



REPUBLIC OF KENYA

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

**POPULAR VERSION**



**NATIONAL COUNCIL FOR POPULATION AND  
DEVELOPMENT**

MINISTRY OF STATE FOR PLANNING,  
NATIONAL DEVELOPMENT AND VISION 2030



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# Foreword

The Kenya Government has since independence recognized that population management is the key to achieving 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* follows Sessional Paper No. 1 of 2000 on *National Population Policy for Sustainable Development* which guided the implementation of population programmes up to 2010. It recognizes 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 a high quality of life for the people of Kenya by managing population growth at a level that can be sustained with the available resources.

The development of the Policy underwent different stages and is based on views gathered from consultations with stakeholders at the grassroots, regional, and national levels. This lengthy process was crucial as it involved leaders and stakeholders across the country. The consultations resulted in an all-inclusive Population Policy for National Development that will guide the implementation of population programmes in line with Vision 2030, the 2010 Kenya Constitution and other international and national aspirations. This Policy covers the following broad areas:

- Population Characteristics
- Population and Socio-economic Development
- Population and Environmental Sustainability
- Reproductive Health and Reproductive Rights

- Education, Science and Technology
- Gender Equity, Equality and Women Empowerment
- Morbidity and Mortality.

It should be noted that this Policy cuts across all sectors and provides 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 Policy calls for a multi-sectoral approach from all stakeholders.

A handwritten signature in black ink, appearing to read 'Wycliffe Ambetsa Oparanya', with a long horizontal line extending to the right.

Hon. Wycliffe Ambetsa Oparanya, E.G.H, MP.

**Minister of State for Planning, National Development and Vision 2030**

# 1.0 Principles of the Population Policy for National Development

This policy aims to ensure that population growth does not impede the attainment of Vision 2030 development targets. It is recognized that Kenya's population, which grew at 2.9 percent in the 1999-2009 period, if not properly managed would make it difficult to transform Kenya into a middle-income country. The implementation of this Policy shall therefore 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 for self development
- 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 Population and the Socio-Economic Situation

In 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. During these periods, several poverty reduction interventions were introduced. As a result, the economy grew significantly from 0.6 percent in 2002 to 5.6 percent in 2010. Although the national economy has grown, growth in incomes at individual level has been greatly hampered by a high population growth averaging 2.9 percent between 1999 and 2009.

The results of the 2008/9 Kenya Demographic and Health Survey (KDHS) as well as the preliminary reports on the 2009 Population and Housing Census, clearly indicate that Kenya is at a point where there is a substantial decline in deaths and a relatively high fertility. Persistent high fertility in Kenya has resulted in a relatively large and increasing youthful population. A further reduction of fertility and child deaths are critical if Kenya is to record a decline in population growth rate in the future. Kenya's population was 38.6 million in 2009. At a growth rate of 2.9 percent per annum, the population is expected to double to about 77 million in 2030.

Internal migration in Kenya has been stimulated by economic disparities between geographical areas and is driven primarily by the search for employment and settlement. Therefore migration has mainly been rural to urban and rural to rural, although the majority of the population still resides in the rural areas. While, in the past, the rate of international migration has been regarded as negligible there is considerable attention to the migration of skilled personnel especially those from the health sector. It should be noted that Kenya is host to a large number of refugees from neighbouring countries. Their presence has further strained existing resources.

## 3.0 Outcomes of the Past Population Policies

### 3.1 Past Efforts

Since independence, Kenya has developed several key policies for the implementation of the national population programme:

- National Family Planning Programme in 1967
- Population Policy Guidelines issued through Sessional Paper No. 4 of 1984
- National Population Policy for Sustainable Development issued through Sessional Paper No.1 of 2000.

The implementation of these policies contributed to the achievement of the following outcomes:

- A reduction in the population growth rate from 3.3 percent in 1984 to 2.9 percent in 2010
- A reduction in the average number of children per woman from 7 children in 1984 to 5 children in 2010
- A reduction in the deaths of children below 5 years of age from 115 deaths in 2000 to 74 deaths for every 1,000 births in 2010
- An increase in the number of married women using family planning methods from 17 percent in 1984 to 46 percent in 2010
- An increase in national immunization coverage from 65 percent in 1998 to 77 percent in 2009
- Knowledge of family planning methods remained high at over 97 percent
- A slight decline in HIV prevalence from 6.7percent in 2003 to 6.3 percent in 2009.

