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*Sessional Paper No. 1 of 2023*

on

**Kenya National Population Policy for  
Sustainable Development**



**NATIONAL COUNCIL FOR POPULATION AND  
DEVELOPMENT**

**MINISTRY OF THE NATIONAL TREASURY AND ECONOMIC  
PLANNING**

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*Sessional Paper No. 1 of 2023*

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## Abbreviations and Acronyms

AADP	Addis Ababa Population and Development Programme
ABR	Adolescent Birth Rate
AFIDEP	African Institute for Development Policy
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
ASAL	Arid and Semi-Arid Lands
ASRH	Adolescent Sexual and Reproductive Health
Covid-19	Corona Virus Disease of 2019
CSOs	Civil Society Organization
DD	Demographic Dividend
EAC	East African Community
ECD	Early Childhood Development
FGM	Female Genital Mutilation
FP	Family Planning
GBV	Gender Based Violence
GCM	Global Compact on Migration
GDP	Gross Domestic Product
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
IDPs	Internally Displaced Persons
IMF	International Monetary Fund
IMR	Infant Mortality Rate
ILO	International Labour Organization
IOM	International Organization for Migration
IPA	Innovation for Poverty Action
KDHS	Kenya Demographic and Health Survey
KPHC	Kenya Population and Housing Census
KUSP	Kenya Urban Support Programme
NCDs	Non-Communicable Diseases
NCPD	National Council for Population and Development
NEET	Not in Employment, Education or Training
NEMA	National Environmental Management Authority
NLC	National Leaders' Conference



OVCs	Orphans and Vulnerable Children
PHE	Population, Health and Environment
PPD	Partners in Population and Development
PPND	Population Policy for National Development
PSRI	Population Studies and Research Institute
PWDs	Persons with Disability
RH	Reproductive Health
SDGs	Sustainable Development Goals
SRHR	Sexual Reproductive Health and Rights
SRHS	Sexual Reproductive Health Services
TB	Tuberculosis
TFR	Total Fertility Rate
TVET	Technical and Vocational Education and Training
UHC	Universal Health Coverage
UON	University of Nairobi
UNFPA	United Nations Population Fund
V2030	Vision 2030
WB	World Bank
WHO	World Health Organization
NMT	Non-motorized Transportation
M&E	Monitoring and Evaluation
CHVs	Community Health Volunteers
NEST	New-born essential solutions and technologies
ETAT	Emergency triage assessment and treatment
MoH	Ministry of Health
CS	Cabinet Secretary
PS	Principal Secretary
TWG	Technical Working Group
ACEs	Adverse Childhood Experiences
CSE	Comprehensive sexuality Education
PWD	Persons Living with Disabilities
VAN	Violence, Abuse, and Neglect
MDAs	Ministries, Department, and Agencies

## Foreword

Kenya received the Resolve Award during the 66th World Health Assembly in Geneva in 2013 for using a participatory process during the development of Sessional Paper No.3 of 2012 on Population Policy for National Development. The 2012 Population Policy guided implementation of population programmes aimed at attaining a high quality of life of the people of Kenya.

This Policy is a revision of the 2012 Population Policy. It builds on the progress made in the implementation of previous population policies while responding to new and emerging population and development agenda, particularly the 2030 Agenda for Sustainable Development, the African Union (AU) Agenda 2063, Kenya's development agenda outlined in the Vision 2030 and the Constitution of Kenya, 2010.

The Policy directs focus to a sustainable human development paradigm that places population at the centre of development. Emphasis is on maximizing human capital potential for sustainable development by harnessing the demographic dividend.

The revision process was multi-sectoral, participatory and involved extensive and intensive review of relevant information and data, consultation with leaders, policy makers, and a cross section of stakeholders from national level and all the 47 counties. Key Informant Interviews were conducted with policy makers and policy dialogues were held with representatives of the private sector, religious leaders and youth leaders. The fourth National Leaders' Conference (NLC) on Population and Development held in May 2021 discussed and reached consensus on critical population issues in the country. The recommendations of the NLC were included in the draft policy, which was then presented to the Members of Parliament for further discussions and refinement.

The consultations and dialogues resulted in the Kenya National Population Policy for Sustainable Development. This Policy will guide the development and implementation of population programmes in line with Vision 2030, the Constitution of Kenya, 2010 and other relevant National and International aspirations and goals.

This policy covers seven population broad areas: (i) Population Size, Growth and Age Structure, (ii) Fertility, (iii) Morbidity and Mortality, (iv) Mobility, Migration and Urbanization, (v) Population, Human Settlement, Environment and Disasters (vi) Data, Research and Innovation and (vii) Resource Mobilization. implementation.

## Preamble

This policy succeeds Sessional Paper Number 3 of 2012 on Population Policy for National Development. It responds to new and emerging population and development issues that affect Kenya's efforts of achieving its National and International development agenda, while taking into account the achievements of the past policy initiatives.

This policy seeks to align priority actions to the Constitution of Kenya, 2010, Vision 2030 and ICPD25 Kenya Country Commitments. This Policy takes into account the international and regional conventions, agreements and declarations to which Kenya is a signatory. Further, this policy recognizes the developments in the country's economy, Human Capital, Human Development Index (HDI), labour force participation and poverty eradication as key to population and development.

The policy addresses the following critical population issues:

- i) Population size, growth, age structure and vulnerable populations
- ii) Fertility;
- iii) Morbidity and mortality;
- iv) Mobility, migration and urbanization;
- v) Population, human settlement, environment and disaster risk;
- vi) Data, research and innovation; and
- vii) Resource mobilization.

