

Policy Brief

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Taking Stock of Progress Toward Population and Development Goals: Where is Kenya Now?

The 1994 International Conference on Population and Development (ICPD) held in Cairo brought about a shift in emphasis in population policies and programs, from managing the size of populations to improving the quality of people's lives. The conference addressed a range of development issues, such as improving access to education, reducing child and maternal deaths, and improving access to sexual and reproductive health services. The Millennium Summit in 2000 discussed these and other issues and resulted in eight Millennium Development Goals (MDGs). The overlaps between the two sets of goals include universal education, women's empowerment, and child and maternal health. As part of the international community that subscribed to the ICPD and MDG ideals, Kenya made a commitment to work toward these goals and achieve specific targets by 2015. As we approach 2015, what has Kenya achieved with regard to these goals? And what can Kenya do to address existing gaps and barriers to achieve them? This policy brief explores and responds to these questions.

Kenya's Commitments

International Conference on Population and Development - 1994

In September 1994, Kenya was among the 179 countries that gathered in Cairo for the International Conference on Population and Development (ICPD). The conference brought together over 20,000 delegates from all over the world to discuss issues pertaining to population. The conference agreement went beyond the management of population size and emphasized the need to improve lives of individuals, particularly women. This helped put a face to the numbers and humanize the issue. At the conference, delegates identified the empowerment of women and meeting people's needs for education and health, including reproductive health, as prerequisites for development. They also agreed that countries should integrate population issues into their development strategies and budgets. General targets related to these issues appeared in the resulting Programme of Action.

The Millennium Development Goals

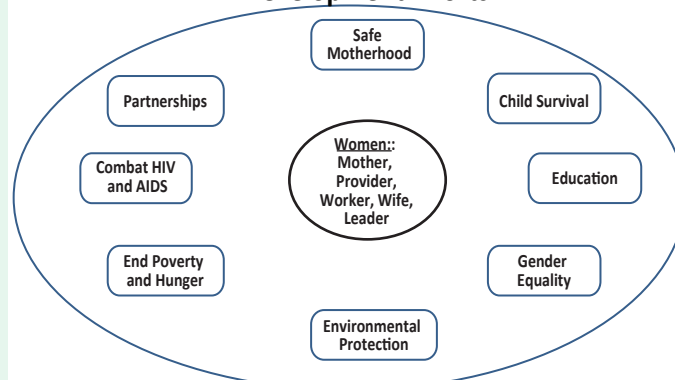
During the 2000 Millennium Summit, in which 189 countries participated, some of the targets that had been adopted at the 1994 Cairo conference were incorporated into the Millennium Development Goals (MDGs). Specifically, MDGs number 2 to 6 overlapped with the 1994 ICPD Programme of Action, as shown in Table 1.

Table 1: Overlaps Between the International Conference on Population and Development and Millennium Development Goals

ICPD-1994	MDGs -2000
Universal education	MDG 2: Achieve universal primary education
Empowerment of women	MDG 3: Promote gender equality and empowerment of women
Reduction of infant and child mortality	MDG 4: Reduce child mortality rates
Reduction of maternal mortality	MDG 5: Improve maternal health
Reproductive and sexual health services including family planning, made available, accessible and affordable to all who need the services	MDG 6: Combat HIV/AIDS, malaria, and other communicable diseases

Both sets of goals emphasized women's rights and empowerment as fundamental for social and economic development, as well as for achieving other goals. Figure 1 illustrates the important role that women play in the success and achievement of the MDGs.

Figure 1: Women at the Centre of Population and Development Efforts



Source: National Council for Population and Development

Kenya's Efforts Toward the ICPD Goals and MDGs

Policies

As a signatory to the ICPD and MDGs declarations, Kenya has formulated policies to improve the quality of life and well-being of its citizens. In 2000, the National Population Policy for Sustainable Development adapted the 1994 ICPD Programme of Action to the national situation, and guided population, health and development programmes from 2000 to 2010¹. During this 10-year period, some improvements occurred in maternal and child health. For example, infant and under-five mortality declined from 74 and 112 per 1,000 live births, respectively, to 52 and 74 per 1,000 live births. Also between 2000 and 2010, the proportion of married women using contraception increased from 39 percent to 46 percent, while the average number of lifetime births per woman declined from 4.9 to 4.6. In 2012, a population policy, the *Population Policy for National Development*, was put in place with the goal of ensuring that the population is well managed for a better quality life².

