plus): Males from 55 percent in 1995 to 75 percent by 2010; Females from 35 percent in 1995 to 55 percent by 2010.

7.O INSTITUTIONAL FRAMEWORK FOR POLICY IMPLEMENTATION

The translation of goals, objectives and strategies into actual programmes leading to adequate implementation of policy at both the national and district levels will require a sound institutional framework coupled with strong public commitment and support. The implementation of the strategies in this policy will be in accordance with the fundamental human rights of the people of Kenya. The key issue in the implementation of this policy is to make reproductive health care, including family planning, easily available, accessible, affordable and safe. To ensure the optimum success of this policy, all public, private and communal institutions will be mobilised for the effective delivery of the services. In this regard, the collective responsibility of government ministries and institutions, religious organisations, NGOs, communities, families and individuals will be promoted and enhanced.

The Council of the NCPD through the Secretariat will strengthen the necessary linkages with the Government, the private sector, NGOs and the donor community. The roles and inter-linkages of these institutions for the implementation of the policy are outlined in Annexes I and II respectively.

7.1 National Council for Population and Development (NCPD)

For the implementation of the population policy, the National Council for Population and Development was established in 1982 as the advisory body to the Government for the coordination and promotion of all population related issues. In the period between 1982 and 1993, the NCPD has been administratively under various government ministries, and currently falls under the Office of the Vice-President and Ministry of Planning and National Development. The Council comprises of a chairman, 15 members representing government ministries, Religious Organizations, NGOs and some leading scholars involved in the National Population Programme. The Council is served by a Secretariat headed by a Director. The Secretariat has five main divisions dealing with general areas of finance and

administration, programme coordination, policy development, IEC, and research, evaluation and monitoring. Implementation and coordination at the district level is undertaken by district based officers with the support of the Secretariat.

7.1.1 Mandate and Role of the NCPD

The mandate and role of NCPD are as follows:

(i) the NCPD shall acquire the necessary capacity to advise in all matters pertaining to population and development;

(ii) it shall act as an advocate on specific population programmes to resolve issues such as adolescent health and other issues that affect the youth;

(iii) it shall formulate guidelines, coordinate and mobilise support for the national population programmes with specific reference to: population/resource interactions; population/environment interactions; the status of women in relation to health and reproduction; population/development interactions; population/AIDS interactions; and vulnerable groups in society such as children, especially street children, displaced persons, the aged and persons with disabilities;

(iv) it shall act as a facilitator in: issues relating to donors, the Government and service providers; removing administrative and logistical constraints to the smooth implementation of population programmes; liaising with participating ministries and NGOs; and, evaluating and monitoring programmes;

(v) it shall work to raise the role and status of women, act as an advocate for reproductive rights, and strive to place these issues on the national agenda; and,

(vi) it shall facilitate and coordinate the involvement of additional agencies and service providers in the National Population Programmes, drawing from the public and private sectors as well as NGOs and communities.

7.1.2 Enhancing the Performance of the NCPD

Successful implementation of this Population Policy will depend mainly on the effectiveness of the institutional framework and mechanisms to be set up for effective coordination of the participating ministries, Religious organisations, NGOs, communities, the private sector and donor agencies. Currently NCPD operates as a department of a Ministry, and although it has benefitted in various ways by this placement its capacity to effectively respond to needs of

the population programme is often hindered by bureaucratic procedures and requirements some of which are stated below:

(i) Financial allocations are often constrained by budget ceilings and the long procedures in disbursing funds to the implementers impede programme implementation.

(ii) Government procurement procedures are at times at variance with donor requirements resulting in long delays as these procedures have to be harmonised.

(iii) The generally long decision making process in government has not been consistent with the demands of the collaborating agencies in the private sector or the donors.

(iv) The coordination role of NCPD calls for highly qualified and diverse technical expertise. Since its inception, the NCPD has endeavoured to meet this challenge through extensive human resource development. However, these efforts are at times frustrated by frequent staff turnover due to higher remuneration elsewhere.

In view of these constraints it is recommended that NCPD be given legal status through an Act of Parliament which will define its appropriate location, functions, scope of mandate and the powers of the Administrator/Director. The new status should empower NCPD to respond rapidly and flexibly to programme needs and to thoroughly scrutinize the NGOs and other players in the population field.

8.0 RESOURCE MOBILISATION

Effective resource mobilisation and efficient management of the resources is a prerequisite of any viable population programme. For the attainment of the national population policy goals stipulated in this policy, some critical resource requirements will be needed. These will include:

(i) financial resources;

(ii) material and technical resources; and,

(ii institutional and human resources.