The implementation of policy and derivative programmes will be undertaken both at the National and county levels, using a multi-sectoral approach. The policy identifies key roles of implementing partners from all sectors that have responsibilities for implementing the policy. All existing and future sectoral and inter-sectoral policies and programmes will be aligned towards achieving the objectives of this policy.

The National Council for Population and Development (NCPD) will coordinate and oversee the implementation of this policy.



## Guiding Principles

The following principles will guide the implementation of this Policy:

- 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 Constitution of Kenya, 2010;
- ii. Recognition of family as a basic unit of society as stated in Article 45 in the Constitution of Kenya, 2010;
- 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;
- viii. Recognition of the need for good governance, integrity, transparency and accountability in implementation of the policy;
- ix. Recognition of the role of evidence-based decision making, innovation and technology in the successful implementation of the policy;
- x. Recognition of the right to privacy in safe collection, processing and use of population data.

# CHAPTER 1: INTRODUCTION

This policy takes into account the recent developments Nationally, regionally and globally, on the continuing and emerging population and development challenges, while building on the achievements of the past policies.

## 1.1 Background

There has been a paradigm shift on the conceptualization of development as exemplified in 2030 Agenda for Sustainable Development, the aspirations of the African Union (AU) Agenda, 2063 and ICPD25 Commitments which set an explicit goal for all countries that sustainable development requires building peaceful, just and inclusive societies. Nationally, the Vision 2030 is consistent with Article 43 of the Constitution of Kenya, 2010 on the Bill of Rights that 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.

These goals and strategies recognize that the diversity of demographic change at the National and County level presents unique opportunities and challenges. However, responding to these opportunities and challenges must be anchored on being proactive to the dynamic implications of demographic change and embracing development planning that puts people at the centre as both beneficiaries and actors.

## 1.2 Past Population Policies

This policy builds on progress and lessons learnt in implementing past population policies while responding to new realities and challenges with respect to Kenya's changing population trends. Since independence, Kenya has implemented three explicit population policies aimed at managing population for quality life and sustainable development and their key achievements are stated below.

### 1.2.1 Achievements of Sessional Paper No. 4 on Population Policy Guidelines

The 1984 Population Policy Guidelines provided a framework for the co-ordination and implementation of population programmes in Kenya in the 1980's and 1990's. The implementation of the guidelines resulted in the decline in the population growth rate and total fertility from 3.3 to 2.8 percent per annum and from 8 to 5 children per woman respectively. Similarly, contraceptive use among married women (aged 15–49 years) more than doubled to 39 percent from only 17 percent and the desired family size also declined to 4 from 6 children per woman over the same period.

### 1.2.2 Achievements of Sessional Paper No. 1 of 2000 on NPPSD

The National Population Policy for Sustainable Development (NPPSD) guided the implementation of the population programme up to the year 2010. This policy



had incorporated the Programme of Action resulting from ICPD 1994. During the ICPD 1994, the scope of population policy concerns was expanded to include human rights, environment, gender, poverty, and problems facing youth, the elderly, and persons with disabilities. Substantial improvements were made in mortality, contraceptive use and family size desires. For instance, child mortality dropped from 115 to 74 deaths per 1,000 live births. However, during the period, total fertility rate (TFR) stagnated at an average of 5 children per woman.

### 1.2.3 Achievements of Sessional Paper No. 3 of 2012 on PPND

Considerable achievements were recorded during the implementation of the 2012 Population Policy for National Development (PPND). The inter-censal population growth declined from 2.9 percent between the 1999 and 2009 period to 2.3 percent between the 2009 and 2019 period. This decline created an enabling environment to reap the demographic dividend. Total Fertility Rate (TFR) declined from 4.4 children in 2009 to 3.4 children per woman in 2019. Contraceptive use among married women increased from 46 in 2008/9 to 58 percent and the high-unmet need for contraception among married women declined from 25 percent to 18 percent. The Infant Mortality Rate (IMR) and under-five mortality rate declined from 52 and 74 per 1,000 live births to 36 and 52 per 1,000 live births respectively. Similarly, maternal mortality ratio reduced from 488 per 100,000 live births to 355 per 100,000 live births.

### 1.2.4 Continuing and Emerging Challenges

In the process of implementing past policies the following are the continuing challenges:

#### **Socio-economic Environment**

- i. Rapid population growth and population momentum;
- ii. Increasing youthful population;
- iii. Persistent high poverty levels;
- iv. High levels of adolescent fertility;
- v. HIV/AIDS, Malaria, TB and emerging non-communicable diseases (NCDs);
- vi. High unmet need for Family planning and Contraceptive commodity insecurity;
- vii. Persistent sub-regional socio-economic disparities in fertility, morbidity and mortality rates
- viii. The geographic inequalities still persist for most reproductive, maternal, newborn and child health and nutrition interventions;
- ix. Climate change and environmental sustainability;
- x. Rapid urbanization; and

- xi. Increasing insecurity and continuing conflicts over resources.

### **Socio-cultural Factors**

- i. Diverse cultural and religious beliefs and practices that encourage child marriages and FGM;
- ii. Low male involvement in RH and FP programmes;
- iii. Low involvement of women in decision-making;
- iv. Negative attitudes and perceptions in accessing SRH services;
- v. Myths and misconceptions about family planning /contraceptives;
- vi. Conflicting messages from political and religious leaders.

### **Population Programme Resources**

- i. Declining donor support in the face of inadequate government funding;
- ii. Limited Public-Private Partnerships;
- iii. Inadequate enforcement of coordination mechanisms;
- iv. Inadequate capacity of partners to implement sectoral population programmes;
- v. Low level of political will and support for population programmes at national and county levels;
- vi. Weak institutional capacity of coordinating institutions; and
- vii. Limited use of population data, innovation and technology in formulation, implementation, monitoring and evaluation of population programmes.