## 3.2 Major Facilitating and Constraining Factors

There has been notable success in the implementation of the past population policies which can be attributed to the following factors:

- Government commitment and support from development partners
- High level advocacy
- Participation by various sectors in population programme activities.

However, the implementation of the past population policies has been hampered by weak political commitment and leadership. Other constraints include:

- Persistent poverty levels
- Rapid population growth
- A shift in focus from reproductive health and population programmes in the era of the HIV/AIDS pandemic
- Low involvement of women in decision-making
- Negative attitudes, perceptions, myths and misconceptions around methods of family planning
- Conflicting messages from political and religious leaders
- Declining donor support and inadequate government funding
- Limited public-private partnerships
- Weak institutional capacity of coordinating institutions.

### 3.3 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 Vision 2030 and the Millennium Development Goals. These challenges, which are addressed in this population policy, include:

- Inadequate integration of population concerns into development strategies
- The diverse cultural and religious beliefs and practices that encourage early marriages and polygamy
- The high proportion of Kenyans in extreme poverty
- Persistent regional and socio-economic disparities in fertility, use of family planning methods and death rates
- Increasing youthful population
- Low male involvement in reproductive health and family planning programmes
- Climate change and environmental sustainability
- Rapid urbanization
- Low participation of women in decision making processes
- HIV/AIDS, malaria, TB and other emerging non-communicable diseases
- Low level of political will at both national and community level.
- Increasing insecurity and continuing conflicts over resources.

# 4.0 Population Policy Issues and Proposed Measures

## 4.1 Characteristics of Kenya's Population

### 4.1.1 Population Size and Growth

#### Issues:

- i. At 2.9 percent growth rate, Kenya's population will reach almost 77 million by the year 2030
- ii. A large proportion of Kenya's labour force is not gainfully employed.

#### Measures:

- i. Support advocacy and public awareness campaigns on the implications of a rapidly growing population
- ii. Promote acceptance and use of family planning as a strategy to manage the population growth.

### 4.1.2 Population Structure

#### *(a) Children*

#### Issues:

- i. Continuing and high investments needed to cater for the education, health, food, shelter and protection needs of children who constitute about 55 percent of the total population
- ii. Disruptive social changes and poverty have led to unpredictable yearly increases in the number of children living under difficult circumstances.

### Measures:

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

### *(b) Young People*

#### Issues:

- i. A young age structure creates a powerful momentum for future population growth
- ii. Twenty five percent of the youth are unemployed with males at 22 percent against 27 percent among females
- iii. Three percent of the youth ages 15-24 are HIV positive with young women being more affected.

#### Measures:

- i. Advocate for and support the implementation of the National Youth Policy including expanding and strengthening of Youth Empowerment Centers to implement region specific youth development initiatives
- ii. Promote a multi-sectoral approach to the provision of quality integrated youth friendly population education and reproductive health services
- iii. Advocate for Family Life Education for both in and out of school youth
- iv. Advocate for the establishment of middle level and tertiary training to develop relevant skills.

### *(c) The Active Age Population*

#### Issues:

- i. Due to the population momentum, a high number of children depend on few adults
- ii. Rising number of people seeking employment
- iii. High fertility will require that more jobs to be created now and in future
- iv. Unmet need for family planning
- v. Large number of people in need of RH services.

#### 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 reward scheme that recognizes small family size.

#### *(d) The Elderly Population*

##### Issues:

- i. Breakdown of the societal structures and support systems
- ii. Absence of alternative comprehensive support programmes coupled with economic difficulties faced by majority of older people/families
- iii. Limited ability to participate and contribute to the overall development of the nation.

