

**National Population Policy for  
Sustainable Development  
Draft Proposal  
September 2020**

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**PREAMBLE**

This policy is an update of Sessional Paper Number 3 of 2012 on Population Policy for National Development. It is anchored on recent developments nationally and globally on the continued and emergent population and national development challenges, while taking into account the achievements of the past policy initiatives. Globally, there has been a paradigm shift on the conceptualization of development as exemplified in sustainable development goals (SDG) Agenda 2030 frame work and the aspirations of the African Union (AU) Agenda 2063, which set an explicit goal for all countries that sustainable development requires building peaceful, just and inclusive societies. Nationally, the changing demographic scenario, in particular, the changing age structure and increasing urbanization has on the one hand created a window of opportunity while on the other hand, coming with new challenges to human development that needs to be addressed.

The National Developmental Vision 2030 envisages that the state institutions will have to enshrine the concept of human dignity which signifies a polity where law is supreme; merit is recognized, women and children are honoured, and the weak and vulnerable are socially and economically protected. The national vision is consistent with Article 43 of the Constitution of Kenya on the Bill of Rights which guarantees all Kenyans economic, social, and cultural rights including the right to the highest standards of health, education, freedom from hunger and adequate food and decent livelihoods. However, the People of Kenya cannot prosper or progress if any part of its areas or people is left behind in the journey to prosperity. This is in line with the emergent global concerns on what constitutes development as stated in the Rio +20, the Population and Development Beyond 2014 Framework, the Sustainable Development Goals (SDGs) in the Agenda 2030 and the aspirations of the African Union (AU) Agenda 2063.

All these goals and strategies recognize that the diversity of demographic change at the country level presents unique opportunities and challenges. But this must be anchored on being proactive to the dynamic implications of demographic change and development planning that puts people at the centre as both beneficiaries and actors.

**RATIONALE FOR REVISION**

The socio-economic development landscapes have significantly changed. Some critical areas of development remain inadequately addressed, while new and emerging issues arise. These developments necessitated a review of the existing policy with a view of making it more relevant to the new country situation. First the country governance structures have changed since the enactment of the new constitution thereby changing nature of implementation actions required to address population issues. Secondly, new researches and lessons have been learnt on best ways to address not only challenges but also harnessing opportunities presented by the changes in population dynamics. Specifically, the policy revision has been necessitated by the following considerations:

- a) Changes in population patterns and trends thereby increasing demographic diversity calls for new policy framework to address the challenges posed by changing demographic, epidemiological, nutrition and mobility transitions.
- b) Taking advantage of emerging opportunities presented by the population dynamics such as changing age distribution (Demographic Dividend), increased urbanization among others.
- c) Accelerating the achievement of the transformative results laid down in ICPD 1994 where women, men, girls and boys all enjoy human rights free from any form of discrimination and without being subjected to harmful practices and to lead a dignified life in line with article 43 of the Kenya Constitution 2010.
- d) Strengthening integration of population issues in development planning at all levels to ensure policy coherence, leverage actions and resources and anticipated actions based on evidence and provide a common national vision and direction that harmonizes sectoral efforts to achieve desired well-being for all the People of Kenya.

The purpose of this policy document is to provide a national vision and a common direction that harmonizes sectoral efforts to achieve desired wellbeing for all the People of Kenya.

## CHAPTER ONE: SITUATION ANALYSIS

### Geography

Kenya is situated in the eastern part of Africa bordering the countries of Uganda, South Sudan, Ethiopia, Somalia and the United Republic of Tanzania. It has a coastline on the Indian Ocean and lies on the equator encompassing a total area of 582,646 km<sup>2</sup>, of which 571,466 km<sup>2</sup> are covered by land and the rest by water. It has a tropical climate but there are large regional climatic variations influenced by several factors. The climate is characterized; as mostly warm with pockets of cool and wet areas, particularly in the highland regions. Coastal areas and the northern parts of the country are mostly arid and hot. Topographically, the country is sub-divided into two major regions, namely: the lowlands, which include the coastal and Lake Basin; and the highlands, which constitute much of both sides of the Great Rift Valley. About 80 per cent of the land is arid and semi-arid while only 20 per cent of the land is arable<sup>1</sup>.

### HUMAN DEVELOPMENT SITUATION

#### Economy

The main economic drivers of the country are agriculture and tourism. Agriculture contributes 34.1 per cent of the GDP and the agricultural sector contributes 70 per cent of total employment. Nearly 69 per cent of all households engage in farming activities. According to the 2019 census, the total agricultural land operated by households stood at 10.3 million hectares, equivalent to 17.5 per cent of the total land area in the country.

The economy of the country was rebased in September 2014, increasing its GDP by 25.3% and making it a lower middle-income country and Africa's ninth largest economy. Between 2015 and 2019 real GDP in absolute terms increased from KShs. 4,792.2 billion in 2018 to KShs. 5,049.3 billion in 2019, representing a growth rate of 5.4 per cent<sup>2</sup>. In terms of international comparison, the GDP per capita rose from US \$833 in 2012, to US \$ 1,831 in 2018<sup>3</sup>. The future performance of the economy beyond 2020, like most economies all over the world, will largely be determined by how long the life and economic activities are going to be disrupted by the Coronavirus pandemic (Covid-19).

#### Labour force participation

The labour force participation rate among the working age was 77 per cent in 2019. It is highest in age cohort 40 – 44 at 96.2 per cent while the lowest was in the age cohort 15 – 19 at 32.4 per cent<sup>4</sup>. Unemployment rate stands at 7.4 per cent and about 85 per cent of the unemployed were aged below 35. The largest unemployment rate is in the age cohort 20 – 24 (about 19.2 per cent). Child labour is still rampant in Kenya and about 10.6 per cent of children age 5-14 are considered to be in some employment with the proportion being higher in rural areas at 13% compared to 4.8 % in Urban areas. Unemployment rate fluctuated

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<sup>1</sup> KNBS 2019

<sup>2</sup> KNBS 2020. Economic Survey 2020

<sup>3</sup> World Bank 2020

<sup>4</sup> KNBS 2020 Quarterly Report

substantially in recent years; it tended to decrease through 1999 - 2018 period<sup>5</sup>. The youth aged 20 - 24 had the highest proportion of the long term unemployed at 6.3 per cent (KNBS 2020)<sup>6</sup>. The highest rates of labour underutilization are observed in the age groups 20-24 followed by the age group 15-19 at 18.1 and 10.6 per cent, respectively. The percentage of youth age 15-34 not in education and not in employment or training (NEET) is estimated at 13.3 per cent<sup>7</sup>. The age group 25 – 29 and 30-34 recorded high proportions of persons in NEET at 20.5 and 15.7 per cent, respectively<sup>8</sup>.

## Poverty

A critical concern in the social and economic situation is persistent poverty. The percentage of the population living on less than \$1.90 a day at 2011 international prices is 36.8 % down from 43.7 % in 2005. However, poverty is multidimensional encompassing several aspects such as access to health care, education, living standards. The UNDP computes multidimensional poverty index<sup>9</sup> (MPI) that takes into account other aspects of deprivation, namely; deprivations in schooling, health and living conditions. The total population in multidimensional poverty is 38.7 per cent<sup>10</sup>. The contribution of education stands at 14.6 percent while health and basic living conditions contribute to 24.9 and 60.5 percent respectively<sup>11</sup>. There exist wide variations by county and place of residence. MPI ranges from about 9.57 percent in Nairobi to about 86.65 percent in North eastern region. Nearly 64 percent of the population in North Eastern region are in severe MPI compared to only 2 percent in Nairobi<sup>12</sup>. There are several hundreds of people in the country who are simultaneously experiencing a lack of access to safe drinking water, indoor air pollution, and undernutrition in their household. However, deprivations in water, nutrition and cooking fuel predict a high risk from COVID-19 in terms of hygiene, weakened immune systems, and respiratory conditions<sup>13</sup>.

The national food poverty headcount rate for individuals is 32 per cent, implying that 14.5 million individuals did not meet the food poverty line threshold<sup>14</sup>. This implies that one in every three individuals in Kenya is unable to consume the minimum daily calorific requirements<sup>15</sup>. Food poverty incidence is highest in rural areas<sup>16</sup>. Food poverty ranges from a high of 66.1 per cent in Turkana County and lowest in Meru and Nyeri counties at 15.5 per cent. In Turkana, Mandera, Samburu, Busia, West Pokot, and Tana River food poverty incidence affect more than half of the population<sup>17</sup>. Depth of the food deficit of Kenya fell gradually from 225 kilocalories per person per day in 1997 to 135 kilocalories per person per day in 2016. The prevalence of undernourishment in the country fell gradually from 33 % in 2003 to 29.4 % in 2017<sup>18</sup>.

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<sup>5</sup> KNBS 2020 Quarterly report

<sup>6</sup> *ibid*

<sup>7</sup> KNBS 2020 Quarterly report

<sup>8</sup> *ibid*

<sup>9</sup> Multidimensional Poverty Index captures the multiple deprivations that people in developing countries face in their education, health and living standards. The MPI shows both the incidence of non-income multidimensional poverty (a headcount of those in multidimensional poverty) and its intensity (the average deprivation score experienced by poor people)..

<sup>10</sup> UNDP and Oxford University 2020

<sup>11</sup> *Ibid*

<sup>12</sup> *Ibid*

<sup>13</sup> Sabina Alkire, Jakob Dirksen, Ricardo Nogales, and Christian Oldiges 2020. Multidimensional Poverty and COVID-19 Risk Factors: A Rapid Overview of Interlinked Deprivations across 5.7 Billion People Policy Briefing Number 53, Oxford Poverty and Human Development Initiative (OPHI), University of Oxford

<sup>14</sup> According to the 2015/16 Kenya Household and Budget Survey (see KNBS 2018)

<sup>15</sup> *Ibid* KNBS 2018

<sup>16</sup> *Ibid* KNBS 2018

<sup>17</sup> *Ibid* KNBS 2018

<sup>18</sup> World Bank 2020

## Human Development Index

The Human Development Index (HDI) summarizes the country's overall achievements in providing its citizens with quality education, health care, longevity, and basic necessities to lead a decent life. The latest HDI estimate based on 2018 data is 0.579 compared to Norway (the best) which was 0.954 and Niger the lowest at 0.377. The annual change in HDI since 1990 has been about 0.77 and currently ranked among the medium development having moved from low development. Between 1990 and 2018, Kenya's HDI value increased from 0.467 to 0.579. In the same period, life expectancy at birth increased by 8.9 years, mean years of schooling increased by 2.8 years and expected years of schooling increased by 2.0 years. The GNI per capita increased by about 34.7 percent between 1990 and 2018.

## Human Capital Index

The human capital index (HCI) measures the amount of human capita that a child born today can expect to attain by age 18. It conveys the productivity of the next generation of workers compared to a benchmark of complete education and full health<sup>19</sup>. The main components include: the probability of survival up to age 5, a child's expected years of schooling, harmonized test scores (as a measure of quality of learning), adult survival rate (fraction of 15 year olds that survive to age 60), and the proportion of children who are not stunted. Estimated human capital index for Kenya in 2018 was 0.52 and Kenya is ranked number 94 out of 157 countries. It means that 52% of children born in Kenya today will grow up to be, at best half as productive as they could.

## DEMOGRAPHIC SITUATION

Population dynamics is governed by the changing population size and age structure through changes in mortality, fertility, and migration. These three fundamental factors are, in turn, closely tied to development progress. Rapid population change if not addressed can magnify development challenges. An increase in the number of people requires; more jobs, more water, food and energy, clothing, housing and infrastructure, health and education and so on. Policy options as envisioned in the Agenda 2030 as well as in Kenya Vision 2030 need to consider the challenges associated with this phenomenon because actions taken in the coming years will be crucial in shaping future population trends.

## Population Size, Growth and Structure

The population was 47.6<sup>20</sup> million people having grown progressively from 10.9 million people in 1969<sup>21</sup>. The rate of population growth has been ranging from a high of 3.4 percent per annum in the period 1969-79, but which reduced to 2.3 percent in the intercensal period 2009 to 2019. About 20 percent population is aged below 15, while those aged 15-34 years accounts for approximately 36.1 per cent of the total population and 63 percent of adult population, respectively. The potential working age (age 15-64) population is about 57 percent of the total population. Since 1999, the share of children under age 15 has declined by nearly 6.6 percent while the working age increased by 6 percent. The median age has increased by nearly 3 years since 2008 (from 17 years to about 20 years). With declining fertility and increase in longevity, Kenya has experienced increased share of the potential working age population. In 2019, total dependency ratio (0-14

<sup>19</sup> World Bank. 2018. The Human Capital Project. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/30498> License: CC BY 3.0 IGO.”

<sup>20</sup> This figure also includes population living in non-conventional households

<sup>21</sup> KNBS 2019



and 65+ per 15-64) for Kenya was 71.3 and the ratio this has gradually fell gradually from 110.4 in 1970. The age structure reveals a predominance of children and youth.

## Components of Population Change

Two major components cause population change. These include: natural change (births minus deaths) and net migration (in-migrants minus out-migrants). The key drivers to population growth rate in Kenya at national level are the levels of birth and death rates. International migration rates have been small over the years according data from the various censuses.

## Fertility

The central factor driving population dynamics in Kenya is fertility transition which is influenced by; government policy, contraceptive availability, education, ideation, and culture. In many societies, fertility decline always follows decline in mortality. The indicators for measuring fertility levels are the crude birth rate (CBR) and the total fertility rate (TFR). Trends in indicators of fertility levels are provided in Table 1.1. Fertility rapidly declined in the 1980s but since the beginning of the millennium declined. Recent estimates suggest that fertility is constant in the urban areas while the rural areas have experienced a more rapid decline. The fertility rate has declined by almost 27 percent since 2009.