The key emerging population and development issues are the role of changing age structure, positive role of urbanization in development, migration governance, humanitarian emergencies and disaster risk response.

### 1.3 Rationale for Revision

The following considerations necessitated the revision of the Sessional Paper No. 3 of 2012 on Population Policy for National Development:

- a) The socio-economic development landscapes have significantly changed calling for a review of the existing policy to respond and incorporate the issues presented by the changes in population structure and trends;
- b) The need to align the policy with new National, Regional and International development agenda and frameworks. These include: Kenya government manifesto, 2030 Agenda for Sustainable Development, EAC Vision, 2050, The Africa Union Agenda, 2063 - 'the Africa We Want', the Addis Ababa Declaration on Population and Development 2013, AU Demographic Dividend Roadmap 2017, Kenya National DD Road Map 2020, ICPD25 Nairobi Summit Commitments, amongst others;
- c) The need to strengthen integration of population dynamics in development planning at all levels to ensure policy coherence and provide a common national vision and direction that harmonizes sectoral efforts to achieve desired well-being for all the people of Kenya; and
- d) The country governance structures have changed since the enactment of the new constitution in 2010, introducing two level of governments, thereby changing nature of implementation actions required to address population issues.

### 1.4 Revision Process

The revision process was multi-sectoral, participatory and involved extensive review of relevant reference materials, consultation with the public, policy makers and stakeholders at the National level and from all the 47 counties. Key Informant Interviews and policy dialogues were held with a cross-section of policy makers and leaders to gather more input for the policy. The fourth National Leaders' Conference (NLC) on Population and Development was held to enrich the policy.

### 1.5 Linkages with National, Regional and International Development Frameworks

#### National Development Agenda

The Vision 2030 is the overarching National development blueprint for Kenya. It recognizes the importance of integrating population dynamics in development planning for socio-economic development. This policy therefore, constitutes an integral tool for the achievement of Kenya's broad development priorities and agenda. The policy will guide formulation of strategies and interventions to promote prioritization and integration of population dynamics in broader development plans and strategies as outlined in the policy objectives.



## Regional and International Agenda

Kenya has adopted several international agreements aimed at improving the quality of life of its people through interventions in population and development. These include 2030 Agenda for Sustainable Development, 1994 ICPD Programme of Action (ICPD-PoA), ICPD25 Commitments, EAC Agenda 2050, Africa Union Agenda 2063 - 'the Africa We Want', Addis Ababa Declaration on Population and Development 2013, AU Demographic Dividend Roadmap 2017, Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030 and Global Compact on Migration. This policy takes in account all the above Regional and International agenda.

## Related Policies

This policy is a response to the current population dynamics and their implications for sustainable socio-economic development. In this regard, the policy builds on and contributes to the achievement of relevant sectoral policies including the Sessional Paper No. 02 of 2014 on The National Social Protection Policy, Sessional Paper No. 06 of 2012 on the Kenya Health Policy (2012-2030), Sessional Paper No. 01 of 2019 on a Policy Framework for Reforming Education and Training for Sustainable Development in Kenya, Sessional Paper No. 01 of 2012 on National Food and Nutrition Security Policy, Sessional Paper No. 01 of 2017 on National Land Use Policy, Sessional Paper No. 02 of 2019 on National Policy on Gender and Development, Sessional Paper No.10 of 2014 on The National Environment Policy, National Policy on Older Persons and Ageing (2014), Kenya Youth Development Policy (2019), Sessional Paper No. 03 of 2009 on National Land Policy, amongst others. This policy will contribute to the achievement of broader development goals and the targets of sectoral policies by mainstreaming population issues.

### 1.6 Scope of the Policy

This policy applies to government Ministries, Departments and Agencies (MDAs) at National level, Departments at county level, Civil Society Organizations (CSOs), NGOs, Development Partners, Private Sector and the Community.

## CHAPTER 2: POPULATION AND DEVELOPMENT SITUATION

This chapter presents the population and development situation in Kenya focusing on the socio-economic situation, Population Size, Growth and Age Structure; Fertility; Morbidity and Mortality; Mobility, Migration and Urbanization and Population, Human Settlement, Environment and Disasters.

### 2.1 Socio-Economic Situation

#### 2.1.1 Economy

The Kenyan economy has been predominantly agricultural, though the services sector has grown in importance especially against the backdrop of weak growth in manufacturing. The economy was rebased in September 2014, increasing its Gross Domestic Product (GDP) by 25.3 percent and making it a low middle-income country and Africa's ninth largest economy. In 2020, Kenya's economy contracted by 0.3 percent due to the effects of the COVID-19 pandemic. During the previous year, before the COVID-19 pandemic, the country's economy grew by 5.6 percent. Between the year 2020 and 2021 the real GDP, in absolute terms, increased from KSh. 10,716 billion to KSh. 12,098.2 billion, representing a growth rate of 7.5 percent. The GDP per capita increased by 11.4 percent from KSh. 220,132.2 in 2020 to KSh. 245,145.3 in 2021.

#### 2.1.2 Poverty

Reducing poverty has been a key Kenyan development objective since independence. The percentage of the population living on less than \$1.90 a day at 2011 International prices declined from 43.7 per cent in 2005 to 36.8 percent in 2015. Although the percentage of population below the poverty line declined from 55.5 percent in 2000 to 36.8 percent in 2015, the absolute numbers have increased. The World Bank Review published in November 2020 revealed that the COVID 19 pandemic might have increased poverty by 4 percentage points, thus increasing the number of people living in poverty by approximately 2 million.