The implementation of the strategies stated in this policy requires adequate financial outlay for the purchase of appropriate commodities

including contraceptives, information, education and communication materials and other essential inputs that will be required to support the National Population Programme. The scope of the financial requirements will depend on the rate of implementation of the strategies and will be reflected in the appropriate government budgetary proposals.

Infrastructural, institutional and human resource capacity building will also need to be given adequate consideration and attention. These three key areas of resource requirements will determine the level, quality and adequacy of the management that is required in the implementation of the policy.

The Government provides partial financing for the public sector components for population activities. Additional financing is provided through bilateral arrangements as well as by multilateral donor agencies. While recognizing the need for continued donor support, the Government will assume responsibility for a greater proportion of the required resources for the implementation of the policy.

The involvement of NGOs in the National Population Programme will continue to be encouraged and actual funding support will be provided by the Government where appropriate. The nature and extent of this support will be determined on a case-by-case basis. However, NGOs will be encouraged to adopt appropriate measures that would ensure their self-sufficiency in the long run. Consistent with Government policy in other sectors, the private sector and the general public will be encouraged to assume a greater share of the financing of the population programme.

The National Council for Population and Development will continue to advise the Government on the resource requirements for the implementation of this policy. The NCPD will also continue to provide the necessary leadership and coordination amongst NGOs, donors, and other actors, especially in the area of resource mobilisation and utilization.

9.0 SUMMARY OF PRIORITY POLICY ACTIONS

9.1 The Strategic Framework

This policy re-affirms the Government's stated committment to continue managing the population with a view to balancing the population growth rate with the available resources for sustainable development. The goals and strategies of this policy reflect the changing needs and aspirations of Kenyans.

The successful implementation of the policy will enable the Government to undertake investment in public infrastructure, provide for development of human resources through better health and education, protection of the environment, good governance and the rule of law. It is therefore necessary that all the people of Kenya fully commit themselves to the attainment of the goals of this policy. The involvement of NGOs, the private sector, the communities and the donors will determine how well the stated goals will be achieved.

In all its endeavours, the Government will create an enabling environment to ensure widespread involvement in the implementation of this policy.

9.2 Action Programme

This section provides a summary of the priority policy actions which arise from the critical issues. The actual programme and project activities will be developed by the relevant agencies which are described in Annex I.

9.2.1 Integration of Population into Development Process. (5.1)

The policy will be focused on incorporation of population variables in planning at all levels. Main actions will include:

(i) enhancing capacities of institutions dealing with integration of population into development planning;

(ii) designing special education and information programmes on population issues to address problems of segments not being reached;

(iii) complementing the implementation of poverty reduction programmes articulated in other policy documents; and,

(iv) encouraging the private sector as well as the local communities to be actively involved in initiating, financing and implementing population programmes;

9.2.2 Gender Perspectives (Section 5.2)

In order to reduce the existing gender disparities the following actions will be undertaken:

(i) mechanisms to ensure that equal participation and representation of men, women and youth at the respective levels of development will be established;

(ii) awareness campaigns and education programmes aimed at changing attitudes against women or men, and those that promote womens education, eliminate practices that discriminate against women; and eradicate retrogressive cultural practices will be mounted; and,

(iii) legislation will be reviewed to promote equal protection of the rights of men and women including their access to quality services and information on reproductive health services consistent with cultural values and religious beliefs.

9.2.3 The Family (Section 5.3)

Since the family has been recognised as the basic unit of the society there is need for the population policies to contribute towards its stability. The following actions will be undertaken:

(i) provision of education on all aspects of responsible parenthood,

(ii) provision of better working conditions and environment to pregnant and nursing mothers; and,

(iii) research into the determinants of increased family instability and violence.

9.2.4 Population Structure. (Section 5.4)

In order to address problems that face the children and the youth and also to prepare them for responsible adulthood the following actions will be undertaken:

(i) provision of relevant education programmes regarding responsible adulthood;

(ii) provision and increasing accessibility and affordability of quality primary health care;

(iii) enacting and implementing a comprehensive new child law to protect the rights of the child. Laws that enforce minimum age at marriage will also be put in place;

(iv) children and youth advisory councils will be established at the relevant levels of decision making;

(v) the youth will be encouraged to participate in the planning, implementation monitoring and evaluation of projects and programmes addressing their needs; and,

(vi) programmes that address children and youth in difficult circumstances will be formulated.