Table 1.1: Trends in crude birth rate and total fertility rate from censuses

	1948	1962	1969	1979	1989	1999	2009	2019
Total fertility rate (TFR)	6.0	6.8	7.6	7.9	6.6	5.0	4.8	3.5*
Crude birth rate (per 1000)	50.0	50.0	50.0	52.0	48.0	41.3	40	28.3*

Sources: KNBS 2012 Analytical volume on fertility and nuptiality of 2009, KNBS 2019

\*Estimated from 2019 census age sex structure

The peak age at childbearing remain in the age group 20-24 at 2020 births per 1000 women. Fertility levels in the adolescent period fell by only 7.3 % from 103 births per 1000 women in 2008 to 96 births per 1000 women in 2014. Birth rate among women in age group 40-44 fell by 52 % and by 50 % in the age group 45-49 since 2008. Thus in the last decade the drop in fertility increased with age.

Regional differentials in fertility have remained high. The differences between counties with the highest fertility and lowest fertility have slowly changed from about 5 births per woman in 2009 to about 4 births per woman in 2019. The index of inequality in fertility levels (Gini index) taking into account all the counties increased from 13.5 % in 2009 to 13.7% in 2019. This implies that despite the decline in fertility at national level, there remain pockets of high fertility in a number of regions in Kenya. Seven counties out of 47 still have TFR of above 5 births per woman. In addition, high fertility is disproportionately concentrated in counties with high poverty levels.

Table 1.2: Summary of county variations in fertility trends, 2009, 2014 and 2019

	2009 Census		2019 Census*		KDHS 2014	
	County	TFR	County	TFR	County	TFR
Counties with highest fertility levels	Mandera	7.3	Mandera	6.6	Wajir	7.8
	West Pokot	6.7	West Pokot	6.1	West Pokot	7.2
	Wajir	6.5	Tana River	5.4	Turkana	6.9
	Turkana	6.4	Samburu	5.3	Samburu	6.3
	Garissa	6.4	Wajir	5.3	Garissa	6.1
Counties Lowest fertility level	Kirinyaga	2.7	Kirinyaga	2.5	Kirinyaga	2.3
	Nyeri	2.9	Nairobi	2.6	Kiambu	2.7

	Murang'a	3.0	Nyeri	2.7	Nyeri	2.7
	Nairobi	3.0	Kiambu	2.7	Nairobi	2.7
	Kiambu	3.1	Machakos	2.8	Murang'a	3.0
Difference between highest and lowest	Mandera – Kirinyaga	4.6	Mandera – Kirinyaga	4.1	Wajir – Kirinyaga	5.5

\*Estimated from 2019 census age structure

Sources: <http://www.statcompiler.com>; KNBS 2012, calculations from KNBS 2019

### Teenage motherhood

Early sexuality is a critical concern from several perspectives: potential health harm young women face such as incidence of obstetric fistula; their children are also at a higher risk of not celebrating their first birth day; loss of education opportunities and risk of not participating in labour force leading higher risk of living in poverty among others. As a result, the Program of Action of the 1994 International Conference on Population and Development (ICPD), highlighted the importance of reducing adolescent pregnancy and the multiple factors underlying adolescent fertility. The program of action further recommended that governments take actions to substantially reduce adolescent pregnancies. Figure 1.1 shows trends in indicators for teenage motherhood since 1989. The proportion of teenagers who are pregnant with the first child have not changed for nearly three decades. The proportion of teenagers who have begun childbearing slightly increased by about 1.5 percentage points since 2008. About 19 percent of teenagers have begun childbearing. A critical concern with regard childbearing is the unchanging birth rate among teenagers in age group 15-19.

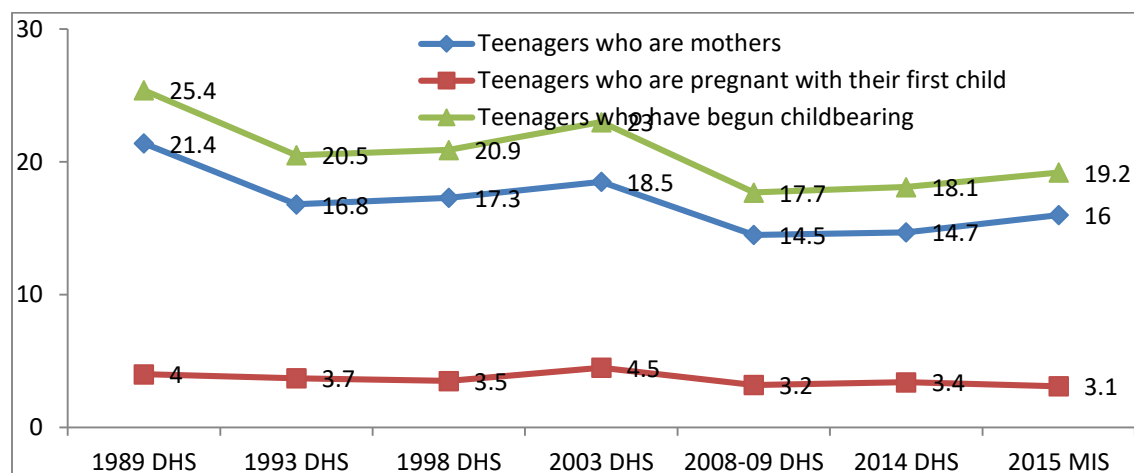


Figure 1.1: Trends in indicators for teenage childbearing 1989-2015

Sources: <http://www.statcompiler.com>

Table 1.3 further shows trends in adolescent fertility and childbearing among children (age 10-14) since 1989. Children having babies has remained unchanged since 1990s. At the current population of women age 10-14, this translates to nearly 6,400 births every year. High teenage birth rates is associated with higher fertility thus further reduction in county fertility rates will require substantial reduction in adolescent birth rates. Counties with high poverty levels have high adolescent birth rates and relatively higher under five mortality rate. Teenage births lower opportunities for human capital development.

Table 1.3: Trends in age specific birth rates for women in age group 10-14 and 15-19

Survey	Births Per 1000 in age group 10-14	Births per 1000 in age group 15-19
2015 MIS	2	96

2014 DHS	2	96
2008-09 DHS	2	103
2003 DHS	3	114
1998 DHS	3	111
1993 DHS	3	110
1989 DHS	2	153

Source: Statcompiler ICF macro

The adolescent birth rates are not uniformly distributed in the country and may be linked to socio cultural norms especially early marriage. Twenty-three (23) counties out of 17 have ABR of 100 and above births per 1000. The highest adolescent birth rates are in Narok (225), Homabay (178), Samburu (170) Tana River (144), Migori, (136) Turkana (136) and West Pokot (133).

### Child Marriage

One of the major causes of high teenage birth rate in the country is early marriage. The government has always been keen on reducing adolescent birth rates and therefore earliest age at legal marriage has been set at age 18 for both boys and girls. Marriage at ages below age 18 is considered illegal and harmful to the rights of teenagers especially girls. Figure below shows trends in the proportion of women age 20-24 who were married by age 15 and 18 respectively<sup>22</sup>. Despite legal pronouncements, the proportion marrying by age 15 has not reduced since 1990s. Thus a critical policy challenge is interventions to accelerate progress to end child marriage (zero child marriages rates).

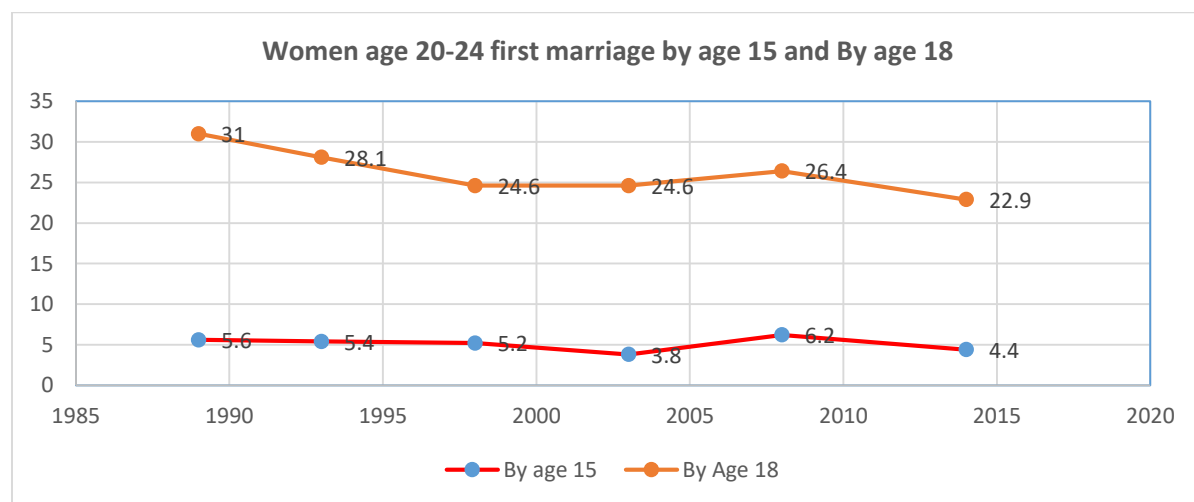


Figure 1.2: Proportion of women age 20-24 first marriage by age 15 and by age 18

### Family Planning

There has been remarkable improvement in the uptake of modern contraception. Modern contraceptive prevalence increased from 35 percent in 2004 to 46 percent in 2006 and 60 percent in 2014. About 76 percent of married women have their demand for family planning services satisfied. However, unmet need for family planning is 18 percent (2014) having declined from 31 percent in 2004. One in every five women discontinue use within one year with main reason being health related concerns and side effects.

<sup>22</sup> This is a key indicator for child marriage and early marriage respectively

Data from PMA2020 for 11 counties in Kenya show that in some regions (Kiambu, Nairobi, Kitui, Nandi, Nyamira, Siaya, Kakamega) the proportion of demand satisfied among all women has been unchanging since 2014<sup>23</sup>. The same observation has been made for women in highest socio-economic status. This implies that contraceptive behaviour is becoming entrenched among these groups.

The concern is unchanging patterns of unplanned pregnancy which is more common among younger women. Women in Kenya give birth on average to one more child than desired. Unplanned pregnancy is more common among those in lower socio economic strata, living in rural areas and in the arid and semiarid counties of Kenya. About 35.7 percent reported to have had an unplanned pregnancy. Out of approximately 11.1 million women of reproductive age, about 3.8 million women reported to have had unplanned pregnancy. Slightly over 1 million young women (< 20 years) have unplanned pregnancy and contributes to about 29 percent of the total.

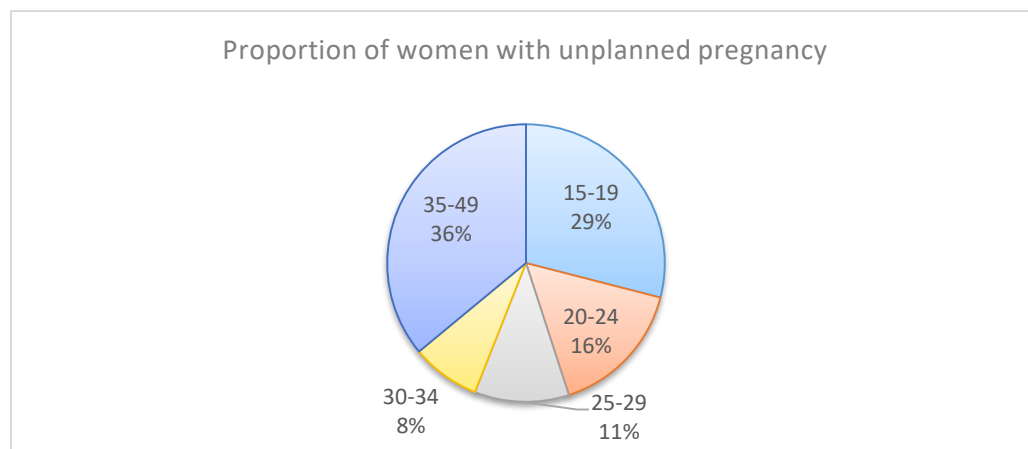


Figure 1.3: Proportion of women with unplanned pregnancies by age

Less than half of women using any modern method were informed about possible side effects or problems. The other concern is that slightly more than 1 in 3 women were informed on what to do if they experienced any side effects. The issues that arise may be indicative of quality of service provision including information about services. Available data indicates that adolescents are at greater disadvantage.

## Pregnancy and Delivery

Table 1.3 summarizes trends on indicators of uptake of services during pregnancy, delivery and post-natal period. About five percent of women do not use ANC and disaggregated data by age and parity from 2014 KDHS<sup>24</sup> show that:

- Nonuse of ANC is higher among women age 35-49 (6%) and younger women under age 20 (5%).
- Nonuse of ANC also increases with parity where women of parity 6 and above are over 3 times more likely not to use ANC compared to women of parity 1 (8.4% vs 2.5%).

<sup>23</sup>Gichangi et al (forthcoming) Demand for family planning satisfied with modern methods (mDFPS), Modern contraceptive use and unmet need among married women of reproductive age from 11 Counties in Kenya: Are we making progress to reach all?

<sup>24</sup> For more details, see Republic of Kenya 2016. Secondary Data Analysis and Literature Review of Knowledge, Attitudes, Beliefs and Practices study of the 10Key Child Survival Development and Protective Behaviours. NCPD and UNICEF Kenya Country Office.

- Nonuse of ANC is more prevalent in the North Eastern region where nearly 1 in every 4 women is unlikely to use ANC.

Table 1.3: Summary Indicators of pregnancy, delivery and post- natal care

Survey	No Antenatal visits for pregnancy	4 or more Antenatal care visits for pregnancy	Timing of first antenatal check Less than 4 months	Median months of pregnancy at first antenatal care visit	Assistance during delivery from a skilled provider	Delivery by caesarian section	No post natal check up
1993 DHS	4.3	63.2	13.7	5.7	43.8	5.4	n.a.
1998 DHS	5.6	60.4	13.4	5.7	44.4	6.8	n.a.
2003 DHS	10.0	50.9	10.5	5.9	41.6	4.3	n.a.
2008-09 DHS	7.2	45.7	13.5	5.8	44.7	6.7	64.3
2014 DHS	4.1	55.8	19.7	5.4	64.5	9.2	43.0
2015 MIS	5.1	61.5	n.a.	n.a.	n.a.	n.a.	n.a.