About 14.5 million Kenyans are food poor. Food poverty incidence is highest in rural areas, where 10.4 million individuals are living below the food poverty line compared to almost 1 million in peri-urban and 3.2 million in core urban areas respectively. Food poverty ranges from a high of 66.1 percent in Turkana County and lowest in Meru and Nyeri counties at 15.5 per cent. The prevalence of undernourishment in the country fell gradually from 33 per cent in 2003 to 29.4 percent in 2017.



### 2.1.3 Labour Force Participation

An important link between population dynamics and economic and social development is the labour market. Employment constitutes the primary means of addressing household poverty. The critical areas to consider include; 1) Access to decent work, 2) Long term unemployment; 3) underemployment, and 4) labour inactivity. The labour force participation rate among the working age was 74 percent in 2019. It was the highest for age cohort 35-64 at 34.1 percent while the lowest was for the age cohort 15 – 17 at 2 percent. Unemployment rate stands at about 12 percent and about 68 percent of the unemployed were aged below 35 years. Child labour is still rampant in Kenya and about 7.8 percent of children age 5-14 were in some employment.

The highest rates of labour underutilization were in the age group 20-24 at 27.1 percent. The percentage of the youth 15-34 group age not in education and not in employment or training (NEET) is estimated at 15.6 per cent. The age group 20 – 24 and 25-29 recorded high proportions of persons in NEET at 24.0 and 19.8 per cent, respectively. The number of the youth not in the NEET is expected to rise due to the adverse impact of the COVID 19 pandemic such as the closure of schools and small businesses.

### 2.1.4 Human Capital

Human capital consists of the knowledge, skills, and health that people accumulate over their lives, enabling them to realize their potential as productive members of society. The World Bank in 2018 established an index to measure human capital. Estimated human capital index for Kenya in 2018 was 0.52 and Kenya ranked number 94 out of 157 countries. In 2020, Kenya's index was estimated to be 0.55. This means that 55 percent of children born in Kenya today will grow up to be, at best, half as productive as they could.

### 2.1.5 Human Development

The Human Development Index (HDI) summarizes the country's overall achievements in providing its citizens with quality education, health care, longevity, and necessities to lead a decent life. The latest HDI estimate for Kenya is 0.579 (2019) compared to Norway (the highest) 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 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. Kenya's Gross National Income (GNI) per capita increased by about 34.7 percent between 1990 and 2018.

## 2.2 Population Size, Growth and Age Structure

### 2.2.1 Population Size and Growth

The 2019 Kenya Population and Housing Census enumerated 47.6 million people in the country. This is 4.3 times the number of people enumerated in the first post-independence census undertaken in 1969. Between 2009 and 2019, Kenya's population grew at the rate of 2.3 percent annually, down from 2.9 percent between 1999 and 2009. The population is projected to reach about 57.8 million by 2030. Despite declining fertility rate, the country's population is projected to continue growing over the next 50 – 60 years because of the current population momentum.

### 2.2.2 Age Structure

Changes in the population age structure have direct implications for the population growth as well as production and consumption of resources. These changes and implications are inextricably tied to the development progress because age influences people's social and economic behavior and needs. The age structural changes can enable the country to gain from the demographic transition, commonly referred to as the demographic dividend, if the right economic and social policies, particularly in education and health, are put in place and implemented.

Since 1999, the proportion of children below age 15 has been declining while the proportion of the youth, persons in the working age, women of reproductive age, and older persons has been increasing. Between 2009 and 2019, the proportion of children below age 15 decreased in 43 counties while the proportion of the population in the working age increased in 45 counties.

#### Children Age 0 – 14

The proportion of the population in the 0-14 age group is an indicator of the youthfulness of a country's population. In 2019, children age 0-14 in Kenya constituted 39 percent of the total population thus implying that the country's population is still youthful. Counties with about half or more of the population in this age group are Mandera, West Pokot, Wajir, Samburu, and Narok. In Embu, Kiambu, Nairobi, Nyeri, and Kirinyaga counties, less than one-third of the population is below age 15.

#### Active Age Population (Age 15 – 64)

The working age population is key in driving the country's demographic dividend agenda and reducing the dependency levels. This segment of the population is projected to continue to increase in both numbers and proportion. In 2019, the working age population in Kenya was estimated to be 57 percent of the population. It was 54 percent in 2009. Majority of those in this segment of the population are males (53%). Between 2009 and 2019, the proportion of youth (age 18-34) increased marginally from 28.7 to 29 percent of the total population



while that of women of reproductive age (15-49) increased from 48.3 to 50.4 percent of the total female population. As the number of women of reproductive age continues to increase the demand for reproductive health and related services will also increase.

In nine counties, namely; Nairobi, Mombasa, Kiambu, Kirinyaga, Nyeri, Embu, Machakos, Uasin Gishu, and Taita Taveta over 60 percent of the population is in the working age. In Narok, Tana River, Wajir, Samburu, West Pokot and Mandera less than half of the population is in the working age.

### **Elderly (Age 60 and over)**

Persons age 60 and above are the fastest growing segment of the Kenyan population. Kenya's elderly population increased from 1,926,051 in 2009 to 2,740,555 in 2019, thus representing an increase of about 42 percent. This rapid increase has implications for the country's social protection measures since the official retirement age in Kenya is 60 years. Majority of older persons in Kenya are female at 55 percent.

The main challenges faced by older persons are poor health; inadequate income security and social protection; Violence, Abuse and Neglect (VAN); and ageism. More than half of the elderly in the country live in absolute poverty, and are the poorest age group in the country. The proportion of older persons who receive the old age pension in Kenya is estimated at 24.6 percent. In an effort to enhance the wellbeing of senior citizens, the Government has put in place a policy on Older Persons and Ageing in Kenya. In addition, about two-thirds of population age 70 and above receive a monthly stipend from the Government to cater for their basic needs. Majority of those who receive this stipend are females (61%).