9.2.5 The Elderly and Persons with Disabilities (Sections 5.4.3 and 5.5).

The elderly and persons with disabilities form an important segment of the population. The following actions shall therefore, be taken to promote the full integration of the elderly and persons with disabilities in all aspects of national life:

(i) formulate long-term programmes to ensure the socio-economic support end security for the elderly;

(ii) promote policies, programmes and strategies to ensure the realisation of the rights of all persons with disabilities and their participation in all spheres of life; and,

(iii) deliberate measures shall be taken to alleviate the special problems of the elderly and persons with disabilities with regards to low income and unemployment.

9.2.6 Reproductive Health and Reproductive Rights (Section 5.6)

To ensure full Reproductive Health and Reproductive Rights the following actions will be undertaken:

(i) improving the quality and efficiency of delivery of reproductive health services including family planning;

(ii) expanding the scope of IEC programmes to cover information, education and counseling services on reproductive health;

(iii) encouraging the participation of communities, NGOs and private sector in implementing primary health care programmes;

(iv) improving health and nutrition status of women;

(v) promoting Women's health and safe motherhood through ante-natal, intra-natal and post-natal progammes;

(vi) mounting and strengthening the existing public awareness campaign to: address the socio-cultural and economic issues that promote the spread of STD/HIV/AIDs;

(vii) carry out research to establish levels and determinants of maternal mortality in the country.

9.2.7 Population and the Environment (Section 5.6.6)

The Government has developed a National Environment Plan of Action (NEAP) to address environmental conservation and management issues. This policy will complement the implementation of the activities in that plan of action.

9.2.8 Information, Education and Communication (Section 5.6.7)

In order to streamline the activities of the various actors in the area of IEC, a National Population Advocacy and IEC strategy has been developed.

9.2.9 Population Policy Goals, Objectives and Targets (Section 6.0)

The main focus of the goals and objectives is the improvement of the standard of living of the people as a result of implementation of the strategies set in this policy. The targets are categorised as Demographic, Health Services and Social Service targets. The projections used have covered the period 1995 to the year 2010 and have taken into account the impact of HIV/AIDS.

9.2.10 Institutional Framework (Section 7.0)

This policy will be implemented by the Government, religious organisations, NGOs, the private sector and the communities with the NCPD being responsible for the vetting, coordination and implementation of this policy. For NCPD to play its role effectively, its status needs to be enhanced through an Act of Parliament.

ANNEX I

ROLES OF GOVERNMENT MINISTRIES AND INSTITUTIONS IN THE IMPLEMENTATION OF THE POPULATION POLICY

1.0 Several agencies have been involved in the implementation of the population and family planning related activities. Since the implementation of these activities requires a multi-sectoral approach, the NCPD will continue to encourage and support the population and family planning activities of such agencies. The expected broad roles of some of the Government ministries as well as other agencies are given below.

1.1 Office of the President

(i) Incorporating and coordinating the population programme in the training activities of personnel through the Directorate of Personnel Management (DPM) and the Kenya Institute of Administration (KIA).

(ii) Integrating and incorporating population issues into development projects through the District Development Committee (DDC) and the Provincial Administration.

(iii) Ensuring that the specialized sub-committees of the DDC especially the District Population and Family Planning Committees (DP&FPC) are functional.

(iv) Using Provincial Administration particularly Chiefs and Assistant chiefs including the local leaders to act as agents of change.

(vi) Expanding coverage of civil registration and providing data on births, and deaths and other vital statistics.

(vii) Integrating STDs/HIV/AIDS concerns into development issues.

1.2 Office of the Vice-president and Ministry of Planning and National Development

In addition to the activities of the NCPD, the Ministry will be concerned with:-

(i) Integration of population issues into development planning at all levels, noting the impact of HIV/AIDS.

(ii) Providing demographic data to all ministries and agencies and to assist in conducting surveys and research.

(iii) Providing the relevant population information at the district level.

(iv NCPD will advise and guide all ministries in matters pertaining to population and development.

1.3 Ministry of Finance

(i) Ensuring sufficient budgetary allocation for population activities, and full accountability of expenditures.

(ii) Mobilising local and international resources.

1.4 Ministry of Health

(i) Coordination and implementation of reproductive health programmes including family planning.

(ii) Implementation and coordination of health aspects of STDs, HIV/AIDS programmes.

(iii) Production of health educational messages and materials which emphasize the relationship between health and population issues.

(iv) Provision of appropriate information and enhancing awareness on issues related to smoking, consumption of alcohol and harmful drugs.