Notes: n.a. Means Not available

The values have been recomputed based on information 3 years prior to survey. The published KDHS reports have varying time periods since 1989. In some reports the indicators are computed based on 3 years prior to survey while others are based on computed indicators based on 5 years prior to survey. All indicators have been recomputed to harmonize time periods

Source: Statcompiler ICF macro

Timing of antenatal care is crucial for a pregnant woman and in Kenya, only 1 in 5 women made their first antenatal care visit in less than four months of pregnancy. To allow for sufficient time to identify and treat problems such as anemia and infections, women are recommended to start antenatal care early in pregnancy. Trend data indicate slow pace of change in timing of the first visits as measured by the median duration to the first visit (about 5.4 months). While there have been improvements in the proportion making the recommended four or more visits, but the level of use is still below that observed in 1993. The greatest achievements are the extent of assistance during delivery from a skilled provider and use of postnatal check-up.

## Mortality

This is one of the core component of population change and reveals much about a population's standard of living and quality of health care. Poor health poses significant threats to the economy, as the untimely and unnecessary death particularly during adulthood, results in a loss of any social and economic investment made in them. It is estimated that a 10 percent increase in life expectancy leads to a 0.4 percent increase in economic growth<sup>25</sup>. The likelihood of dying during a given time period is linked to many factors, such as age, sex, occupation, and social class.

Table 1.4: Trends in indicators of mortality

	1948	1962	1969	1979	1989	1999	2009	2019
Crude death rate (per 1000)	25.0	20.0	17.0	14.0	11.0	11.7	10.4	5.4*
Infant mortality rate (per 1000)	184.0	Na	118.0	104.0	66.0	77.3	54	35.6*
Life expectancy at birth (years) both sexes	35.0	44.0	49.0	54.0	60.0	57.0	59.2	67*

<sup>25</sup> WHO 2014

KNBS 2012 analytical report on health and mortality

Na – not available

\*Estimates from different online sources (World Bank 2020; UNDESA 2020)

Life expectancy at birth summarizes the mortality situation that prevails across all age groups, from children to the youth, adults and the elderly. The recent rise in life expectancy at birth reflects improved nutrition, better hygiene, access to safe drinking water, effective family planning and immunization and other medical interventions especially those intended to alleviate risk of death due to either HIV or TB.

## Childhood Mortality

Under-five mortality declined by 27 percent while the infant mortality declined by about 35 percent between 2009 and 2014. Although childhood mortality rate declined at national level, it rose among children living in the urban areas while it declined for children residing in rural areas<sup>26</sup>. The source of decline in childhood mortality at national level is attributed to decline in rural areas only. A major challenge has been estimation of childhood mortality at county levels. The estimated results are inconsistent with other demographic indicators especially poverty levels and the level of fertility. However, available estimates show declines in variability of estimates at county level but continued outliers mainly counties along the Lake Victoria (Siaya, Kisumu, Homabay and Migori). These counties still exhibit high childhood and high adult mortality rates. They are also the regions with highest HIV prevalence and high malaria endemicity<sup>27</sup>. HIV/AIDS and malaria are the first and third-most important causes of years of life lost constituting 18.9% and 10.0% of Kenya's total years of life lost respectively<sup>28</sup>. There exists high spatial variation in under-five mortality and this phenomenon persists after controlling for other determinants 2019<sup>29</sup>. According to the facility based data, the major causes of under-five mortality in Kenya are prematurity, birth asphyxia, pneumonia, diarrhoea and malnutrition.

Perinatal mortality is considered as a major marker to assess the quality of health care delivery<sup>30</sup>. The general pattern of trend data is inconsistent for most segments of the population. At national level, there appears to be no change while for some regions the incidence may be increasing while in others it is declining. Perinatal mortality is considered as a major marker to assess the quality of health care delivery<sup>31</sup>. Currently perinatal mortality is estimated as 29 per 1000. Preterm births, intra-partum-related complications (birth asphyxia or lack of breathing at birth) and infections cause most neonatal deaths. However, some may be related to labour complications and other complications, such as ante partum haemorrhage, eclampsia, abnormal presentation and prematurity.

## Adult Mortality

<sup>26</sup> KNBS et al 2015

<sup>27</sup> Frings et al 2018

<sup>28</sup> Institute for Health Metrics and Evaluation. GBD Data Visualizations. at, <http://www.healthdata.org/gbd/data-visualizations> J. Emerg. Med. 1, 160–165 (2011). (2017).

<sup>29</sup> Jessica Godwin<sup>1</sup>, Jon Wakefield, and Sam Clark 2018 Estimation of Under-Five Mortality in Kenya at the Sub-National. Level. Accessed 27<sup>th</sup> April 2020.

Macharia, P.M., Giorgi, E., Thurania, P.N. *et al.* Sub national variation and inequalities in under-five mortality in Kenya since 1965. *BMC Public Health* **19**, 146 (2019). <https://doi.org/10.1186/s12889-019-6474-1> accessed 27<sup>th</sup> April 2020

<sup>30</sup> The PMR is a key outcome indicator for newborn care, and directly reflects prenatal, intrapartum and newborn care.

<sup>31</sup> The PMR is a key outcome indicator for newborn care and directly reflects prenatal, intrapartum, and newborn care

The level of adult mortality is becoming an important indicator for the comprehensive assessment of the mortality pattern in a population.<sup>32</sup>The adult mortality rate is often measured by the probability of dying between the ages 15 and 60 – that is, the probability of a 15 year-old dying before attaining age 60 (denoted by  $_{45}q_{15}$ )<sup>33</sup>. The level of adult mortality for females in Kenya declined from 0.422 in 1995-2000 to 0.198 in 2015 – 2020. The male adult mortality declined from 0.515 to 0.268 in same period. Female adult mortality has been declining faster than male adult mortality. The male to female ratio was about 1.26 in 2000 and the ratio slightly increased to 1.36 meaning men were 36 % more likely to die before reaching age 60 having reached age 15 in recent periods.

A major cause of death among adults is HIV/AIDS. Kenya have generalised HIV epidemic with 4.7 percent of adults aged between 15-49 years being HIV positive. About 1.5 million persons (adults and children) are living with HIV and AIDS. Adults and children living with HIV in Kenya fell gradually from 1.7 million persons in 1998 to 1.5 million persons in 2017.

The disease burden from non-communicable diseases (NCDs) is on the rise. The population proportion between ages 30 and 70 years is 18 percent, and NCDs are estimated to account for 27 percent of total deaths. The probability of dying between ages 30 and 70 years from the 4 main NCDs (cancers, diabetes, cardiovascular diseases and chronic respiratory diseases) is 18 percent. About two-thirds of premature deaths are linked to exposure to risk factors (namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol) and up to half of all such deaths are linked to weak health systems that do not respond effectively and equitably to the health-care needs of people with NCDs. In Kenya, the systems response to NCDs is still inadequate.

## Maternal mortality

The maternal mortality ratio for Kenya was estimated at 362 deaths per 1000, 000 live births but could vary between 254 and 471 per 1000, 000 live births. National level maternal mortality ratio has declined by about 52 per cent since 2000. The leading causes of maternal deaths are; haemorrhage, post-partum sepsis, and eclampsia, which are all preventable. About 18 percent of maternal deaths are AIDS related. Despite the decline, large county differentials still remain.

## Population distribution, Internal Migration and Urbanization

The physical, social, political, institutional, economic and environmental characteristics of a place determine not only spatial interaction but may also explain population mobility and change over time, regional disparities and inequalities, liveability and quality of life, and economic growth and development. Kenya's population is generally unevenly distributed and changes in the density by spatial space are dependent on the agro ecological zone as well as historical developments during the period of colonization. Nairobi County continues to have the largest share of the population (9.2 %) followed by, Kiambu, Kakamega and Nakuru respectively.

The emerging trend in human mobility is the contribution to expansion of urban settlements, changing household sizes and composition. Migration influences the population structure, composition and size of a country. Scale and complexity of migration is now a reality for Kenya with a potential to enhance economic

<sup>32</sup> [http://www.who.int/gho/mortality\\_burden\\_disease/mortality\\_adult/situation\\_trends\\_text/en/](http://www.who.int/gho/mortality_burden_disease/mortality_adult/situation_trends_text/en/).

<sup>33</sup> Adult mortality rate represents the probability that a 15 year old person will die before reaching his/her 60th birthday, if subject to age-specific mortality rates between those ages for the specified year.

opportunities for individuals, their families and the states. The relevance of migration to all pillars of sustainable development is widely acknowledged<sup>34</sup>.

The number of urban centres with population size under 100,000 has increased tremendously in the last decade (Table 1.5) from 207 to 293. The total urban population is currently estimated as 14.7 million up from 12 in 2009<sup>35</sup>.

Table 1.5: Trends in number of urban centres by size

Population size of the urban centres	Number of urban centres		
	1999 census	2009 census	2019 census
1, 000000 and over	1	2	2
100,000-999,99	4	22	20
10,000-99,999	62	97	120
10,000-9999	113	110	173

Source: 1999, 2009 and 2019 censuses

Nairobi constitutes 29 percent of the current urban population. The top three most populous urban centres comprise of about 41 % of the urban population. Nairobi together with its environment urban centres constitutes 40 percent of the urban population and about 12.5 percent of the total country population. The 10 most populated urban centres hold about 18 percent of the total country population. Thus despite an increase in the number of smaller urban centres (67% since 1999), most of the urban population is concentrated in the Nairobi metropolitan (Nairobi city and urban centres surrounding it).

Further evidence on increased migration is reflected in the changing distribution by place of residence and county of residence which shows the dominance of Nairobi County which hosts the national capital. The main push factors to migrate include, poor living conditions of people located in rural areas. The Urban population increased from 10.3 % in 1970 to 31<sup>36</sup> % in 2019 growing at an average annual rate of 2.03%<sup>37</sup>. The internal migration patterns are difficult to predict because of circular nature of migration in Kenya which is deeply connected to economic and social structure of the country.

The country remains under-urbanized at present trends but is rapidly urbanizing with new urban configurations. Large and small cities are expanding and merging to create urban settlements in the form of city urban corridors (conurbation<sup>38</sup>). Examples include; the Nairobi Metropolitan corridor (Thika, Kiambu, Juja, Ruiru, Nairobi, Athi River, Kitengela, Ongata Rongai, Ngong and Tala) and Mombasa-Mtwapa-Kilifi corridor. These new configurations are spatially connected and are functionally bound by their economic and environmental linkages. The continued suburbanization, peri-urbanization, or urban sprawl. The reality of urbanization in Kenya is the urban expansion and dispersal spurred not only by individual preferences for a suburban lifestyle, but also due to: poor land management and lack of sound regulatory control over peri-

<sup>34</sup> Mercandalli, S. & Losch, B., eds. 2017. Rural Africa in motion. Dynamics and drivers of migration South of the Sahara. Rome, FAO and CIRAD. 60 p Food and Agriculture Organization of the United Nations and the Centre de Coopération Internationale en Recherche Agronomique pour le Développement ; DfID 2007

Deshingkar, P. and Grimm, S. (2005) Internal Migration and Development: a Global Perspective. Geneva: IOM.

<sup>35</sup> KNBS 2019

<sup>36</sup> This probably an under estimation of the current levels of urbanization and further analysis of the 2009 and 2019 census is required.

<sup>37</sup> World Bank 2020

<sup>38</sup> An extended urban area, typically consisting of several towns merging with the suburbs of a central city. A conurbation is a region comprising a number of cities, large towns, and other urban areas that, through population growth and physical expansion, have merged to form one continuous urban or industrially developed area. In most cases, a conurbation is a polycentric urbanised area, in which transportation has developed to link areas to create a single urban labour market or travel to work area.



urban areas; new land subdivisions accommodating highway and automobile expansion; and enhanced ease of mobility due to improved commuting technologies in some areas. A number of cities and municipalities are also growing beyond their administrative boundaries, conventional governing structures and institutions become outdated and challenging.

### International Migration

Three dominant forms of international migration exist. First, general voluntary international migration defined in terms of movement across international boundaries, which include; family migration, student migration and labour migration across the skill spectrum. Second, refugee movements and asylum seekers a form of forced migration and finally, irregular migration in the form of migrant trafficking and smuggling often undocumented. Kenya is a country of origin, transit and destination of these forms of international migration.

Estimations of the size of the Kenyan emigrant community vary and top destinations are; United Kingdom, United States, and other African countries, particularly the United Republic of Tanzania and Uganda<sup>39</sup>. The key drivers of emigration appear to be access to employment and education opportunities. More importantly, the migration to the Middle East for employment appears to be trending upward<sup>40</sup>. The skilled emigration rate is estimated at 35 per cent, raising concerns about loss of skilled personnel in key sectors especially health. It is estimated that the emigration rate of health professionals reached about 51 per cent.

Since 2003 the remittance inflow has grown exponentially to reach over 1.7 billion USD in 2017<sup>41</sup>. Every year remittances increase by about 16748 USD since 2009. The country also gains from remittances and it constitutes 2.4 percent of the GDP<sup>42</sup>.

The vast majority of immigrants in Kenya are from other African countries, and of these, the majority are from East African community. There has been an increase in the number of foreign nationals registered which could be attributable to an increase in the number of foreign companies setting base in Kenya, which is an improvement in the economy of the country<sup>43</sup>.

Kenya is a regional hub for irregular migration as a destination, origin and transit country towards South Africa, the Middle East and North Africa, West Africa, Europe and North America. Kenya hosts one of the largest refugee populations and asylum seekers in the world, approximated to be 488,415 as of January 2018<sup>44</sup>. These refugees are hosted in an environmentally fragile eco-system which presents both ecological and resource challenges. Furthermore, Nairobi hosts the largest urban refugee population<sup>45</sup>.