### **2.2.3 Vulnerable Populations**

#### **Persons with Disabilities**

Vulnerable population in Kenya was enumerated at 916,635 people in 2019 and constitute 2.2 percent of the country's total population. Majority of those who have a disability are females (57%). Among males, the disability prevalence is 1.9 percent while among females it is 2.5 percent. The major challenge faced by PWDs is inability to take full advantage of existing opportunities, including education and training, because of the various limitations they have. In the public formal sector, only 1.2 percent of the employees are PWDs. This is much lower than the target of 5 percent set out in section 13 of the Persons with Disabilities Act of 2003.



## Total Orphans

Total orphans are among the vulnerable populations who are covered under the Country's Social Protection Programme. The 2019 Kenya Population and Housing Census found that there are 209,396 totally orphaned children in the country 51 percent of whom are male and 49 percent are female. The proportion of orphaned children varies across the counties. Garissa County has the highest percentage of children who are total orphans at 3.3 percent followed by Wajir (2.4%), Isiolo (2.1%), Siaya (2.0%) and Marsabit (2.0%) counties. West Pokot County has the lowest percentage of children who are total orphans in the country at 0.3 percent followed by Narok, Elgeyo Marakwet, Kajiado and Kilifi counties at 0.4 percent each.

## Inter-sex

The population of intersex as reported in the 2019 KPHC was 1,524 this being less than one percent of the country's population. Majority of the inter-sex people live in the rural areas. The inter-sex population is more likely to be discriminated against within the society in addition to the health and social challenges that they face in their communities. Overall, 43 percent of intersex persons in Kenya live in households that are poor. About 21 percent of inter-sex persons age 3 and above have never attended school while 20 percent left school or a learning institution before completing.

## Homeless

According to the 2019 Kenya Population and Housing Census, the homeless population was enumerated at 20,101 this being less than one percent of the country's total population. On average, there are 42 homeless persons in every population of 100,000. Eighty-eight percent of the homeless people in the country are male.

## 2.3 Fertility

The prevailing birth rates, deaths rates and the balance between immigration and emigration are the determinants of Kenya's population growth. The trajectory of population change in the country is largely driven by fertility and mortality. The central factor driving population dynamics in Kenya is fertility, which is influenced by education, culture, provision of family planning services, child and maternal programmes, and other public health measures that affect morbidity and mortality.

After a rapid rise in fertility levels in the early 1970s that reached one of the highest rates in fertility levels at 7.9 births on average, the country has experienced substantial decline in fertility reaching a Total Fertility Rate (TFR) of 3.4 in 2019. Most women report at least two births in the age group 25-29 years (2019).

Despite the decline in fertility at the national level, there remain pockets of high fertility in a number of counties in Kenya. Six counties out of 47 still have TFR of above 5 children per woman. In addition, high fertility is disproportionately concentrated in poor counties.

### 2.3.1 Adolescent Fertility

Adolescent fertility has the overall impact of affecting the economic growth of a country due to poor socioeconomic outcomes such as school dropout, lost productivity, and intergenerational transition of poverty. The Program of Action of the 1994 ICPD emphasized the importance of reducing adolescent pregnancy and the multiple factors underlying adolescent fertility. Early pregnancy and childbearing have negative effects on the welfare of the affected girls and women such as obstetric fistula, loss of education opportunities and the risk of not participating in the labour force, which may lead to higher risk of living in poverty. Their children are also at a higher risk of dying in infancy and early childhood. There are about 11 million adolescents in the country with about 70 percent living in rural areas.

#### Adolescents -Age 15-19 years

The proportion of teenagers who have begun childbearing has remained at about 18 percent in the country in the last three decades. However, in 2019, it was estimated that one in ten teenage girls (10%) had given birth. All counties indicate a challenge with adolescent fertility with four out of the 47 reporting higher levels of more than 100 per 1,000 teenagers. Regional and county differentials in adolescent fertility are closely linked to culture and poverty.

#### Younger adolescents -Age 10-14 years

Dimensions on adolescent fertility has focused on age 15-19 with the adolescents in the age group 10 to 14 years not given the due attention. Average annual birth rate in this age group has grown from 4,472 in 1989 to reach nearly 6,400 births in 2019.

### 2.3.2 Family Planning

The uptake of family planning services has increased from 39 percent in 2003 to 58 percent in 2014. However, one in every five women discontinue use within one year with the main reasons being health related concerns and side effects. Unmet need for family planning is 18 percent (2014) having declined from 31 percent in 2003. Women in Kenya give birth on average to one more child than desired. The concern is unchanging patterns of unplanned pregnancy, which currently stands at 35 percent. This phenomenon is more common among younger women, women in the lower socioeconomic strata, women living in rural areas and in the arid and semiarid counties of Kenya.



### 2.3.3 Marriage

Marriage remains a key determinant of fertility in the country. The average age at first marriage for those who ever marry, increased marginally by 0.6 years for both males and females in the country during the last decade. The increase was from 26.7 in 2009 to 27.3 years in 2019 for males and 22.5 in 2009 to 23.1 years in 2019 for females.

#### Family formation

Marital characteristics of any society are dynamic and tend to vary in a spatial-temporal context. Marriage among women in Kenya is nearly universal. The proportion of never married gradually declines from about 95.8 percent among the 12 to 14 year-olds to 9.3 percent among women aged 45 to 49 years and is higher in urban than in rural areas. Generally, older women are more likely than younger to be in polygamous marriages.