(v) Training of health personnel at all levels and to ensure that population education is integrated into training curricula of medical and paramedical personnel.

(vi) In liaison with other agencies, carry out research on Reproductive Health issues including family planning.

(vii) Set standards and guidelines for health service providers.

1.5 Ministry of Education and Human Resources Development

(i) continue to review and integrate population education at all levels.

(ii) Continue to solicit support for the implementation of population education from individuals and interested parties such as KNUT.

1.6 Ministry of Information and Broadcasting

(i) Utilise their facilities and infrastructure to inform and educate people on the implications of rapid population growth on development.

1.7 Ministry of Agriculture, Livestock Development and Marketing

Integrate population education activities in the training programmes of extension workers in order to equip them with relevant skills sufficient to enable them relate population growth to food production, consumption and other development activities at the local level.

1.8 Ministry of Labour

(i) Strengthen training programmes for workers in population and family life.

(ii) Continue to provide information on Primary Health Care including family planning at place of work.

1.9 Ministry of Cooperative Development

Strengthen population training programmes on family planning and responsible parenthood.

1.10 Ministry of Water Resources

Develop population programmes that will demonstrate the impact of population on land and water resources.

1.11 Ministry of Environment Conservation

Educate people on the impact of population and resource mismanagement on the deterioration of the environment and depletion of natural resources.

1.12 Ministry of Local Authorities

Utilise their infrastructure and facilities to integrate population and family planning activities into their programmes.

1.13 Ministry of Lands and Settlement

Integrate population issues into settlement programmes and educate people on the consequences of high population growth on land use.

1.14 Ministry of Public Works and Housing

Develop programmes that will highlight the impact of population on provision of housing and other facilities.

1.15 Ministry of Transport and Communication

Develop programmes to highlight the impact of population on provision of transport and communication facilities.

1.16 Ministry of Energy

Develop programmes that will demonstrate population growth and energy-consumption interrelationships.

1.17 Ministry of Home Affairs, National Heritage, Culture and Social Services

(i) Integrate Population education and guidance and counselling in programmes to cater for children living under difficult circumstances.

(ii) Develop programmes that provide population and Family Life Education to prisoners.

(iii) Strengthen population and family planning issues under adult literacy activities.

(iv) Integrate into the youth training programmes, information concerning population and development.

(v) Encourage folk-media/modern theatre fora on themes on population and development.

(vi) Strengthen advocacy for gender equity; equality and the empowerment of women.

1.18 Ministry of Research and Technology

Support population research programmes and integrate population education into the Jua Kali training programme.

1.19 Office of the Attorney General

Provide legal guidance and facilitate enactment of necessary laws on matters concerning population and reproductive health.

Other Institutions

1.20 Universities and Colleges

(i) Provide training on population and development.

(ii) Carry out research on population, reproductive health and development.

(iii) Provide advisory services on population, reproductive health and development.

1.21 Non-Governmental Organisations

Supplement government effort in the formulation, financing, and implementation and monitoring and evaluation of population projects.

1.22 Political Parties

Support fully the integration of population issues into their social and development agenda.

1.23 Religious Institutions

(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 religious beliefs.

1.24 Mass Media

Produce and serialize programmes and features on population, reproductive health and development.

ANNEX II GLOSSARY

i. **Reproductive Health**

A state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Abortion is not considered a part of this definition and will not be part of the strategies and programmes of this Policy.

ii. **Reproductive Rights**

In this Policy it is understood to mean- the right of a couple to receive adequate information about the method of family planning of their choice and to determine responsibly and freely the number and spacing of their children. They also include the rights of HIV/AIDS infected individuals to receive health care, not to be discriminated against because of their state and the right of the spouse or partner to know that their consort is infected.Reproductive rights embrace the medical protocols regarding spousal consent and confidentiality.

iii. **Safe Motherhood**

Is a concept whose aim is to assist women to achieve safe pregnancy and delivery leading to health babies of healthy mothers.

iv **The Family**

This is understood to be the nuclear family consisting of a mother, father and their children. Other types of families that have arisen due to natural calamities, social problems or family breakups include single-parent, child-headed families, widowhood, orphanhood and child bearing outside marriage.