##### Measures:

- i. Support the implementation of the National Policy on Ageing including article 47 of the constitution
- ii. Advocate for the expansion and proper management of social security and health insurance schemes
- iii. Advocate for the formation of community based support networks for the elderly people.

#### *(e) Persons with Disabilities*

##### Issues:

- i. Inappropriate infrastructure to access reproductive health including family planning
- ii. Stigma and social discrimination
- iii. High unemployment rates.

### Measures:

- i. Integrate and mainstream issues affecting PWD's in the provision of quality reproductive health including family planning 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 (2003)
- iv. Roll out awareness programmes to address stigma and discrimination.

### *(f) Spatial Distribution of the Population*

#### Issues:

- i. Limited data on migration
- ii. Increasing urban poor population in informal settlements
- iii. Inadequate provision of reproductive health services to the urban and rural poor and hard to reach areas due to poor infrastructure.

#### Measures:

- i. Support efforts to collect and maintain migration data
- ii. Support implementation of decentralization of services and economic activities to smaller towns and rural markets within the framework of devolution
- iii. Encourage and design reproductive health programmes targeting special groups including the urban and rural poor as well as those living in hard to reach areas.

## 4.2 Population Programme Factors

### 4.2.1 Information, Education and Communication (IEC) and Advocacy

#### Issues:

- i. Lack of understanding of the relationship between large families and the utilization of available resources
- ii. Lack of understanding of proper use of resources and its relationship to environmental sustainability.

#### 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. Strengthening the capacity of stakeholders to better plan, coordinate and evaluate population programmes.

### 4.2.2 Family Planning Services Delivery

#### Issues:

- i. Inadequate service provision
- ii. Poor access to family planning commodities and services
- iii. Lack of support for contraceptive security due to over-dependence on donor funding

- iv. Low male involvement in family planning
- v. High unmet need for family planning.

#### 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.

## 4.3 Thematic Areas

### 4.3.1 Population and Socio-Economic Development

#### Issues:

- i. Inadequate integration of population issues into all spheres of development planning
- ii. Inadequate access to user friendly population data for development planning particularly at lower sub-regional levels.

### 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.

## 4.3.2 Population and Poverty Reduction

### Issues:

- i. 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
- ii. A low pace of employment and wealth creation and mismatch between population and economic growth.

### 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.

### 4.3.3 Population and Environmental Sustainability

#### Issues:

- i. Human settlement in fragile environments including water catchment areas
- ii. Inadequate integration of population factors into environment management planning
- iii. Sub-division of high potential agricultural land into uneconomical units.

#### 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.

### 4.3.4 Population, Technology, Research and Development

#### Issues:

- i. Lack of policy-oriented research, at the national and local levels, to identify and understand areas of population concerns in relation to poverty, patterns of over-consumption, and environmental degradation
- ii. Inappropriate resources, capacity building of relevant research institutions and participation of local communities
- iii. Lack of an updated comprehensive National Population Research agenda
- iv. Insufficient baseline surveys and operational research to inform policy and programme designs.

## Measures:

- i. Intensify efforts in the collection, documentation and timely dissemination of population information
- ii. Update the national population research agenda on a regular basis
- 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 reduce the gap between research, policy and implementation.

## 4.3.5 Population and Education

### Issues:

- i. Increased demand for education and training,
- ii. Increased need for teachers, instructors, and infrastructure
- iii. Low retention, high dropout, high repetition, and low net enrolment rates
- iv. Resource constraints that will hinder achievement of universal primary education.

### 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 traditional 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 marginalized areas with population messages.

### 4.3.6 Gender Equality, Equity and the Empowerment of Women

#### Issues:

- i. Education attainment
- ii. Labour force participation
- iii. Reproduction and participation in politics and decision making
- iv. Existence of harmful socio-cultural practices such as early marriages, female genital mutilation (FGM) and nutritionally biased taboos.

### 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 survivors of harmful practices and/or violence.

## 4.3.7 Morbidity and Mortality

### Childhood Morbidity and Mortality

#### Issues:

- i. High infant and child morbidity and mortality
- ii. Inadequate immunization coverage.