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<sup>39</sup> International Organization for Migration (IOM) 2018. Migration in Kenya: Country Profile 2018. Nairobi, Kenya. [www.kenya.iom.int](http://www.kenya.iom.int)

<sup>40</sup> International Organization for Migration (IOM) 2018. Migration in Kenya: Country Profile 2018. Nairobi, Kenya. [www.kenya.iom.int](http://www.kenya.iom.int)

<sup>41</sup> International Organization for Migration (IOM) 2018. Migration in Kenya: Country Profile 2018. Nairobi, Kenya. [www.kenya.iom.int](http://www.kenya.iom.int)

<sup>42</sup> International Organization for Migration (IOM) 2018. Migration in Kenya: Country Profile 2018. Nairobi, Kenya. [www.kenya.iom.int](http://www.kenya.iom.int)

<sup>43</sup> International Organization for Migration (IOM) 2018. Migration in Kenya: Country Profile 2018. Nairobi, Kenya. [www.kenya.iom.int](http://www.kenya.iom.int)

<sup>44</sup> International Organization for Migration (IOM) 2018. Migration in Kenya: Country Profile 2018. Nairobi, Kenya. [www.kenya.iom.int](http://www.kenya.iom.int)

<sup>45</sup> International Organization for Migration (IOM) 2018. Migration in Kenya: Country Profile 2018. Nairobi, Kenya. [www.kenya.iom.int](http://www.kenya.iom.int)

## Disasters and Disaster Risk Response

The number of disasters occurring has generally continued to rise worldwide. Kenya is prone mainly to; floods, drought, landslides and mudslides, wildfires and epidemics. Drought is the most prevalent occurring in cyclic basis every 10 years but affects 70 percent of the total land mass. The cyclic nature of natural disasters in Kenya often erodes the recovery capacity of communities. The most affected being the Arid and Semi-Arid Land counties. The most disaster-affected sectors in Kenya are: transport, water supply, health, industry, energy, agriculture and livestock. The impact of disasters on Kenya's economy affects the poor most - manifested in the form of malnutrition, asset loss, loss of income and increased vulnerability to subsequent disaster risks.

Climate-related disasters dominate the picture, accounting for 91% of all major recorded disaster events between since 1998. Two most frequent disasters are; Floods which accounts for 43.4%, and storms which accounts for 28.2% all disasters respectively. Out of the most recent biological related disasters, the 2019-nCoV is most fatal and life-threatening in comparison to SARS-CoV and MERS-CoV.

## Past policy Efforts

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

## The National Population Policy for Sustainable Development of 2000

In 2012, it was acknowledged that the implementation of the 2000 National Population Policy for Sustainable Development was multi-sectoral and multi-dimensional however, it was associated with little or stagnation of annual population growth rate, total fertility rate and family planning knowledge. Its main achievement was associated with substantial improvements in mortality, contraceptive use and family size desires<sup>46</sup>. The facilitating factors included: i. Government commitment and support from development partners for the population programmes ii. High level Advocacy and iii Participation by various sectors in population programme activities.

## The National Population Policy for Sustainable Development of 2012

This policy is referred to as Sessional Paper Number 3 of 2012. The goal of this policy was to attain high quality of life for the people of Kenya by managing population growth that can be sustained with the available resources. The specific objectives included:

- i. Reduced population growth rate in order to harmonize with the economic growth and social development envisioned in Vision 2030.
- ii. Reduced fertility and mortality rates that sustain the high population growth rate at the same time assist individuals and couples who desire to have children but are unable to.

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<sup>46</sup> Total fertility stagnated at an average of 5 births per woman, child under five mortality dropped from 112 to 74 deaths per 1,000 live births and family planning knowledge remained unchanged at the same level in the year 2000.

- iii. Provision of information and education on population matters to the general public and particularly the youth to encourage a small family norm.
- iv. Provision of equitable and affordable quality reproductive health services including family planning.
- v. Contribution to the planning and implementation of socio-economic development programmes as a long term measure to influence population dynamics with special focus on: poverty reduction; technology and research; environment; education; health; and, gender equity, equality and empowerment of women.
- vi. Mobilization of resources through government budgetary allocation, international cooperation and public/private partnerships to ensure the sustainability of the population programmes and effective impacts on the population dynamics.

The main objectives of the 2012 population policy were inclined to address the following challenges:

- Full integration of population concerns into development strategies has not been achieved and many devolved units have been created which require more resources.
- The diverse cultural and religious beliefs and practices that encourage early marriages and polygamy
- The proportion of Kenyans in extreme poverty is still persistently high.
- Persistent regional, socio-economic disparities in fertility, FP use and mortality rates.
- High childhood mortality rates making it difficult for individuals to adopt the small family norms
- High unmet need of FP.
- Contraceptive commodity insecurity.
- Increasing youthful population.
- Low male involvement in RH and FP programs.
- High levels of adolescent fertility partly attributed to early marriages and polygamy.
- 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

The greatest achievement of this policy has been reduction in under-five mortality and a mild reduction in adult mortality. In terms of uptake services, the greatest achievements were on the extent of assistance during delivery from a skilled providers and use of postnatal check-up. However, a critical factor was the persistent wide differentials by socio-economic status and geography.

The policy paper prescribed measures which included; the need to intensify advocacy for increased resources to provide comprehensive maternal health care services with special attention to underserved populations and group. With regard to maternal and child health, some of the measures that have been undertaken to ameliorate the situation included: the preparation of the Contraceptive Security Strategy (2013-2017) and National Family Planning Costed Implementation Plan 2012-2016 and 2017 -2020. The aim of these strategy documents was to achieve “uninterrupted, accessible and affordable supply of Reproductive Health Commodities to all people that need them, whenever and wherever they need them

The coverage of many of the essential reproductive, maternal, new-born and child health and nutrition interventions showed substantial progress during the past decade, but the country remain far from universal

coverage. There has been limited improvements in quality of services because of a lack of basic inputs—such as adequate stock of medicine and insufficient number of trained health workers—thus limiting the achievements women’s, children’s and adolescents’ health outcomes. There has been a decline in inequalities in intervention coverage between the poorest and the richest. Within-country inequalities in coverage are falling in most countries, but the pace is too slow. The geographic inequalities still persist for most reproductive, maternal, newborn and child health and nutrition interventions.

A major weakness was that most of the population related policies did not take into account the legal notice 137-182 of 2013 on devolution of health in 2013. A mid-term review of Kenya Health sector indicated inadequate preparedness for devolution in terms of capacity, leadership structures and organizational arrangements. The concept of devolution was assumed to mean independence and therefore there has been minimal consultation between the two levels government, and there has been a poor understanding of the roles and responsibilities for each levels 2 and 3<sup>47</sup>. The second weakness of the past policy and intervention efforts is that none of these policies was comprehensively evaluated because of inadequate funding, evaluation plans were not established to guide the evaluation process.

## Critical Population Policy issues

Nearly all the policy concerns and challenges raised in 2012 are still relevant albeit refocusing of a few. While population growth rate has started declining because of rapid declines in childhood mortality, slow but declining adult mortality and fertility declines in a number of counties, there are substantial regional and socio economic differences. Some of the emerging key areas in 2012 policy paper were indirectly mentioned and some have not been mentioned at all as providing challenges to quality of life of people in Kenya. These include; the role of changing age distributions (demographic dividend), positive role of urbanization in development, increased necessity for migration governance and the issues of disaster risk response. These issues which should of policy concern are presented in the next section.

## Population size and growth

The resources required to meet basic needs, such as food, land and water, have important links with population change. As population increases, so does the demand for water, land and food. Food production depends on two critical inputs: cropland and water availability. Forest resources and their products are essential for human well-being because they contribute to development through preserving biodiversity, purifying water and air, providing raw materials, and offering opportunities for recreation. When the renewable water per capita reaches 1667 cubic metres, it is considered to have reached ‘stress’ level, whereas availability is considered scarce if below 1000 cubic metres<sup>48</sup>. If the cropland per capita is 0.21 hectares, then the availability is considered to have reached a stress level, while 0.07 hectares indicates scarcity level. A forest cover of 0.1 hectares is considered to be low.

Table 1.6 illustrates how population is expected to exert pressure on future available natural resources in Kenya. This data is based on information about the availability of three critical resources: freshwater, cropland and forests. The current and projected water and cropland levels can be considered to have reached stress levels while the forest cover is too low.

<sup>47</sup> The health sector review report of 2016 notes that there has been; weak cooperation between national and county levels to implement and enforce the various service delivery and quality assurance guidelines and limited attention given to priority PHC services.

<sup>48</sup> See also [www.populationaction.org/data-and-maps/people-in-the-balance](http://www.populationaction.org/data-and-maps/people-in-the-balance)

Table 1.6: Projected Trends in cropland, renewable water and forest cover per capita, 2010–2050

<b>Natural Resource</b>	<b>2010</b>	<b>2025</b> (medium variant Projections)	<b>2050</b> (medium variant projections)
Cropland per capita (hectares)	0.15	0.10	0.02
Renewable water per capita (cubic metres)	758	520	317
Forest area per capita (hectares)	0.086	0.056	0.032

Source: [www.populationaction.org/data-and-maps/people-in-the-balance](http://www.populationaction.org/data-and-maps/people-in-the-balance), accessed 25 03 2020

The changing population densities in rural Kenya have implications of food security. In 2010, nearly 40 percent of Kenya’s rural people resided on 5 percent of its rural land<sup>49</sup>. The changing population densities lead to small farm sizes and shrinking gradually as households subdivide their land to the next generation. The proportion of Kenya’s farms smaller than one hectare rose from 45 to 74 percent between 1994 and 2006<sup>50</sup>. Slightly less than one fifth of the land is arable but population pressure has led to farm fragmentation and unplanned human settlements in areas that were in the past used for food production – both of which have led to land degradation. Land degradation is defined as the long-term loss of ecosystem function and productivity caused by disturbances from which the land cannot recover unaided<sup>51</sup>. The productivity of land has been further aggravated by climate change. The resultant effect is that this has stimulated climate change driven migration<sup>52</sup>.

The results of past studies also indicate that land degradation has been getting worse over time leading to desertification and loss of biodiversity in some areas<sup>53</sup>. The availability of arable land has become uneconomical to grow traditional crops. The challenge is that about 69 percent of the population lives on this degraded land<sup>54</sup>. Further, majority of the population depend highly on biomass for cooking (55 %) due to limited access to electricity. Access to improved sanitation is also low especially in rural areas<sup>55</sup>. The land inequality together with reduced productivity are factors that drive rural out migration and in particular youth distress migration.

## Age structure

Changes in the population size, age structure and location of the population have direct implications for the level and redistribution of economic resources. These in turn are inextricably tied to development progress<sup>56</sup> because people’s social and economic behaviours and needs vary with age. The age structural changes can enable the country to gain from the demographic transition given the right economic and social policy, commonly referred to as the demographic dividend. African countries resolved to create and strengthen the necessary institutions to optimize the opportunities for young people now and in the near future. The success and sustainability of development strategies require that countries proactively address, rather than react to, population trends.

<sup>49</sup> Cited in NCPD 2018

<sup>50</sup> Ibid cited in NCPD 2018

<sup>51</sup> Ibid cited in NCPD

<sup>52</sup> Rigaud et. al., 2018

<sup>53</sup> Ibid cited in NCPD

<sup>54</sup> Ibid NCPD 2018

<sup>55</sup> KNBS 2019

<sup>56</sup> World Bank, 2016

Specific issues from broad age groups

a) Early child development - age group 0-14

The foundation for harnessing demographic dividend, requires that every child is able to develop to their full potential and no child is left behind. Therefore, to enable every child achieve his/her maximum potential, appropriate child nurturing must be strengthened. Early intervention is effective and also makes later interventions more cost-effective and more likely to succeed. The following threats hamper the achievements of early child development i) Persistent violence against children, ii) Under and over nutrition, iii) lack of multi-sectoral approach to addressing child nurturing and care, and iv) inadequate data and information of persons aged 5-14 years.

While WHO publishes information on survival status of children between age 5 and 14, there is no information at subnational level (county, rural-urban). The insufficient information on the demography of persons between ages 5 and 14 at subnational level makes it difficult to track survive, thrive indicators. The national plan of action to address early child development has limited actions on child nurturing as laid down by WHO/UNICEF/World bank framework.

b) Youth and the working age population (age group 15-60)

As a result of past population changes, employment and work are the major issues for this group. Employment constitutes the primary means of addressing household poverty; however, large numbers of youth are finding themselves among the working poor. The critical areas for youth employment and work include: 1) access to decent work<sup>57</sup>; 2) long term unemployment; 3) underemployment; 4) labour inactivity; and 5) Youth in distress migration. If these issues persist, the country may not harness opportunities from demographic dividend. The key issues that need to be addressed stem from the following:

- i) Many young people in the country are increasingly discouraged by the labour market situation. This arises from the large proportions of youth not in education, training or employment. About 13.4% young people age 15-34 are not in employment, education or training (NEET)<sup>58</sup>.
- ii) Large proportions of youth are either unemployed or in vulnerable employment (inadequate decent jobs).

c) Social protection - Elderly (age 60 and over)

The absolute number older persons' age 60 and above is increasing rapidly thus demanding a lot of resources to satisfy their needs. The proportion of persons' age 60 and above are the fastest growing segment of the population. More than half of those aged over 60 live in absolute poverty, and the poorest age group in the country<sup>59</sup>. The proportion of persons receiving old age pensions is estimated as 24.6 percent. The increasing proportion of the population age 60 and above has implications for social protection of the older persons. The social protection measures may also be hampered by the on-going COVID-19 pandemic and how infections interact with NCDs which is highly prevalent during old age.

## Policy Concerns

<sup>57</sup> Decent work “involves opportunities for work that are productive and deliver a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives, and equality of opportunity and treatment for all women and men (SDG Goal 8).

