



Permanent Mission of the Republic of Kenya to the United Nations

866 U.N. Plaza, Rm 304, New York, NY 10017

STATEMENT

BY

**PROF. SAMUEL K. SINEI, OGW
CHAIRMAN, NATIONAL COORDINATING AGENCY
FOR POPULATION AND DEVELOPMENT, KENYA**

ON

**NATIONAL EXPERIENCE RELATED TO MEETING
THE GOALS AND OBJECTIVES ON FERTILITY,
REPRODUCTIVE HEALTH AND DEVELOPMENT
SET OUT IN THE PROGRAM OF ACTION OF THE
ICPD**

**PRESENTED AT THE 44TH SESSION OF THE UN
COMMISSISON ON POPULATION AND DEVELOPMENT**

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**Chairman,
Members of the Commission,
Distinguished delegates,
Ladies and Gentlemen,**

It gives me great pleasure to address this 44th Session of the Commission on Population and Development. Let me begin, **Mr. Chairman** by commending you and the Population Division for the efforts and hard work that have gone into the preparation of this Session and reaffirm our commitment as a member state to support the recommendations made regarding the principles and objectives of the International Conference on Population and Development (ICPD) Programme of Action.

It is a great honour to have this opportunity to share the Kenyan experience in the implementation of the Plan of Action of agreed goals from the ICPD held in Cairo in 1994. The 1994 Programme of Action of the ICPD was domesticated in the Kenya National Population Policy for Sustainable Development, 2000.

I am hopeful that this 44th session will enrich our understanding of what all of us have accomplished 15 years down the line on Fertility, Reproductive Health and Development.

On Kenya Fertility

Chairman,

Fertility levels in Kenya have declined over the past two decades. In 1989 women had about 6.7 children, on average. By the year 1998, the fertility had reached an average of 4.7 children per woman. Although there was a slight increase in the total fertility rate to 4.9 children per woman by the year 2003, recent evidence suggests resumption in the fertility decline to 4.6 children per woman.

Fertility Differentials have persisted over the years and also varies with mother's education and economic status. Women who have secondary and higher education have an average of 3.1 children, while women with no education have more than twice as many children. Wealthy women also desire considerably fewer children than women who are poor.

As for fertility desires, most men and women want to have about 4 children which is well above the fertility replacement level of 2.1 live births. Thus, a further decline in fertility is unlikely in the immediate future unless the population accepts the small family norm.

On youth,

The ICPD Programme of Action called for actions to involve youths actively in planning, implementing and evaluating development activities that have direct impact on their lives. Issues of fertility and reproductive health are of great significance in relation to the youth.

A large proportion of Kenya's population is youthful. Unfortunately, adolescent fertility has reached worrisome levels, with serious implications for the mother and the child. For instance about 18 percent of girls aged 15-19 years have already started child bearing while 15 percent are mothers and an additional 3 percent were pregnant with their first child.

Chairman

To address the high teenage fertility and general youth issues, the government has developed several policies. The challenge is to fully implement them and to provide appropriate sexual information to the youth and parents both in school and out of school.

The ICPD Programme of Action called for actions to enable couples and individuals to decide freely and responsibly the number and spacing of their children. In 1990 the government committed itself to achieve universal access to reproductive health by 2015.

Recent evidence shows that knowledge of family planning methods in Kenya is nearly universal; 95% of all women age 15–49 know at least one modern method of family planning. Family planning use has increased from 18% in 1989 to 39% in 2009. The unmet need for family planning or the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception is high. About one out of 4 women have an unmet need for family planning.

Although we are working towards improving access to family planning, issues of frequent stock-outs and contraceptive commodity security have hindered access to the services for critical segments of the population. Thus, we will continue working closely with our partners to address some of these challenges in order to improve access to family planning.

Chairman,

On Reproductive Health and Rights

The ICPD Programme of Action called for action to make Reproductive Health services accessible and affordable to all individuals of appropriate ages through the primary healthcare system not later than year 2015.

So far the government has instituted several policies and legislative measures to enforce reproductive health and rights since the 1994 ICPD. The ICPD programme of action called for all pregnant women to have access to skilled care throughout pregnancy, delivery, postpartum and postnatal periods.

In 1990, the government committed itself to reduce the maternal mortality ratio by three quarters (from around 600 deaths per 100,000 in 1990).

Since ICPD, the Government of Kenya has continued with the development and implementation of policies, guidelines and training curricula on task shifting among health care providers as spelt out in the Second National Health Sector Strategic Plan 2005-2010.

While Kenya has realized some notable achievements in reproductive health, it has experienced a number of challenges that made it difficult to increase accessibility of reproductive health services. Some of these challenges include weaknesses in the health sector that negatively affected access to quality services, and low demand for and utilization of RH services including social and cultural barriers that impede skilled care throughout the continuum of pregnancy, delivery, post-partum and post-natal periods.

To effectively manage the observed challenges in health care delivery, Kenya will continue to restructure and strengthen the health care system in line with the New Constitution.

On development, the Government of Kenya has put in place the 'Kenya Vision 2030' which is a long term blue print whose aim is to transform the country into a modern, globally competitive, middle income country offering a high quality of life for all citizens by 2030. In this regard the Government is committed to reducing the level of those living below poverty line from 46 % to 28 % by 2012.

Chairman

To effectively address issues of Fertility and reproductive health, it will be necessary to borrow from global lessons learnt in implementing programs on HIV-AIDs/TB/Malaria. Furthermore, gender concerns must also be addressed effectively by increasing male involvement.

Conclusion

In conclusion, I wish to state that the Government of Kenya is fully committed to improving accessibility and affordability of Reproductive health services for all Kenyans. The New Constitution has given us a new window to refocus.

The government of Kenya has been and will continue allocating resources in the national budget to support the management of population, family planning and reproductive health programmes. Bilateral and multilateral development partners have provided valuable support and are invited to join in these efforts as we plan ahead.

I thank you