v. **Total Fertility Rate (TFR)**

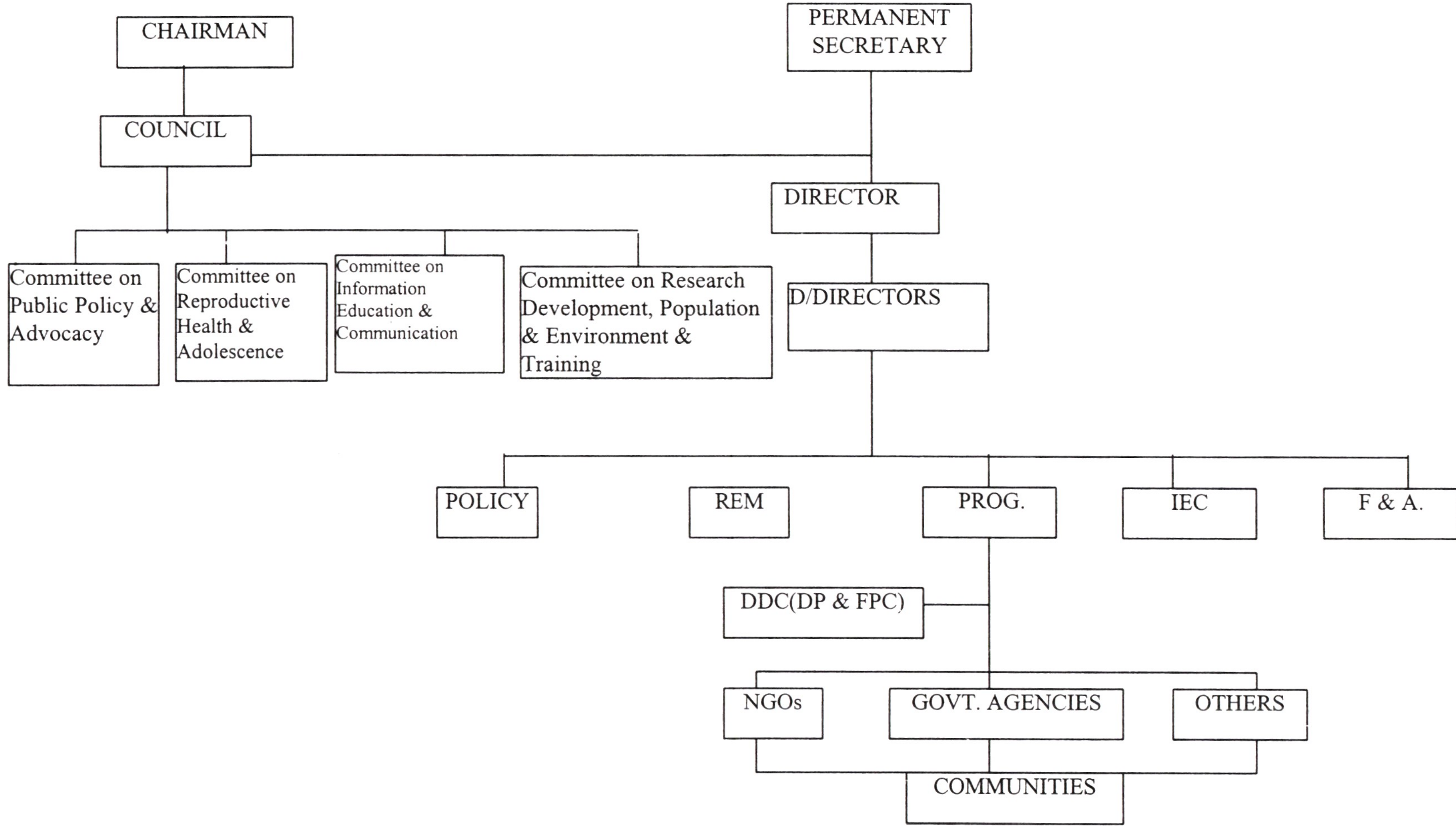
The average number of children that would be born alive to a woman (or group of women) during her lifetime.

vi. **Contraceptive Prevalence Rate (CPR)**

The percentage of married women of reproductive ages (15 - 49) who are using any method, whether modern or traditional, to space or limit births.

ANNEX III

FUNCTIONAL/ORGANIZATIONAL STRUCTURE OF N.C.P.D



vii Infant Mortality Rate (IMR)

The number of deaths to infant under one year of age per 1,000 live births in a given year.

viii. Life Expectancy

The average number of additional years a person would live if the current mortality trends were to continue.

ix. Maternal Mortality Rate (MMR)

The number of deaths to women due to pregnancy and birth complications per 100,000 live births in a given year

x. Unmet Need

In this Policy, the term Unmet Need is used in the context of Family Planning. A married woman of reproductive age will be said to have an unmet need for family planning if she wants to either space or limit births and is not using any method of family planning.