<sup>58</sup> KNBS 2019

<sup>59</sup> Help Age International 2017 <http://www.helpage.org/where-we-work/africa/kenya/>

- i. Scaling up interventions to promote comprehensive agenda for early childhood development<sup>60</sup> including the promotion of nurturing care<sup>61</sup> to accelerate progress in human capital development and lay foundations for harnessing demographic dividend.
- ii. Strengthening of measures to address unemployment and underemployment such as direct employment generation schemes, skill development programmes, promotion of self-employment, job search assistance, among others. Enhance employment protection legislation, which includes laws on minimum wages, procedural requirements for redundancies and dismissals, and employment contracts and job security.
- iii. The increasing youthful population necessitates increased investments in basic and economic infrastructure and utilities in both rural and urban areas, because the increasing numbers of the youth demands additional focus on expanding livelihood opportunities;
- iv. Strengthening of social protection systems particularly to support the increasing absolute number of persons' age 60 and above in line with Madrid plan of action.

## Reproductive Health

Human health, including sexual and reproductive health is a critical aspect of human development. The goal of 'the enjoyment of the highest attainable standard of physical and mental health' is a recognized human right<sup>62</sup>. Poor health, poverty and social inequities are inextricably linked, and lack of access to reproductive health services is a key driver of poor maternal and child health and gender inequality. Reproductive health is a crucial part of general health and a central feature of human development because it reflects the state of health; during childhood, crucial during adolescence and adulthood, sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation.

The reproductive health definition implies two rights: the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant<sup>63</sup>.

There has been a remarkable performance in the provision of family planning over last 10 years. Modern contraceptive use has become more established behavior in some parts of the country. However, a number of women are still not able to use appropriate contraceptive methods to meet their fertility desires. Unmet need for contraception is still high but declining. Despite nationally increasing modern contraceptive prevalence (mCPR), regional disparities exist within Kenya suggesting uneven contraceptive access. Therefore, raising investments in disadvantaged areas may be warranted to increase equity in access to modern contraceptive methods. The current adolescent birth rate is 20 percent higher than expected. The

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<sup>60</sup> Interventions to protect and support early child development start before conception and continue through pregnancy and childbirth into early childhood - first stage (from pregnancy to 4 years), second stage (4-6 years), third stage (6-8 years).

<sup>61</sup> Nurturing care refers to the conditions created by public policies, services and programmes to enable communities and caregivers to ensure children's good health and nutrition, protect them from threats, and give young children opportunities for early learning, through interactions that are emotionally supportive and responsive. Nurturing care also requires engagement across a range of sectors – including health, nutrition, education, child protection, social protection, labour and finance. It calls for concerted effort by many stakeholders –including governments, civil society, academic institutions, the private sector, families and others providing care for young children – at the local, national, regional and global levels.

<sup>62</sup> UN General Assembly (1966) *International Covenant on Economic, Social and Cultural Rights*, 16 December 1966, Article 12.1.

<sup>63</sup> ICPD PoA, 1994, para 7.2

proportion of women who discontinue using family planning methods is indicative that the stated rights are still not yet fully met. High rates of discontinuation due to access of/or availability indicate problems with supply and distribution of contraceptive commodities; inherent inadequacies of particular types of service delivery; restrictive service provision environment and incorrect use. The unmet need is still estimated from the general population however, continued unmet need for reproductive health services among special populations such as HIV infected persons, persons with disabilities is still unknown and therefore remains a challenge. Therefore, policy concerns need to address the following areas:

## Policy Concerns

- i. Slow decline in the incidence of child marriages
- ii. slow decline in teenage birth rates.
- iii. deep-seated discomfort about adolescent sexuality and the political and cultural resistance to comprehensively address reproductive health concerns of young people
- iv. meeting the demand for services as well as improving quality of service delivery.
- v. ensuring uninterrupted, accessible and affordable supply of reproductive health commodities to all people that need them, whenever and wherever they need them.
- vi. understanding and addressing factors which limit the scope of coverage, and impede the demand for and utilization of reproductive health services such as weak management and governance systems; inadequate skilled attendants; lack of needed equipment and maintenance, drugs and supplies and poor referral and linkage systems.
- vii. Addressing issues related to access to reproductive health services in disadvantaged regions and among vulnerable populations.
- viii. Reproductive health issues in humanitarian settings and during pandemics as the emergent COVID-19.

## Population health and mortality

According to WHO (2017), the health perspective of development can be said to be “sustainable” when resources – natural and manufactured – are managed by and for all individuals in ways which support the health and well-being of present and future generations. Consequently, almost all development efforts have therefore considered human health as a core input because health has a direct impact on development. The Agenda on Sustainable Development Goals (SDGs) seeks to “promote physical and mental health and well-being and to extend life expectancy for all, through achievement of universal health coverage and access to quality health.

The progress in reducing neonatal mortality is slow, partly because of unchanging high adverse perinatal conditions. The gains in life expectancy at birth observed over time reflect changes in mortality rates that occur across the various age ranges. But analysis of trend data indicates that the gains in life expectancy in Kenya have been due to improvements in survival of children under age 5 and slightly to the improvements in adult mortality. Part of this has been due to effect of HIV and AIDS during the early years of adulthood. Further reductions in adult mortality will rely on the sustained decline in HIV and AIDS prevalence as well as reductions in opportunistic infections and in particular TB prevalence.

Pregnancy and childbirth and their consequences are still the leading causes of death, disease and disability, especially among women of reproductive age. Efforts to reduce maternal deaths have for decades been a focal point for several international agreements. To date, the reduction of maternal deaths is a core issue with regard to reproductive health rights, especially for women’s right. Despite this recognition, efforts to monitor maternal deaths are hampered by lack of timely data and information.

There are major gaps in the coverage of death registration, and data quality issues persist. The two main dimensions of quality which impede the use of death registration data for public health monitoring are: (a) failure to register some deaths; and (b) missing, incomplete or incorrect information on cause of death.



Completeness is defined as the percentage of all deaths registered in a geographic area which is a measure of the reach of a death registration system.

Country statistics on population and health indicators are important for assessing development and health progress, and for guiding resource allocation. The demand is growing for timely data to monitor progress in health outcomes, such as child mortality, maternal mortality, life expectancy and age- and cause-specific mortality rates. NCDs are increasingly important and tackling their risk factors will be essential, even if for now, the lack of data and information hinders progress. Screening for cervical cancer is low and there is need for improved national system of cancer registries. Data on mental health are completely lacking.

The health transition due to changing disease burden and emergent health risk exposure factors in complicated ways. Development drives many positive changes in health outcomes, while certain diseases (such as chronic kidney disease) and risk factors (such as obesity) tend to worsen gains made in health. Illness and deaths from non-communicable diseases are occurring at earlier ages and affecting adults in their prime income-generating years compared to developed world<sup>64</sup>. The major challenge is that care seeking behavior is lower among those who need it the most: the poor, less educated, and living in rural areas. Further there exist large variations in burden of disease and health seeking behavior by geography.

## Policy Concerns

To address the inequities in population health and mortality, the policy measures should include:

- Increasing in the coverage of reproductive, maternal, neonatal child health interventions to explicitly target the vulnerable, geography and the poor.
- Enhancing prevention efforts while maintaining and increasing coverage of ART because a large proportion persons living with HIV are not on ART and many new infections occur every year.
- Enhancing greater community action in advocating for improved health seeking behaviour of individuals.
- Enhancing systems for health to prevent and manage non communicable diseases.
- violent deaths such as those from inter personal violence, road traffic fatalities.
- Strengthening health financing and risk pooling systems that prevent people from becoming impoverished when they seek medical treatment;
- Promoting mechanisms for supporting and strengthening community initiatives for health financing and risk pooling systems;
- Developing guidance on the health implications of non-health-sector policies.
- Increased research on mortality particularly the level infant, under 14, adult and maternal mortality at sub national levels

## Migration and Development

The political, socio-economic and environmental conditions, as well as, insecurity, environmental degradation and poverty, are significant drivers of voluntary, and distress migration and forced displacements. The globalization process itself, also facilitates the movement of people within the country and across the national borders. As the number of migrants continues to increase, undoubtedly, mobility becomes a major issue in this century and will therefore pose certain social, economic and political challenges.

At individual, household and community level, migration can play a role in supporting the livelihoods of rural people, offering pathways out of poverty, both for migrants and for families remaining behind (rural out migration out of poverty). However, the process carries with it a range of risks – social, economic and

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<sup>64</sup> A much greater proportion of deaths related to non-communicable diseases occur among people younger than 60 years of age (29 per cent) compared with high income countries (13 per cent).

environmental – which need to be managed<sup>65</sup>. It is not always easy to generalize about the effects of large-scale migration on wider processes of rural and structural transformation, as many intersecting factors must be considered. Some of the policy relevant issues that need to be pursued further include:

- a) **Contribution of migration to national development:** International migrant remittances have contributed to stabilization of the foreign exchange and skills transfer. However, migration pose both an opportunity and a challenge. Migration destination areas more often experience pressure on resources while at the same time benefit from the migrant skills. In addition, migration sending areas suffer loss of human capital.
- b) **Contribution of migration to poverty reduction:** Internal migrant remittances have contributed considerably to the reduction of poverty by supporting families in accessing basic services and assets such as food, education, medical facilities, water, etc. Incomes generated by remittances have been used to purchase agricultural inputs to improve subsistence farming
- c) **Complexity of Mixed migration:** The recent developments illustrate the complexity of the migration relationship between Kenya and neighboring countries. In recent times, there has been increasing concern about clandestine crossings by migrants and cross-border crime, particularly with respect to livestock theft, but also concerning vehicles and drugs. The human trafficking and smuggling map in African region is complicated and rapidly changing yet little is known about the dynamics of trafficking especially trafficking of children (mainly for farm labor and domestic work within and across countries); trafficking of women and young persons for sexual exploitation; and trafficking of women from outside the region for the sex industry that is rapidly emerging. Thus policy concerns about migration need to focus not only on the demographic, but also on the economic and social consequences of this trend on the productive sectors, at the micro (household), meso (community), and macro (national) levels.
- d) **Changing patterns and drivers of migration:** Just like other African countries, Kenya is also experiencing feminization of migration. The traditional pattern of male-dominated, long-term, and long-distance movement is increasingly becoming feminized. A large share of these women is made up of migrants who move independently to fulfil their own economic needs. There greater need to understand the gendered nature of migration process both internal and external and the manifestations of post migration influences on gendered social relations.
- e) **Climate change driven migration:** Migration is one of possible ways in which households adapt to and cope with climatic and non-climatic risks/uncertainty. Climate in-migration hotspots are likely to emerge in locations with better climatic conditions for agriculture as well as cities which able to provide better livelihood opportunities. According to World Bank supported modelling of future climate change in and out migration in East Africa, Nairobi (by extension the surrounding urban settlements) is likely to become areas of increased climate in-migration<sup>66</sup>. In general, the expectation is that many urban and peri-urban areas will need to prepare for an influx of people, including through improved housing and transportation infrastructure, social services, and employment opportunities.

<sup>65</sup> Suttie David and Rosemary Vargas-Lundius 2016. Migration and transformative pathways: rural perspective, 02 IFAD RESEARCH SERIES2016

<sup>66</sup> Rigaud, Kumari Kanta, Alex de Sherbinin, Bryan Jones, Jonas Bergmann, Viviane Clement, Kayly Ober, Jacob Schewe, Susana Adamo, Brent McCusker, Silke Heuser, and Amelia Midgley. 2018. Groundswell: Preparing for Internal Climate Migration. Washington, DC: The World Bank

- f) *Regional economic organizations***<sup>67</sup>: The problems posed by migration, circulation, permanent residence, and settlement and the associated policy responses to them are quite different, and seemingly intractable in different settings. There is urgent task of resolving the unemployment crisis in order to productively engage their teeming educated but unemployed young people, who fall easy prey to trafficking scams. The challenges of enhancing the economic, political, and social environments of their respective countries in order to retain and lure home the skilled professionals required for national development. The issue of migration confronts all the countries in the East African community. Therefore, policy measures need to go beyond the national boundaries and may need frequent consultation among member States in the region.
- g) *International Migration governance***: The implementation of various protocols on free movement of people, as well as efforts to facilitate their establishment and settlement, could significantly promote intra-regional labour migration<sup>68</sup>. However, the challenge lies in making all stakeholders to make concerted efforts to eliminate primary obstacles to sustainable development to determine the course of migration in the years ahead. A key limitation in analysis of trends and situation of international migration in Kenya is continued lack of data especially with respect to emigration and undocumented migrants. Emigration data available from routine administrative data sources but never analyzed thus failing to provide perspectives of the emigration situation.
- h) *Migration/mobility and health***; Migration is associated with the spread of infectious diseases and non-communicable diseases. The transmission of infections occurs through physical contact and other risky behavior associated with mobility. Movement to urban exposes migrants to negative lifestyle factors such as unhealthy diets, inactive lifestyles which may spread to other areas through return migration.
- i) *Inadequate migration data***: A key limitation in analysis of trends and situation of international migration in Kenya is continued lack of data especially with respect to emigration and undocumented migrants. Emigration data available from routine administrative data sources but never analyzed thus failing to provide perspectives of the emigration situation. The country does not have sufficient data on internal and international migration. Census data do not allow for estimation of circular migration which is rampant. The current data systems are not able to provide reliable and up-to-date information about living arrangements. A key limitation is continued lack of data especially with respect to emigration and undocumented migrants (irregular migration). Policy issues in migration include

## Urbanization and Development

Urbanization is integrally connected to the three pillars of sustainable development, namely: economic development, social development and environmental protection. Current urban population is growing very fast while the economic growth and development transformations necessary to support it enhance the quality of urban life are not occurring at the same rate.

The rural–urban migration and urban underemployment can create development traps, including severe recessions that may be extremely difficult to escape<sup>69</sup>. Urban populations that grow faster than employment opportunities increase urban sprawl often characterized by extreme poverty<sup>70</sup>. If left to its own devices,

<sup>67</sup> For details see United Nations Conference on Trade and Development (UNCTAD) 2018. The Economic Development in Africa Report 2018: Migration for Structural Transformation. United Nations Publications.

<sup>68</sup> UNITED NATIONS CONFERENCE ON TRADE AND DEVELOPMENT (UNCTAD) 2018. The Economic Development in Africa Report 2018: Migration for Structural Transformation. United Nations Publications.