Divorce and separation is slightly common among older women, though the phenomenon is generally low. The proportion of women reporting to be divorced rises from 1.1 percent among 25 to 29 year olds to 2.2 percent among women aged 45 to 49 years. The proportion of women reporting separation is highest in the age group 35 to 39 years at 5.2 percent. Further, the incidence of divorce and separation is higher in the urban areas compared with rural areas. Concerning widowhood, women are more likely than men to be widowed. Widowhood status rises from 0.1 percent among the 15 to 19 year olds to 9 percent among women aged 45 to 49 years.

#### Infertility

The exact prevalence level of infertility in the country is not known. The proportion of married women aged 45 to 49 years who do not have any children often indicates the level of infertility in a country. In this regard the 2019 Population and Housing Census indicates that about one percent of all married women aged 45 to 49 years have no children.

#### Child Marriage

The Government has always been keen on reducing adolescent birth rates and therefore age 18 for both boys and girls has been set as the legal minimum age at first marriage. The proportion marrying by age 15 has not declined since the 1990s and remains at about 4.4 percent. The prevalence of child marriage is higher among girls than boys (23 percent as compared to the boys at 2.5 percent). The prevalence of child marriage among girls in the country is 23 percent (29 percent in rural and 17 percent in urban areas). A key determinant of fertility: childbearing starts very early and have a lengthy period within which to have children and tend to have many children other factors being constant.

Child marriage is a violation of human rights since no consent is obtained from the young girls as it is often forced by parents/ caregivers or other circumstances

such as unplanned pregnancy, poverty and cultural practices such as female circumcision. It prevents girls from obtaining education, maturing and enjoying optimal health. Child marriage has negative health effects such as elevated health risks/ maternal morbidity and children of adolescent mothers are subject to higher risks of early childhood mortality.

Significant progress in elimination of child marriages is critical for the achievement of the sustainable development goals relating to poverty, food security, health, education, gender equality, economic growth, peace and justice in the country.

## 2.4 Morbidity and Mortality

The incidence of death and its causes reveal much about a population's standard of living and quality of health care. Several indicators used to assess human development relate to mortality. The likelihood of dying is linked to factors such as age, sex, occupation, socio-economic status, nutrition, access to health care and environmental conditions such as access to safe drinking water and toilet facilities. Kenya has registered improvements in life expectancy at birth. Life expectancy for men improved from 47 to 61 years and for females from 51 to 67 years between 1969 and 2019.

The country is still experiencing high and persistent prevalence in communicable diseases, maternal conditions, nutritional and neonatal conditions despite the current shift in disease burden towards non-communicable diseases and injuries.

### 2.4.1 Childhood Morbidity and Mortality

The country has recorded significant gains in child survival in the recent past. Under five mortalities declined from 125 per 1000 live births in 1989 to 52 per 1000 live births in 2019 while infant mortality declined from 70 per 1000 live births to 36 per 1000 live births over the same period. Although childhood mortality declined at national level, it increased among children living in the urban areas while it declined for children residing in rural areas.

### Neonatal, Post neonatal and Infant mortality

Reducing neonatal mortality is important because it contributes largely to the increasing under-five mortality. Evidence shows that fifty-six percent of infant deaths in Kenya occur during the first month of life while 29 deaths per 1000 live births occur in the first week of life. The majority (99%) of the children who die during the first 4 weeks of life reside in the poorer parts of the country, especially the informal dwellings and ASAL areas. Neonatal mortality is 24 percent higher in urban areas than in rural areas (26 deaths compared to 21 deaths per 1,000 live births). More deaths occur among male children than among female children during their first year of life (44 deaths and 37 deaths per 1,000 live births, respectively).



The highest infant and neonatal mortality are experienced in Nairobi at 55 deaths and 39 deaths per 1000 live births, respectively. Some of the leading causes of neonatal deaths are: preterm complications (12%), Asphyxia (9%) and Sepsis among other complications such as ante-partum hemorrhage, eclampsia, and abnormal presentation and prematurity which are purely preventable and treatable.

### Under-5 mortality

Under-five mortality was estimated at 52 deaths per 1,000 live births in 2019. The under-5 mortality ranges from a low of 30 deaths per 1,000 live births in Tharaka-Nithi to a high of 107 deaths per 1,000 live births in Migori county. Migori, Homabay, Tana River and Vihiga counties are the counties recording the highest infant and under-five mortality rates in Kenya. They are also the counties with the highest HIV prevalence and malaria endemicity.

HIV/AIDS and malaria are the first and third-most leading causes of Kenya's total years of life lost for this age. Other causes of illness and deaths among children under age 5 include malnutrition and physical violence. About twenty-six percent of children under age 5 are stunted, and 11 percent are underweight. Physical violence is the most common type of violence experienced in childhood in Kenya with nearly two out of five females (38.8%) and half of males (51.9%) experiencing childhood physical violence.

### 2.4.2 Adolescents and Young People Morbidity and Mortality

In Kenya, mortality rates are low among adolescents compared with other age groups. The mortality rate among adolescents aged 10-14 year is 5/1000 compared to 6 deaths per 1000 among the adolescents aged 15-19 years. It is estimated that communicable diseases (Malaria, HIV/AIDS and diarrhea) contribute to 64 percent of deaths among boys aged 10-14 years and 69 percent of deaths among girls with Malaria and HIV/AIDS as the main cause of mortality among boys and girls, respectively.

Road injuries and HIV/AIDS are the leading causes of deaths among boys and girls aged 15-19 respectively. A total of 837 road traffic deaths were reported in 2020 for children aged less than 20 years, accounting for 21 percent of all the deaths. The second leading cause of deaths among girls aged 15-19 is maternal conditions, contributing to 16 percent of the death among this age group. However, HIV/AIDS still remains the leading cause of deaths among the 10-24 year olds. The most common injuries affecting this age group are road traffic injuries, suicide and homicide.