Health policies and legislation were developed in the subsequent years. In 2003, the government passed the *Adolescent Reproductive Health and Development Policy* to address adolescent sexual and reproductive health and rights in the context of development³, and introduced the *Free Primary Education Policy* as a way of achieving universal access to primary education. In 2007, the *National Reproductive Health Policy* was developed to ensure equitable access to reproductive health services; improve the quality, efficiency, and effectiveness of service delivery, and improve responsiveness to clients' needs⁴. In addition, the *Prohibition of Female Genital Mutilation Act*, which aims to eliminate the harmful practice against women and girls, was put in place in 2011 after persistent efforts highlighting the need for action against this practice.

The Kenya Constitution of 2010 promotes various rights aimed at removing any barriers that hinder men and women from accessing family planning and reproductive health services⁵. It also provides for the election of one women's representative for each of the 47 counties, and it reserves at least one-third of seats in all public bodies to either men or women. Parties to a marriage now enjoy equal rights that are enshrined in this constitution, thus ensuring equal distribution of matrimonial property when a marriage is dissolved, and in the event of death, the remaining spouse is not disinherited.

Programmes

A number of programmes have also been put in place to meet development targets. To provide universal education, the government has made primary school free, subsidized secondary education, and expanded and improved infrastructure to improve school opportunities at both levels. This has helped increase transition rates from primary to secondary school. In addition, some programmes encourage girls to return to school after having a baby and provide sanitary towels to girls from poor families so that they can stay in school. The Ministry of Labour, Social Security and Services also supports non-formal schools and adult literacy classes to improve literacy among youths and adults who are not in the formal education system.

The effort to reduce infant and child mortality has been spearheaded through the *Integrated Management of Childhood Illnesses* (IMCI) programme. This programme focuses on training health workers so that they can assess sick children and give them the best treatment. Two other programmes complement the IMCI program: the school-based Child Health Promotion Programme and the Kenya Expanded Programme on Immunization.

Efforts to **reduce maternal mortality** in Kenya promote the use of antenatal, delivery and postnatal care services from skilled service providers. The goal is for all pregnant women to use these services. In addition, the national Family Planning Programme promotes contraceptive use among sexually active couples to reduce unwanted pregnancies, which can lead to unsafe abortions and the risk of death.

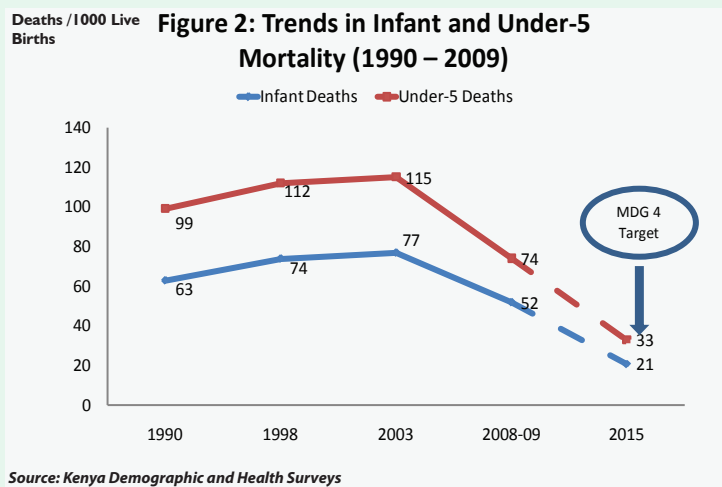
The government and its partners have improved the availability, accessibility, and affordability of reproductive and sexual health services, including family planning, by subsidizing the cost of these services and adding service delivery sites. Some of the services, such as family planning, are available free of charge in public health facilities. In addition, the Kenya Medical Supplies Agency (KEMSA) and other supply agents have made efforts to ensure that the commodities, supplies and equipment needed to provide these services are available.

Efforts to **empower women** include the establishment of the Women Enterprise Fund in 2007. This fund has trained and availed credit to women countrywide, thereby increasing their economic opportunities and improving quality of life for their families.

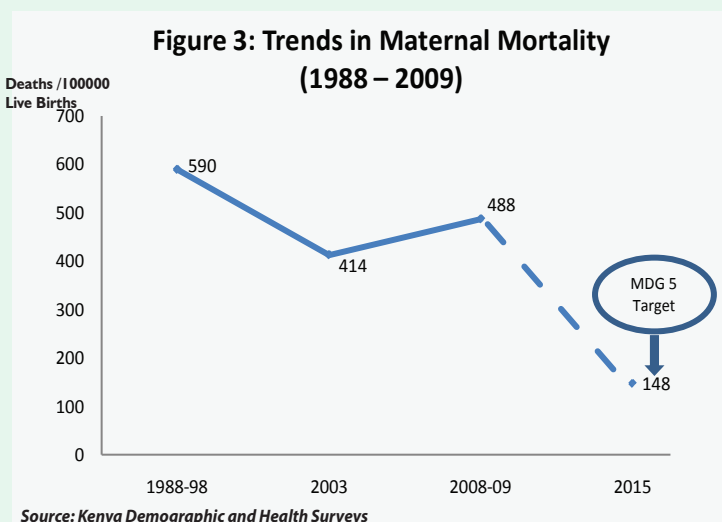
Where is Kenya Now?