<sup>69</sup> Benciveng and Smith, 1997

<sup>70</sup> Bloom et al., 2007

massive urban growth in impoverished and highly stratified countries such as Kenya leads to the perpetuation of avoidable poverty, enormous slum growth and considerable ecological deterioration<sup>71</sup>. The number of homeless in urban centres are increasing but the exact number of homeless is largely unknown.

Urban expansion in Kenya is synonymous with expanding informal settlements. Children living in informal settlements are less healthy – (exacerbated by unplanned housing, lack basic infrastructure, such as toilet facilities, water and ventilation). The overcrowding of both human population and houses without provision for waste collection, hence arbitrary dumping of solid waste compromises the quality of environment. Urban centres have higher infant mortality rate than in rural areas in Kenya as shown by the 2008-09 and 2014 KDHS reports. The acute child malnutrition is a growing concern in the urban areas.

## Policy Concerns

The most basic needs that form the foundational aspects of human security is land and housing security. Land and housing insecurity exacerbates other multiple insecurities, including income, food, legal status, safety and/or health, posing a critical threat to the individual’s dignity, to personhood in the eyes of the State, and to community cohesiveness<sup>72</sup>. First, the most challenging aspect of land and housing insecurity is its invisibility. Secondly, severe lack of data hinders both estimates of the scale of those impacted and the implementation of effective measures to assist them. A wide range of factors combine to create homelessness and these include; lack of social protection systems, limited public housing, income screening and vulnerable unemployment<sup>73</sup>. The challenging policy issues are their invisibility, lack of data, and lack of large scale studies.

The policy landscape needs to be anchored on leveraging migration for development and improving migration data and research. In Kenya, type of settlement patterns in the urban centres is characterized by the rise in informal settlements creating the urban sprawl characterized by: inadequate access to safe water; inadequate access to sanitation and other infrastructure; poor structural quality of housing; overcrowding; and insecure residential status.

Kenya government has drafted a number of policy documents to manage migration, however, the National Migration Policy and National Labour Migration Policy remains in draft form. The National Diaspora Policy which was launched in early 2015 aims to, inter alia: mainstream diaspora issues into national plans; provide opportunities for Kenyans in the diaspora to contribute to national development; safeguard the basic rights and living standards of the diaspora, and establish the necessary institutions for the coordination and administration of diaspora issues<sup>74</sup>. The key policy concern here is slow pace at which the draft policies are to be implemented yet they address pertinent issues.

The lack of proper coordination, capacity and information-sharing has hampered the finalization and implementation of policies<sup>75</sup>. Thus the policy imperative is to further enhance the operations of this agency to facilitate inter-agency coordination on migration issues at national and county level. Mainstreaming

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<sup>71</sup> Martine and McGranahan 2010

<sup>72</sup> United Nations Economic and Social Council 2014. Commission on Population and Development Forty-seventh session 7-11 April 2014. Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014. Report of the Secretary-General page 162.

<sup>73</sup> European Federation of National Organisations Working with the Homeless, European Report: The Role of Housing in Pathways Into and Out of Homelessness — Annual Theme 2008: Housing and Homelessness; available from [www.feantsa.org/spip](http://www.feantsa.org/spip)

<sup>74</sup> IOM 2018

<sup>75</sup> NCM 2017, cited in IOM 2018

migration into development plans include safeguarding the rights of citizens, internal migrants such as internally displaced persons and international migrant workers and refugees still remain as key gaps.

The country does not have sufficient data on internal and international migration. Census data do not allow for estimation of circular migration which is rampant. The current data systems are not able to provide reliable and up-to-date information about living arrangements. A key limitation is continued lack of data especially with respect to emigration and undocumented migrants (irregular migration). Policy issues in migration include:

#### **Policy concerns**

- implementation of national migration policy and related policies that are in draft forms.
- Anticipation of future issues to proactively address the consequences of migration.
- Due to higher population density in urban areas, the government can easily deliver essential infrastructure and services at relatively low cost per capita. The management of urban growth as part of national development planning should address the challenges and harness opportunities linked to efficiency in provision of needs and lowering of resource-scarcity threats.
- Advocating for diversification of income beyond farming in rural areas as a strategy for poverty reduction
- Promoting the new urbanization model that is universal and adaptable to diverse national circumstances and that is based on the key urbanization challenges.
- Promoting integrated implementation of a new urbanization model in order to address the environmental, social, and economic objectives of sustainability.
- Promoting smart, greener cities, with adequate use of technology.
- Promoting data revolution for effective results based implementation and monitoring Urban Agenda at all levels.

### **Disaster Risk Response**

The country continues to experience an increase in magnitude and intensity of natural and man-made hazards. In particular, the emergence of new diseases and mutation of the current disease and changes in biodiversity and emergence of invasive plants and weeds continue to affect land productivity. The challenges include a lack of coordination among early warning actors leading to inadequate preparedness for effective response and risk management. Further, there has been inadequate policy, legal and institutional framework for the coordination of disaster risk management and inadequate mainstreaming of disaster risk management into the country's development plans especially at lower administrative units. Further policy concerns included lack of a comprehensive National Disaster Risk Financing Strategy resulting to inadequate budgetary allocations and inadequate disaster risk management awareness and proper information sharing mechanisms.

In March 2015, 189 countries including Kenya agreed to adopt the Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030 to address the increasing threats caused by disasters globally. The goal of the Sendai Framework is "the substantial reduction of disaster risks and losses of lives, livelihoods and health in the economic, physical, social, cultural and environmental assets of persons, business, communities and countries". The Framework identifies four (4) priority areas: understanding disaster risk; strengthening disaster risk governance to manage disaster risk; investing in disaster risk reduction for resilience; and enhancing disaster preparedness for effective response and to build back better in recovery, rehabilitation and reconstruction. The framework has been adopted by Regional Inter-Governmental Organizations and African Union in the 6th Session of the African Regional Platform and the 5th High Level Meeting on DRR. Kenya embarked on the development of the DRM policy which, is based on the four priority areas of SFDRR. The Framework makes it clear that even though a country may have development priorities, it must take proactive measures that address the underlying factors that contribute to disaster risk and vulnerability.

The Government of Kenya and its partners are engaging to create an enabling environment for implementation of the Sendai Framework for Disaster Risk Reduction, which is a 15-year global plan to curb deaths and economic losses caused by natural and man-made hazards.

Kenya in line with the Sendai framework has developed the Climate Smart Agriculture (CSA) Implementation Framework 2018- 2027 (KCSAIF), in order to set guidelines for implementing Climate Smart Agriculture (CSA) approaches, strategies, practices and technologies. CSA was intended to simultaneously enhance gains in agricultural productivity, build resilience to climatic and weather shocks as well as reduce emissions intensity from agriculture and food systems by adapting to efficient practices. The policy allows for collaborative actions amongst the various actors along the value chain, including: National and County Governments, farmers, the private sector, development partners, Non-Governmental Organizations, Civil Society Organizations and other value chain actors.

## Policy Concerns

- Article 20 of Sendai Framework calls for sustained focus on four priority areas: understanding disaster risk; strengthening disaster risk governance to manage disaster risk; investing in disaster risk reduction for resilience; and enhancing disaster preparedness for effective response, in recovery, rehabilitation and reconstruction. Therefore, there is need for urgent policy and programme framework to implement the Sendai Framework. Policies and practices for disaster risk management based on an understanding of disaster risk in all its dimensions of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the environment.
- In the management of emergency situations, success lies in the existing capacities to prevent and mitigate crisis situations. The vital capacity includes; research and information use, institutions, use of technology, resource mobilization and an enlightened citizenry. These capacities should constitute a national infrastructure for emergency situation mapping, prevention, mitigation and response at all levels.
- There is need for a comprehensive and up-to-date information database should document all disasters, conflicts, and displacement in Kenya and provide for a basis for risk mapping and vulnerability assessments, and development of emergency plans focusing on all aspects of disaster risk responses. The database would be vital in building disaster scenarios in the country to inform policy and action (plans, programmes, and projects). In establishing databases, particular attention should be paid to demographics of emergency situations.

## Demographic Diversity

Kenya is a very diverse in terms of demographic outcomes, social and economic development. The progress in human development in the country has been unbalanced across; socioeconomic groups; women and men, and generations and have not always reached the most deprived. For many people in the country, gender, ethnicity, parents' wealth still determines a person's place in society. Therefore, actions are needed to address:

- i) the high inequities and poverty and to maximize human capital development from investment in population.
- ii) building a peaceful, just and inclusive society, where no one is left behind, where all, are able to shape their own destiny and contribute to the prosperity of their society needs to take cognizance of the demographic diversity within counties, between communities, families and the nation at large.
- iii) social equity, social inequality, integration and social cohesion, must be taken into consideration when creating policy because they need to address different groups of people but which constantly change over time.

## Towards Policy Goal

The key policy thrust is to invest in people through nutrition, health care, quality education, jobs and skills that helps to develop human capital, which is also the key to ending extreme poverty and creating more inclusive society<sup>76</sup>. Investments in human capital have become more important as the nature of work evolves due to rapidly changing technological progress<sup>77</sup>. The overarching policy goal is to contribute through multi-sectoral approach, policies that enable the achievement of the best outcome for human capital development in order to reap from demographic potential.

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<sup>76</sup> World Bank 2018

<sup>77</sup> World Bank 2019

## CHAPTER TWO: POLICY DIRECTION

### Introduction

The aim of this policy is to provide a responsive harmonized direction to overcome population and development challenges while ensuring adherence to the ultimate national aspirations through a shared vision of healthy, skilled and a prosperous society. It anticipates a Kenyan society where every citizen is empowered to make informed choices to improve their quality of life.

### GUIDING PRINCIPLES

This policy seeks to align priority actions to the Constitution of Kenya 2010, Vision 2030 including the BIG 4 Agenda, ICPD25 Kenya Country Commitments, Africa Union Agenda 2063, SDGs, in order to facilitate the integration of population dynamics into social and economic developmental planning and ensure its implementation in a synergistic manner. Actions by the state and partners should take cognizance of two important principles in development. First, the people of Kenya have the right to develop in all spheres of life, in peace and security. Secondly, actions undertaken should endeavour to empower and increase the capacity of people to play a more strategic role in development<sup>78</sup>. 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 as enshrined in the COK 2010
- ii. Recognition of family as a 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 the diversity of the people of Kenya and responsiveness to the sub-national variations with regard to population and development issues.
- v. Recognition that all communities and individuals have fundamental rights of equal access to all opportunities to improve their wellbeing.
- vi. Recognition of the necessity to advance gender equity and equality, empowering women, and eliminating harmful practices and all forms of discrimination.
- vii. Recognition of the multi-sectoral nature of population issues and the critical need for a cross-sectoral approach to implementation of this policy.

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<sup>78</sup> See Article 43a of the Kenya Constitution 2010 and Goal 16 of the UNSDG Agenda 2030.



## GOAL, OBJECTIVES, OUTCOMES AND STRATEGIES

### Goal

The goal of this policy is to attain a society in which all the people are secure<sup>79</sup>, healthy, broadly educated<sup>80</sup> empowered for improved quality of life for current and future generations.

### Objectives

- Objective 1: Contribute to efforts aimed at maximizing human capital potential for national sustainable development.
- Objective 2: Promote integrated approach to address population, environment and development challenges.
- Objective 3: Harnessing opportunities arising from International migration and minimizing risks that arise from irregular forms of international migration.
- Objective 4: contribute to the promotion of mechanisms aimed at ensuring availability and accessibility of reliable and timely data and enhanced research on population and related issues.
- Objective 5: Accelerate progress on realization of the national population policy goals through awareness creation, increasing citizen engagement and strengthening broad- based support and action.

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<sup>79</sup> The definition of security goes beyond physical security to include food security, and other risks in place of settlement as well migration

<sup>80</sup> Broad education goes beyond formal schooling and includes informal schooling and lifelong learning throughout the life course

## Objective 1: Contribute to efforts aimed at maximizing human capital potential for national sustainable development

### Policy Basis:

This policy objective seeks to maximize investments in people through appropriate nutrition, health care, quality education, job creation and skills development which should lead to improve human capital. Improvements in human capital is the key to ending extreme poverty and creating more inclusive society. It is particularly anchored in harnessing the potential of changing age distribution often referred to as first demographic dividend. This has been exemplified in the national demographic dividend roadmap. Harnessing the demographic dividend requires key actions from all aspects of development planning and nation-building. Four key interconnected pillars are most critical: a) health and wellbeing; b) education and skills development; c) work, employment and entrepreneurship and d) rights, governance and empowerment. In order to achieve the desired objective there will be need to galvanise efforts of all stakeholders to achieve the following interrelated sub-objectives and key actions.

### Pillar 1: Healthy and wellbeing throughout the life course

#### Key actions:

- Advocate for accelerated social and health investments that enhance child survival and scale up of proven interventions<sup>81</sup>.
- Advocate for investments that promote health, such as nutrition, water and sanitation, energy, education, and social protection across the life course.
- Promote measures aimed at scaling up interventions to promote equitable and quality comprehensive early childhood development
- Support initiatives aimed at preventing early child bearing
- Advocate for the promotion of health lifestyle throughout the life course
- Advocate for accessible and quality health care provision for all at all levels
- Advocate for Comprehensive Domestic Health Care financing
- Contribute to efforts aimed at ensuring universal health coverage

### Pillar 2: Education and Skills development

- Advocate for transformative education to develop a well-educated, and innovative labour force with skills mix that respond to local and international job markets and demands in the 21<sup>st</sup> Century
- Contribute to the full implementation of the Competence Based Education Policy at all levels
- Advocate for design and implementation of policies that promote universal enrollment, retention and transition in education system

### Pillar 3: Employment and Entrepreneurship

- Contribute to actions that nurture a healthy and productive labour force<sup>82</sup>.