Nutritional deficiencies, heavy episodic drinking, tobacco use and insufficient physical activity are some of the risk factors and determinants of health and wellbeing among this age group. It is estimated that 16 percent of girls aged 10-

19 years in Kenya are overweight compared to 11 percent of boys of the same age. Additionally, eight in ten boys and girls do not engage in sufficient activity.

### 2.4.3 Adult Morbidity and Mortality

The level of adult mortality is an important indicator for the comprehensive assessment of the mortality pattern in a population. According to the 2019 Kenya Population and Housing Census results, females tend to live longer than males whereby for every 1000 males reaching age 15, about 341 do not reach their 60th birthday compared to 212 females. Female adult mortality has been declining faster than male adult mortality. Generally, a major cause of morbidity and death among adults is HIV/AIDS epidemic with 4.9 percent of adults aged between 15-49 years being HIV positive. The disease burden from non-communicable diseases (NCDs) is on the rise with NCDs being estimated to account for 27 percent of total deaths among adults. The risk of dying between ages 30 and 70 years from the four main NCDs (cancers, diabetes, cardiovascular diseases and chronic respiratory diseases) is 18 percent.

The leading causes of death among males and females aged 30-34 years old is TB and pregnancy related complications, respectively. On the other hand, the leading cause of death among males and females aged 60-64 years old is stroke and ischemic heart diseases, respectively.

The COVID-19 pandemic reversed the gains made over the years in reducing the disease burden in the country. Most of the COVID-19 infections were experienced by the population in the age group 30-39 years with more deaths being experienced in the age groups 60+ years and mostly among males than females.

About two-thirds of premature deaths in the country are linked to the exposure risk factors (namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol). About 50 per cent of such deaths are linked to the weak health systems that do not respond effectively and equitably to the health-care needs of people with NCDs and the elderly. Male death rates are significantly higher in the case of tuberculosis (32.9, compared to 17.3 per 100,000 in women), alcohol-induced conditions and drug abuse, perinatal conditions, hepatitis B and C and some tropical diseases but not malaria. More men than women are the main victims of road traffic deaths with 86 percent of cases reported in 2020 compared to 14 percent of females.

### 2.4.4 Maternal Mortality

Maternal mortality ratio in the country is estimated at 355 deaths per 100,000 live births. On the other hand, maternal mortality ratio among females aged 15-19 years is 464 per 100,000 live births. This is a concern because the risk of maternal mortality is highest among adolescent girls due to the high complications in pregnancy and childbirth. These pregnancy-related complications contribute to 16 percent of the deaths among female adolescents.



In spite of the progress made in addressing maternal health, nearly 5,000 women still die annually in Kenya due to pregnancy-related causes. In addition, a notable proportion of women suffer long lasting pregnancy-related injuries, infections or disabilities and illnesses such as obstetric fistula.

## **2.5 Mobility, Migration and Urbanization**

Migration influences the population structure, size and composition of a country. Migration has the potential to enhance the opportunities of an individual, their families and country at large. The rapid rural -urban migration has contributed to expansion of urban settlements, changing household sizes and composition, and puts strain on social amenities. As the number of migrants continue to increase, mobility (movement), becomes a major issue and poses certain social, economic and political challenges.

### **2.5.1 Mobility**

Economic and educational activities in Kenya are mainly responsible for mobility (commuting, short term seasonal movements including circular migration). The COVID-19 pandemic complicated labour mobility to and from the counties. This slowed down economic activities while accelerating the transition of businesses to digital platforms. However, there is inadequate data on mobility to inform policy formulation and programme design.

### **2.5.2 Internal Migration**

The main form of internal migration in the country is rural-urban, however with devolution people are migrating from major urban centres to rural upcoming centres. Internal migration presents opportunities as it spurs economic growth and development, enhances access to services, influences social change and lifestyle and challenges such as insecurity and pressure on social amenities. In 2019, Nairobi, Kiambu, Mombasa and Kajiado were the receiving counties (highest net gainers) of lifetime migrants while Kisii, Kakamega, Murang'a and Vihiga were the sending counties (the highest net loss) of lifetime migrants. In Kenya, Internally Displaced Persons (IDPs) are associated with various aspects that include man made and natural disasters among others. The 2021 World Bank data revealed a decline in the number of IDPs associated with disasters, conflict and violence from 394,000 in 2020 to 294,000 in 2021.

### **2.5.3 International Migration**

Three dominant forms of international migration exist in Kenya; voluntary international migration, refugee movements and asylum seekers and irregular migration in the form of migrant human trafficking and smuggling that are often undocumented. Kenya is a country of origin, transit and destination of these forms of international migration. Human trafficking occurs mostly in Nairobi,

Kisumu and Mombasa cities. Key drivers of international migration are access to employment and education opportunities.

Kenya hosts one of the largest refugee populations and asylum seekers in the world in an environmentally fragile eco-system that presents both ecological and resource challenges. Although international migration is considered negligible, it has attracted attention due to remittance inflows, which have been growing exponentially over the years.

#### 2.5.4 Urbanization

The total urban population has been growing steadily from about 1 million in 1969 representing 9.8 percent of the total population to 14.8 million in 2019, which is 31.2 percent of the total population. The number of urban centres increased from 47 in 1969 to 372 in 2019. The urban population growth rate has significantly dropped from 8.3 percent in 2009 to 2.1 percent in 2019. The sex ratio indicates a gradual reduction in the selective dominance of males in the urban centres. The proportion of unemployed urban population is relatively small while the informal sector plays a significant role in providing urban employment.