#### 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.

## Maternal Morbidity and Mortality

### Issues:

- i. High proportion of home deliveries
- ii. Low utilization of skilled birth attendants during delivery
- iii. Inadequate emergency obstetric care facilities, equipment and supplies.

### 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.

## HIV/AIDS, Malaria, TB and Other Communicable Diseases

### Issues:

- i. Stigma and discrimination against persons living with HIV and AIDS (PLWHAs)
- ii. Limited access to ARV's
- iii. Malaria remains a leading cause of morbidity and mortality in Kenya.
- iv. Increasing number of TB cases
- v. Inadequate resources.

### 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.

### 4.3.8 Reproductive Health and Reproductive Rights

#### Issues:

- i. Social, cultural and religious beliefs and practices
- ii. Low status of women in decision making
- iii. Low male involvement in family planning
- iv. Infertility
- v. Poverty
- vi. Weak health management systems
- vii. Inadequate funding.



## 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
- ii. Advocate for male involvement in family planning
- iii. Promote community awareness on infertility
- iv. Advocate for more resources to support family planning programmes
- v. Engage private sector in supporting reproductive health programmes.

## 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 Kenya Vision 2030.

### 5.1 Policy Goal

The goal is to attain a high quality of life for the people of Kenya by managing a 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 the number of births born to a woman, deaths that occur among children aged five years and below, and deaths that occur among women due to pregnancy related causes. 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.
- vi. Mobilize resources through government budgetary allocation, international cooperation and public-private partnerships.

## 5.3 Targets for the Year 2030

The targets below will guide the implementation of the population programme over the coming years. These projections cover the period 2010 to 2030 and will be reviewed from time to time as the needs arise. The set targets are as follows:

- i. Reduce the natural growth rate from 25 people for every 1,000 population in 2009 to 15 people for every 1,000 population by 2030.
- ii. Reduce deaths among children below one year of age from 52 in 2009 to 25 deaths per 1,000 live births by 2030.
- iii. Reduce death rate among children below 5 years of age from 74 in 2009 to 48 deaths per 1,000 live births by 2030.
- iv. Reduce the deaths among women while pregnant or while delivering from 488 in 2009 to 200 deaths per 100,000 live births by 2030.
- v. Reduce Kenya's population death rate from 13 in 2010 to 8 deaths per 1000 people by 2030.
- vi. Improve the years one is expected to live from birth for both sexes from 57 in 2009 to 64 years by 2030.
- vii. Reduce the average number of children per woman from 5 in 2009 to 3 children by 2030.
- viii. Increase the use of family planning methods by married women from 46 percent in 2009 to 70 percent in 2030.
- ix. Increase the average age at which women give birth for the first time from below 20 years in 2009 to 21 years by 2030.

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- x. Raise the average age at which women get married for the first time from 20 years in 2009 to 23 years by 2030.
  - xi. Reduce the mean ideal number of children for both men and women from 4 in 2009 to 3 by 2030.
  - xii. Maintain high family planning knowledge at 97 percent recorded in 2009.
  - xiv. Reduce the percentage of teens who have begun childbearing from 18 percent in 2009 to 8 percent by 2030.

## 6.0 Implementation, Monitoring and Evaluation

The Policy will be implemented within the broader framework of 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 achievement of the population goals. To be consistent with implementation of Vision 2030, this Policy will be implemented in several phases each lasting five years (2011-2015, 2016-2020, 2021- 2025 and 2026-2030).

An effective Monitoring and Evaluation (M&E) 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 stakeholders at various levels. The data and information from the M&E system should encourage communication and interaction between different stakeholders involved in national as well as county needs. The system should fit within the national monitoring and evaluation system. In this regard 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 an M&E frame work and plans and to ensure there is effective monitoring and evaluation of the implementation of this policy at all levels.



National Council for Population and Development

PO Box 48994 - GPO, Nairobi 00100, Kenya

Tel: 254 20 271 1600/01

Fax: 254 20 271 6508

Email: [info@ncpd-ke.org](mailto:info@ncpd-ke.org)

[www.ncpd-ke.org](http://www.ncpd-ke.org)

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