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<sup>81</sup> Some proven high impact interventions include: skilled care at birth and emergency obstetric care; management of preterm births; basic neonatal care; neonatal resuscitation; early identification and antibiotic treatment of serious infections; inpatient care for small and sick newborns; and prevention of mother-to-child transmission of HIV. These interventions are already anchored within the framework of integrated reproductive, maternal, newborn and child health

<sup>82</sup> Actions for nurturing health and productive labour force includes but not limited to: laws and regulations relating to paid maternal and paternal leave; interventions on minimum wages and employment conditions for vulnerable groups; healthy and safe schools and workplaces, provision of health insurance or risk

- Promote measures that contribute to the implementation of economic reforms and development of necessary infrastructure to accelerate economic growth and job creation for the rapidly expanding labour force.
- Contribute to measures that promote targeted investments in sectors with high job-multiplier effects to create employment and spur inclusive growth.
- Contribute to the promotion of modern agriculture practices and agri-business among the youth by expanding agriculture infrastructure requirements and education.
- Contribute to measures that promote the expansion of internships, apprenticeships and on-the-job training for youth.
- Contribute to measures that promote evidence-based mechanism to inform education and training to cater for the current and future labour market needs in partnership with the private sector.
- Contribute to measures that promote initiatives to ensure adequate social protection for people at all ages, with a focus on increasing coverage and providing adequate levels of health care, pensions and social security.
- Contribute to initiatives aimed at eliminating all forms of discrimination and exploitation

#### **Pillar 4: Inclusive and accountable governance**

- Contribute to initiatives to upscale efforts that aim at forming strong transparent and accountable public services to respect human rights.
- Promote youth involvement and meaningful participation in governance
- Contribute to efforts that foster increased and informed citizen engagement in public policies, programme planning and implementation.

## **Outcomes**

- i. Achieved population growth that does not hinder economic growth and sustainable development.
- ii. Improved potential human capital
- iii. Improved skills and capabilities of young people to make informed choices about their well-being
- iv. Improved access to information and cost-effective quality health (including reproductive health) services for all at all levels of care (including vulnerable populations).
- v. Reduced proportions of those not in education, employment or training
- vi. Reduced adolescent birth rate
- vii. Improved survival of infants and children.
- viii. Reduced deaths among all persons irrespective of age and sex from preventable causes.

## **Strategies**

- 1) Capacity building
  - Enhance the capacity of technical staff in pertinent government institutions and in all sectors with regard to methodologies for mainstreaming population dynamics in government, sectoral and devolved units plans
- 2) Advocacy and Policy Dialogue
  - Ensure relevant government actors systematically take into account population factors into all policies, plans, programmes and strategies.

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pooling systems that prevent people from becoming impoverished when they seek medical treatment among others.

- Mobilize political will to build strong support for investments on population issues especially in sexual and reproductive health, gender mainstreaming, transition to adulthood and *youth* developments.
- 3) Collaboration, Coordination and Multi-Sectoral Arrangements at National and County levels
- Support the development and implementation of a coordinated, multi-sectoral interdisciplinary and integrated approach in designing and executing programmes.
  - Promote the participation of civil society and the private sector in all aspects of the implementation of population policy at all levels.
  - Support collaborations and linkages with international development agencies, particularly for sharing best practices and seeking technical and financial support.
  - Enhance regional and bilateral cooperation to strengthen partnerships in: provision of technical assistance, institutional infrastructural and human capacity building, sharing of best practices, and mobilizing and pooling of resources.
- 4) Governance and Accountability to:
- Support the development and review of the legislative and regulatory frameworks to strengthen accountability mechanisms and to harmonize regulatory mechanisms and standards to implement national sectoral policies in accordance with the prevailing constitutional arrangements.
  - Support the development of clear operational guidelines that ensures harmonized approach towards service provision at all levels.
  - Harness the contribution of private sector potential in provision of population related services within existing legislative and policy regulation

## Objective 2: Promote integrated approach to address population, environment and development challenges

### Policy Basis:

Majority of people in Kenya move to overcome poverty, escape conflict, or cope with economic and environmental shocks. Migration is an expression of the human aspiration for dignity, safety and a better future. Two important features of internal mobility and migration in Kenya: circular movement and migration between cities and rural areas and the increasing participation of women in migration streams previously dominated by men. Internal migration has a large poverty reduction potential but economic potential is underutilized.

Internal mobility and migration is related to several SDGs, however, two SDGs, are critical for population mobility and migration: “the promotion of full, productive employment and decent work for all (Goal 8), and making cities and human settlements inclusive, safe, resilient and sustainable (Goal 11). Therefore, there is need for policy coherence through the mainstreaming of internal migration within national development policies and programmes targeting several sectors such as health, education, gender, labour and urbanization. This is because the growing number of urban residents, including the poor, underscores the need to improve urban public services and ensure equitable access to safe housing, water, sanitation, health, education, transport and other fundamental services promoting social integration and protecting human rights. To improve access to such services requires that local authorities be empowered to improve the management of all urban centres through more participatory, sustainable and inclusive urban planning without neglecting rural areas. The observed growing inequalities between urban and rural areas requires strengthening of urban-rural linkages; including investments in infrastructure, energy, transport, health systems and communications. The whole aim is to contribute towards creating liveable and sustainable cities and settlements for population.

### Key actions

- Promote the mainstreaming of internal mobility and migration into development planning.
- Promote initiative that target climate change impacts that will improve resilience and climate adaptation to mitigate the negative impacts on agricultural production and to achieve food and nutrition security.
- Promote integrated rural development, which allows for the provision of appropriate climate-smart agricultural technologies.
- Contribute to initiatives that strengthen linkages between rural and urban areas and within cities through infrastructure development including affordable transportation and communication networks.
- Promote the full implementation of the Sendai Framework on strengthening disaster risk governance; investing in disaster risk reduction for resilience; and enhancing disaster preparedness for effective response, in recovery, rehabilitation and reconstruction.
- Support the full implementation of the Population, Health and Environment programs and policies
- Contribute to the generation of requisite data on the number and needs of internal migrants for policy, planning and inclusive participation in governance processes including studies on internal migration and urbanization.
- Contribute to the implementation of policies that promote environmental sustainability. Encouraging participation in sustainable responses to managing the environment through information, education, knowledge building and advocacy.

## Outcomes

- Human settlement patterns that contributes to sustainable development.
- Improved 'security' for all
- Migration by choice

## Strategies

- 1) Capacity building
  - Strengthen the capacity of relevant, national and county authorities and institutions to ensure effective and integrated urban and rural planning and management including use of relevant urban and rural projections.
- 2) Advocacy and Policy Dialogue to:
  - Enhance the technical capacity of technical staff in pertinent government institutions at all levels and in all sectors with regard to methodologies for integrated gender sensitive planning and programming.
  - Advocate for policies that support well-managed, internal migration (national and county Government, Urban Authorities and civil society organisations, professional societies).
  - Advocate for relevant government actors to systematically take into account population factors into all policies, plans, programmes and strategies.
- 3) Collaboration, Coordination and Multi-Sectoral Arrangements
  - Support the development and implementation of a coordinated, multi-sectoral interdisciplinary and integrated approach in spatial planning.
  - Promote the participation of civil society and the private sector in all aspects of spatial planning.
  - Support collaborations and linkages with international development agencies, particularly for sharing best practices and seeking technical and financial support.
- 4) Governance and Accountability to:
  - Support the development and review of legislative and regulatory frameworks to strengthen accountability mechanisms and to ensure safe and sustainable settlements.

- Support the development of clear operational guidelines that ensures harmonized approach towards service provision in all areas (rural- urban).

### Objective 3: Harnessing opportunities arising from International migration and minimising risks that arise from irregular forms of international migration

#### Policy Basis:

International migration presents some of the most complex inter-relationships that are of policy concern because it brings together a multitude of questions on; global development, regional dynamics, domestic and foreign policy, national and international security, domestic stability, economic development, labour, human rights, health, housing and general welfare of those affected. International migration has potential to enhance economic opportunities for individuals and their families, and to spur development for countries of origin, transit and destination. The aim is to harness developmental aspects of migration as a key 21<sup>st</sup> century social change phenomenon and at the same time minimizing risks that come with it especially the irregular forms.

#### Key actions

- Promote continued support to mainstream international migration factors into development planning.
- Contribute to mechanisms that strengthen bilateral, regional and global partnerships on migration to ensure safe, regular and orderly processes of migration and reduce barriers to movement.
- Contribute to efforts that aim at nurturing opportunities arising from trans-nationalism (especially transnational entrepreneurship)
- Contribute to efforts that aim at the development and support for initiatives to reduce the social and economic costs of the migration including the transaction fees for migrant remittances, and increasing possibilities to invest migrant remittances in countries of origin.
- Promote and protect the fundamental human rights and freedoms of all migrants, such as respect the equal treatment in terms of employment, wages, working conditions, social protection, including health care fees for migrant remittances, and increasing possibilities to invest migrant remittances in countries of origin.
- Support development of data bases on international migration.
- Support research initiatives on international migration.
- Capacity building

### Outcomes

- i. Strengthened institutional capacities to govern international migration.
- ii. Supportive and well-coordinated policy environment in place to ensure international migration systems that contribute to sustainable national development
- iii. Enhanced availability and flexibility of pathways for regular international migration.
- iv. Strengthened transnational response to smuggling and trafficking of people especially, children youth and women.
- v. Empowered migrants and societies able to realize full inclusion and social cohesion.
- vi. Supportive environment to enable migrants and Diasporas to fully contribute to sustainable development in the country.
- vii. Strengthened international cooperation and partnerships for safe, orderly and regular migration (migration by choice).

### Strategies

**Advocacy and Policy Dialogue**

- Regular review and update role of international migration in policies, plans and programmes and people's welfare.

**Collaboration and Partnerships**

- Reinforce and establish bilateral, regional and global partnerships to foster the understanding of International migration in development matters.

**Capacity Building**

- Ensure relevant government actors systematically take into account migration factors into all plans and programmes.
- Strengthen the capacity of relevant institutions to conduct research, generate data and information on migration in order to review and implement policies on international migration.
- Strengthen capacity of relevant institutions to combat human trafficking and smuggling by prosecuting cross-border crime, while at the same time assisting the victims of such crimes.

## Objective 4: Contribute to the promotion of mechanisms aimed at ensuring availability and accessibility of reliable and timely data and enhanced research on population and related issues

**Policy Basis:**

Demographic change is both potential opportunity and a challenge. An essential prerequisite for sustainable development is the ability to recognize and plan for demographic change. Thus, planners and policy makers need to understand not only how population dynamics affect sustainable development, but also realize that social, economic and environmental development factors will also shape population dynamics. Development decisions are becoming increasingly based on evidence because of emphasis on governance and accountability where accountability represents a shift from needs to rights approach. Thus harnessing population data revolution for sustainable development will require the need to: keep issues of data generation, archiving and use on the political agenda; support multi-stakeholder collaboration and advance data access and interoperability<sup>83</sup> mechanisms and standards.

**Key actions**

- Promote mechanisms aimed at strengthening and enhancing data production and use.
- Contribute to efforts to ensure the strengthening of systems and institutions which generate population and related data.
- Contribute to efforts aimed at strengthening the capacities of line ministries, other national government institutions, county governments to collect analyze disseminate and use data generated
- Develop and regularly update online open access databases of key indicators based on integrated data systems.
- Contribute to the development of systems for dissemination and use of data at all levels to ensure learning, accountability and good governance.
- Support measures to ensure full implementation of the national population research agenda

## Outcomes

- Strengthened national data systems to avail timely disaggregated data by individual characteristics, including age and sex, vulnerability status for improved decision-making, policy and increased citizen empowerment.

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<sup>83</sup> Data interoperability addresses the ability of systems and services that create, exchange and consume data to have clear, shared expectations for the contents, context and meaning of that data.

- User friendly data on Population and development accessed and analysed by all users to inform research, advocacy, policies and programs, and promote accountability.
- Enhanced regular research outputs used in updating policies and programmes

## Strategies

### Capacity Development and Training

- Enhance the technical capacity of technical staff through on job trainings; technical collaborations, sharing lessons and best practices.
- Develop appropriate infrastructure for data generation, analysis, dissemination and use.
- Expansion of the opportunities for training in demography and population development related studies.

### Collaboration and Mobilization of Multi-Stakeholder Partnerships:

- Support efforts to foster greater and more efficient production and use of both official and non-official data through innovative institutional arrangements and partnerships, and new technologies and processes ('big data' and development of demographic intelligence initiatives).
- Foster private sector engagement to support data generation and analysis and use.
- Foster mechanisms to improve access and interoperability that enables widespread usage of data and to ensure access to data in public domains (including open data).

### Advocacy and Policy Dialogue

- Support agenda-setting advocacy to drive awareness, interest and political buy-in on how and why data makes a difference to key stakeholders (government, private sector, civil society).
- Support measures to ensure enabling legal frameworks, institutional arrangements, adequate resources and monitoring mechanisms for production, dissemination and use of population and social statistics.
- Strengthen coordination mechanisms between producers and users of data at all levels.
- Institutionalize user-producer dialogues to increase accessibility, quality and demand for data.
- Identify and disseminate best practices on data access (including private sector data sharing), open data, and data literacy.
- Support advocacy and awareness of population and development issues generated from research outputs

## Objective 5: Accelerate progress to achieve the realization of the national population policy goal through awareness creation, increasing citizen engagement and strengthening broad-based support and action.

### Policy Basis

Population issues go beyond size (numbers). The inter linkages between components of population such as, age-structural composition, density, distribution and its characteristics must be considered in the context of sustainable development and human wellbeing. In order to fully implement all the policy objectives, there will be need for: cooperation and partnerships; adequate domestic and international financing; public participation; integrating population dynamics into development planning and strengthening knowledge and accountability systems. The efforts to achieve the desired objectives must go beyond policymakers and also engage those with budgetary authority, the private sector, and development partners. Effectively engaging each type of stakeholder requires customized messages delivered by well-prepared champions.