Universal Education: In 1990, only two out of five pupils completed their primary education. By 2012, this figure had increased to four out of five, largely due to the Free Primary Education Programme. Between 2002 and 2012, the transition rates from primary to secondary school have increased from 42 percent of pupils moving on to 76 percent. This means that out of more than 800,000 pupils who finish primary school every year in Kenya, about 200,000 do not continue to secondary school.

Infant and Under-5 mortality: In 1990, for every 1,000 live births, there were 99 deaths under age 5. By 2003, these deaths had increased to 115 per 1,000 live births before decreasing to 74 deaths in 2008-09⁷. Over half of these deaths occur in the first year of life, as shown in Figure 2. Whether Kenya achieves the MDG target of 33 deaths of children under age 5 per 1,000 live births by 2015 remains to be seen.



Maternal mortality: In Kenya, too many women die while giving life. Goal 5 of the MDGs calls for reducing maternal mortality (deaths resulting from complications of pregnancy and childbirth) by three-quarters by 2015. In 1990, Kenya had a maternal mortality ratio of 590 maternal deaths per 100,000 live births, and the target is 148 deaths by 2015. In 2008-09, Kenya's maternal mortality was still at an estimated 488 deaths per 100,000 live births. This translates to about 7,000 maternal deaths annually, which is unacceptable.



With regard to the **availability of sexual reproductive health services**, the 2010 Kenya Service Provision Assessment (KSPA) found that nine out of 10 health facilities offer at least one method of family planning. But only four out of five health facilities offer a modern contraceptive method, three in five offer counseling on natural methods, and one in 10 provide male or female sterilization services. The same survey also found that three-fourths of health facilities provide antenatal care services, while only slightly more than half provide postnatal care services. The same survey showed that less than one-third of the health facilities provide normal delivery services, and only one in 20 health facilities are able to provide Caesarean section delivery services⁸. These results indicate that much more needs to be done to improve the availability of sexual reproductive health services.

Efforts to **empower women** have yielded some good results. Women hold 19 percent of the seats in the national assembly as of 2013 up from 4 percent in 2000. Implementation of the free primary education has increased access to education by girls resulting in a girl to boy enrollment ratio that is almost equal.

Implications and Recommendations

Kenya's performance on the targets set in the last two decades indicates that much more needs to be done. The government and stakeholders need to ensure that all children complete primary school and transit to secondary school or to tertiary institutions. Infant and under-5 mortality rates must be reduced by more than half, and maternal deaths by more than two-thirds before 2015, a feat that is difficult to achieve over the remaining period. Kenya Vision 2030, the country's economic blueprint, envisions a nation that has a high quality of life for all citizens. This entails a healthier and more educated population that adds value to the country's socio-economic prosperity. Accordingly, education and health policies must be responsive and fully implemented to achieve MDGs 2, 4, and 5.

The National Council for Population and Development recommends the following immediate actions for Kenya to accelerate progress on the development goals to which it has committed:

1. Universal Education: The Ministry of Education Science and Technology, in conjunction with partners in the education sector, must address the reasons why some pupils do not complete their primary education. The response should take into consideration the differences between counties and result in county-specific solutions. In addition, the ministry should improve transition rates from primary school to higher levels by creating enough opportunities for primary school graduates to advance their education at an affordable cost.

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

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2. Childhood and Maternal Deaths: The Ministry of Health and partners at the national and county levels should give urgent priority to reducing these deaths. They should identify the key factors in each county that underlie child and maternal deaths and put in place measures to address these factors. Each county government should also make efforts, through their respective ministries of health, to ensure that child and maternal health services are available, accessible, and affordable.

3. Demand Creation for Child and Maternal Health Services: As the Ministry of Health and its partners ensure the availability of health care services for children and women, the National Council for Population and Development will complement their efforts by mounting countrywide campaigns to support the public's utilization of these services. The campaigns will emphasize the benefits of these services for individuals, households, and the nation.

Conclusion

The agreements reached at the 1994 ICPD and 2000 Millennium Summit provided the roadmap for developing countries to improve the well-being of their people. In implementing the recommendations of these important forums, Kenya has made a lot of progress, but much more needs to be done. The Kenyan government and stakeholders must continue working toward these international development goals.

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