### Key actions



- Ensure wide and timely dissemination of the policy
- Advocate for adequate and sustained domestic and international financing for implementation of the population policy
- Strengthen collaborations and partnerships at national and county devolved units
- Engage relevant constituencies to ensure support for the policy
- Involve the private sector in the implementation of the population policy
- Scale up policy dialogue for the implementation of this policy
- Develop and institute measures to ensure that the population policy and associated action plans are regularly monitored and evaluated
- Regularly review, update and disseminate lessons learnt from monitoring and evaluation of this policy and programs
- Build partnerships with media to champion ideas on population issues

## Outcomes

- Increased awareness and support for this policy.
- Strengthened dialogue between government sectors and civil society groups as it relates to population policy goals.
- Wide range of partnerships established to support the realization of this policy.
- Established alliances with media to regularly cover population and development stories/issues.
- Strengthened citizen engagement in the advocacy processes
- Strengthened accountability to citizens.
- Population policy and action plans monitored, evaluated and results shared with relevant stakeholders for policy learning and accountability

## Strategies

### Capacity Building

- Strengthen the capacity of staff to be able to develop appropriate advocacy and coordination strategies.
- Generate advocacy and public engagement evidence
- Periodically review and conduct policy analysis, including regulatory mechanisms.

### Collaboration, Coordination and Partnerships

- Initiate mechanisms for citizen engagements and public awareness
- Support efforts established to build alliances, lobby and network to realize the success of policy intervention packages.
- Review and implement coordination strategy to enhance multi sectoral consultation and collaboration.
- Review and implement advocacy strategy that addresses the different target audiences, policy makers, programme managers, service providers and citizens aimed at removing structural barriers to implementation of programmes.

## CHAPTER THREE: IMPLEMENTATION FRAMEWORK

### Introduction

This policy serves as a consolidating framework that helps advocate for and monitor all population -relevant national frameworks (and other sectoral policies) already adopted by the Government of Kenya in line with national vision 2030's pillars and international human rights treaties and declarations and development frameworks (SDG and AU Agenda 2063). The national vision for population policy aims to resonate with the ideals and expectations of national government and Agenda 2063. The national government role is to galvanize the support and/or facilitate both state and non-state actors in implementing and review of their operational strategies to enhance the quality of life of the people of Kenya. In light of this, the policy synergizes and mutually-reinforces the existing national policies and strategy frameworks and envisages good governance, transparency and accountability in the implementation and monitoring of the programs.

The national government in particular may require significant technical and financial assistance from development partners and other regional players. In order to avoid complicating the partnership landscape, it is important to build upon existing mechanisms that help harmonize and align the actions of all actors amongst themselves as well as align the actions of all partners involved with the strategic directions.

### Implementation Process

#### Plan of Action

A detailed time-bound integrated action plan<sup>84</sup> shall be prepared to implement this policy with specific measurable outcome indicators to monitor progress. The action plan shall be based on well-articulated theory of change accompanied with appropriate monitoring and evaluation plan.

#### Monitoring, Reporting and Accountability

Monitoring and evaluation of performance depends on the generation and use of sound data on; system inputs, processes, outputs and outcomes. The programs will be expected to respond to current and emerging population problems and opportunities. All relevant institutions shall ensure that the data collected is accurate and timely as it will indicate both the performance of the system as well as the relevance of the programs to population issues.

The adequacy of a monitoring and evaluation system will be assessed on the basis of the regularity, completeness and quality of reports. Data should be disaggregated by sex, age, geographic location and if possible by disability status to enable more focused action. Community participation in monitoring programs should be encouraged. Both, a mid-term evaluation and final evaluation of periodic strategies will be conducted to track progress, adjust the course of implementation and bring new insights towards achieving the objectives. The monitoring and evaluation methods shall strive to triangulate methods, data and approaches to evaluation. Monitoring of the policy process shall be undertaken every five years while the full evaluation of this policy shall be undertaken after 10 years of initiation.

A results monitoring and evaluation plan will be developed as an integral part of all the periodic action plans. The plan will be based on indicators, targets, information collection and reporting and accountability systems

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<sup>84</sup> Action plans will be developed every 5 years focusing on key issues or emergent issues.

which are already in use at all levels, and in line with the metrics used by existing key national and global policy instruments.

Periodic reviews shall be held at the national and decentralized levels. This will help to share best practices, effectively address obstacles, strengthen partnership and accelerate progress in the implementation of this policy. Accordingly, the follow-up reviews of the action plans will be undertaken.

Quality assurance and control mechanisms should be an integral part of the reporting and accountability mechanism. In particular efforts should be concentrated on the improvement of the administrative data, vital statistics and civil registration systems, epidemiological surveillance and mortality audits.

## Institutional Roles and Responsibilities

The roles and responsibilities outlined below should be consistent with those under the constitutional arrangements and national line ministries mandates as designed by the national administrative system arrangements as well as the expected roles envisaged for various stakeholders in the SDGs. The key principle of ownership requires national government to continue demonstrating strong leadership and commitment towards achieving the aims of policy, while the principles of partnership reflected in the SDGs and reiterated in other national policy instruments call on national and international partners to support the lead role of the State. Civil Society Organizations are key partners in the Policy and expected to play a role in the implementation and periodic reviews.

### **Departments Finance/Treasury (National and County)**

The role of these departments in both national and county government will be to mobilize domestic and external resources in order to diversify the economy for ensuring better livelihood of people in rural and urban areas. In addition, they will strive to allocate financial resources for population activities and programmes that influence economic development by strengthening social infrastructure in the country.

### **Department of Planning (National and County)**

In its capacity as the coordinating agency for the implementation of the population policy, the responsibilities of the Ministry responsible for Planning and Development are to:

- Ensure Policy coherence among governments and other stakeholders;
- Coordinate the implementation, monitoring and evaluation of the Population Policy in all sectors;
- Provide direction, guidance, advice and support to agencies within and outside government, including county authorities and urban planning units in county governments, that are involved in the implementation of population and development policy;
- Mobilize resources from both internal and external sources for population and development related programmes such as research and training; and
- Enhance advocacy in facilitating effective and efficient implementation of the Population Policy.

### **Kenya Bureau of Statistics and national statistical system agencies**

The Bureau shall be responsible for improvement of national statistical systems that support:

- Collection of data disaggregated by individual characteristics, including age and sex, which can be used to document the situation of vulnerable groups.
- Review the policy and financial environment to enhance data production and use.
- Strengthening of systems and institutions which generate data such as vital registration, community-based disease surveillance systems.

- Strengthen the capacities of line ministries and other government institutions to collect analyze and disseminate data generated from administrative sources
- Development and regular update of online open access databases of key indicators based on integrated data systems, including civil registration, surveys and censuses.
- Facilitation of data use by stakeholders.
- The production of national, sub national population and sectoral projections for planning.

### **National Council for Population and Development**

The national council for population and development shall take lead in developing periodic action plans and will be responsible for putting in place accountability mechanisms. The mechanism shall comprise of the evidence generation from the online data bases, independent review of the evidence through platforms such as the sectoral taskforce teams including academia or through commissioned studies. In addition, NCPD shall be responsible for developing, updating and reviewing action plans for this policy including frameworks for learning monitoring and reporting on national and county progress towards the achievements of desired outcome. For this reasons it will be the responsibility of NCPD to convene relevant stakeholders to review and update requisite implementation actions.

### **KIPPRA – socio economic policy analysis, conducting research**

#### **Ministry of Health (National and County)**

The role of the Ministry shall be to expand the reproductive health and other health services in collaboration with concerned institutions in both public and private sectors in order to increase access to quality health services.

- In consultations with other line ministries promote reproductive health and rights of youth and to coordinate and implement related health programmes, including prevention programmes for HIV/AIDS and STDs.
- Build capacity of health personnel at all levels for better service delivery and ensure that health education is integrated into curricula of health training institutions and into students' education curricula
- Strengthen Health Management Information System (HMIS) for improved collection and analysis of disaggregated data and information for better planning and monitoring through supportive supervision.
- Contribute to the Improvement of quality of health and development services offered to children and families particularly focusing on families with children with developmental delays and disabilities.
- Contribute to interventions to ensure that all children receive equitable and quality comprehensive early childhood development and intervention services including promoting of nurturing care
- Contribute to the Development of health financing and risk pooling systems that prevent people from becoming impoverished when they seek medical treatment
- In consultation with other stakeholders will take lead role in enhancing community's awareness about their entitlements to access to services and to create demand for services including development of health insurance schemes especially for the poor and the elderly.

#### **KEMRI**

Conducting biomedical research

### **Departments of Youth Affairs, Gender, Sports and culture**

This policy is anchored in harnessing the potential of changing age distribution as exemplified in the Human development report of 2015. Therefore, the respective departments responsible for Youth Affairs, Gender, Culture and Sports shall take lead role in collaboration with partners to:

- Implement youth development and empowerment programmes to ensure that all the youth in the country become self-reliant and empowered to take part in the development process of the country.
- Contribute to addressing sexual and reproductive health challenges and culture-based youth development barriers that young people face.
- Contribute to support the expansion of internships, apprenticeships and on-the-job training for youth.

The gender department will:

- Promote empowerment of women and gender equality, which is central in enabling women to have the autonomy to negotiate for reproductive health services, including family planning, within marital unions and relationships.
- Contribute to addressing patriarchal practices (such as limitations on ownership of land for women) that undermine the status of women and their contribution to national development.
- Strengthen the advocacy and to mobilize social support for gender equity and equality, women's empowerment, and child rights and to ensure that gender is mainstreamed in policies, programmes, and plans.
- Advocating for sensitization of the society to ensure the elimination of harmful socio-cultural practices.

### **Ministry of Agriculture, Livestock and Fisheries**

These departments will be responsible for mainstreaming of population and development issues to agricultural activities (including livestock and aquaculture based). The issues will include linkages between population, food security, and preservation of agricultural land. Most available jobs in agriculture are associated with low and unstable incomes, poor safety and health conditions, gender inequality in pay and opportunities, and limited social protection. The ministry will take lead role together with partners to ensure the promotion of modern agriculture practices and agri-business especially among the youth by expanding agriculture infrastructure requirements including education. This shall entail:

- Scaling-up the support to smallholder family farmers and creating alternative and sustainable livelihood options in rural areas, with a special focus on women and youth, which is fundamental to addressing the root causes of rural distress migration.
- Development of public policies targeting smallholder family farmers and promoting the adoption of sustainable agricultural practices.
- Diversification to off-farm activities, effective rural services and investments in value chains linked to sustainable agriculture including rural education and vocational training that match labour market needs.
- Support sustainable agricultural practices to limit the impact of climate change, promote sound natural resource management and increase productivity.

### **Labour and Employment**

The implementation of economic reforms and development of necessary infrastructure to accelerate economic growth and job creation is paramount for this policy because of for the rapidly expanding labour force. The Departments of labour will take lead role in the

- Support and development of strategies and actions aimed at empowering the working population through policies and programmes that the support targeted investments in sectors with high job-multiplier effects to create employment and spur inclusive growth.
- Contribute to support the expansion of internships, apprenticeships and on-the-job training for youth.
- Ensuring policy initiatives aimed at strengthening and fostering the development of working conditions and effective harmonization of industrial relations.
- Foster the implementation of social security schemes for persons defined by the provisions of the labour law.

### **The National Employment Authority**

In order to consolidate and enhance labour migration management, NEA shall be responsible for the promotion and protection of the interests and welfare of overseas Kenyan workers and for the establishment of a systematic programme for the overseas employment of Kenyan workers, registration and monitoring of overseas Kenyan workers, spearheading and coordinating the negotiation, signing and implementation of bilateral labour agreements, conducting research on labour migration, awareness creation and regulation of private employment agencies.

### **Ministry of Education (National and County)**

Education is a key determinant of population change and therefore forms the cornerstone to achieving the desired policy outcomes by taking lead role in providing transformative education to develop a well-educated, skilled and innovative labour force.

- Institute evidence-based mechanisms to inform education and training to cater for the current and future labour market needs in partnership with the private sector.
- Improving the quality of educational services offered to children.
- Enhance the capacity of staff working in preschool education to apply holistic child-developmental approach and the inclusive education principles and help children develop their exploration and analytical and critical thinking skills.
- Increase opportunities for higher education and for technical training of both in-school and out of school youth
- Foster the expansion of tertiary, technical and vocational education and training opportunities for adequate skills acquisition to enhance the employability of youth.

### **Departments of Social Development (National and County)**

The department will ensure:

- Support for initiatives that ensure adequate social protection for people at all ages, with a focus on increasing coverage and providing adequate levels of health care, pensions and social security.
- Contribute to the support the expansion of internships, apprenticeships and on-the-job training for youth, particularly young women.

### **Interior and coordination of Government activities**

National Coordination Mechanism on Migration

The NCM shall ensure coordination in the implementation of the migration related policies and keep abreast with changing migration trends. Support implementation of the policy especially functions, regulations related to issues on national security.

**All other ministries and Departments**

Supporting the implementation of this policy and integrating population factors in their strategies and plans.

**National University and other national Research Institutions**

Their specific roles will include:

- Mobilizing and directing technical expertise and human resources to implement agreed national programs and projects.
- Supporting research and knowledge management; and
- Providing technical support to Ministry of Development planning policy processes and activities.

**International Development Partners and Bilateral Agencies**

These include the UN agencies, bilateral and multi-lateral organizations, philanthropic foundations, international partnerships, international and regional financing institutions, and other international organizations. Their main role shall be to contribute to technical assistance and financial investments in support of this Policy. In line with the development cooperation principles, multi-lateral and bi-lateral organizations, international and national civil society organizations and other development partners will align their financial and technical assistance and cooperation plans with national needs and priorities.

**Civil Society Organizations**

These include national and international NGOs, Faith Based Organizations (FBOs), Trade Unions, Professional Associations, Traditional Leaders as well as auxiliary entities such as the National Societies of the Red Cross Movement, media organizations etc. As key stakeholders, they should be included and play an active role in the advocacy, mobilization, technical assistance, implementation and oversight in support of Policy.

**Private Sector**

The private sector will be expected to provide support for innovation, material and co-financing inputs which contribute to the expanded financial, human, infrastructural and technological resource base needed to improve welfare of the population.

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