Nairobi City hosts the highest proportion (29.6%) of the total urban population followed by Mombasa (8.1%), Nakuru (3.8%), Ruiru (3.8%), Eldoret (3.3%), Kisumu (2.7%) and Kikuyu (2.2%). Urban centres bordering large cities are merging to form metropolitan cities. More than half of the total urban population (56%) reside in informal settlements. It is estimated that over 70 percent of the population in Nairobi lives in informal settlements.

Waste management is a challenge in urban areas. In 2019, about 25 percent of urban households had access to the main sewer and 15 percent had access to county government solid waste disposal services.

### 2.6 Population, Human Settlement, Environment and Disasters

The share of environment and natural resources sector 2021 was 3.6 percent to the GDP whereas the share of the agricultural sector, which is highly dependent on the environment and weather conditions, was 5.1 per cent. However, rapid population growth has led to increasing pressure on the environment and services in both the rural and urban areas. Consequently, the country has witnessed increasing loss of biodiversity, climate change, pollution, deforestation, land degradation, water and food shortages. In addition, high levels of poverty, unsustainable human activities including the use of technology, rapid urbanization and increasing concentration of people in small settlement areas and the effects of climate change has increased the vulnerability of the population to



disasters. This is likely to undermine the country's efforts to achieve its development aspirations as articulated in Kenya's Vision 2030.

### 2.6.1 Population and Environment

Kenya has been experiencing increasing demand for natural resources due to rapid population growth resulting in environmental degradation. Moreover, human activities such as generation and unsustainable disposal of waste together with land, air, water pollution and land degradation, rapid urbanization, low public investment, poorly defined property rights, global commodity trade policies that promote over-exploitation of natural resources and the effects of climate change have led to worsening environmental degradation in many parts of the country.

The effects of climate change and environmental degradation include frequent occurrences of erratic rainfall, droughts, food insecurity, flooding, vector and water borne diseases, emergence of invasive species, extinction of species and decreasing renewable fresh water in both rural and urban areas. The increasing encroachment of wetlands, which cover about 3 to 4 per cent of the land area of Kenya, has undermined its ability to provide ecosystem services such as filtering and storing water, protecting coastlines from erosion, and as wildlife habitats.

Kenya's blue economy potential, which covers about 2.2 percent of the land surface, is currently experiencing pressure caused by increasing human activities. Kenya is classified as a water-scarce country with renewable fresh water per capita standing at about 450m<sup>3</sup>/capita/year that falls far below the recommended minimum by the United Nations (UN) of 1000m<sup>3</sup>/capita/year. This situation is likely to worsen in the coming years due to rapid population growth.

### 2.6.2 Population and Human Settlement

Harmony between human settlement and the environment is critical for the improvement of the quality of life of the population and achievement of sustainable settlements. About 20 percent of the total land area in Kenya is arable whereas 80 percent is Arid and Semi-Arid. High population densities in the arable land areas have led to land fragmentation and land degradation that poses a threat to food security and nutrition. Moreover, population pressure in these areas has led to the loss of rich agricultural land to real estate development and other urban development uses.

In the ASALs, new emerging land uses such as modernized agriculture, green houses, housing estates, industrial, institutional and urbanization have led to human-human conflicts as well as diminishing of the ASALs resources which has threatened the practice of pastoral farming and the livelihoods of the pastoralists. Increasing human settlement in both the arable lands and the ASALs has led to loss of forest cover. Insecurity of land tenure and unsustainable use of the natural resources in these areas is responsible for the rapid loss of wildlife

habitats and increased occurrences of human-wildlife and human-human conflicts.

Population and human settlements cause environmental challenges that are interrelated and interlinked. Population, Health and Environment integrated approaches in community development initiatives have registered remarkable results in addressing the complex interlinked challenges that exist between population dynamics, human health, and environmental conservation.

### 2.6.3 Population and Disasters

The common natural and manmade disasters affecting the Kenyan population are those related to climate change, human activities and diseases. High levels of poverty estimated at 36.1 percent in Kenya have increased the susceptibility of the population and the environment (surroundings) to calamities in the country. Other factors that have increased vulnerability to disasters include high levels of unemployment, over reliance on rain-fed agriculture, rapid urbanization, mushrooming of unplanned and informal settlements in disaster risk areas, poor construction practices, HIV/AIDS, COVID-19 and poor disaster management systems.

Kenya has witnessed a number of disasters resulting in serious consequences, including deaths, injuries, emotional and mental complications, damage to property and economic losses. Despite the severity and magnitude of these disasters, there is no sufficient data and adequate analysis on their impact on demographic, socio economic and health conditions of the affected population to inform development of effective preparedness and management policies and programmes.



## **CHAPTER 3: POPULATION POLICY GOAL, OBJECTIVES AND DIRECTION**

### **3.1 Introduction**

The aim of this policy is to provide a responsive harmonized direction to address population and development challenges for the achievement of Kenya's Vision 2030 and other national development aspirations through multisectoral integrated approaches. This is envisioned in the goal and objectives of the policy.

### **3.2 Goal**

The goal of this policy is to attain a high quality of life for the population of Kenya that is secure, healthy, broadly educated, trained and empowered for sustainable development.

- i. The policy will contribute to a productive and innovative population for social transformation and sustainable development; and
- ii. The policy will promote integration and mainstreaming of population and development issues in all sectors for the improvement of the welfare of families and communities.

### **3.3 Objectives**

The objectives of the policy are:

- i. To attain a population age structure, human resource base, and economic environment that will accelerate economic development;
- ii. To promote initiatives that enable individuals and couples to make informed choices on their fertility;
- iii. To promote policies and interventions that address morbidities and mortalities across all the segments of the population to improve longevity/life expectancy;
- iv. To address challenges and maximize opportunities arising from mobility, migration and urbanization to achieve national development aspirations;
- v. To Promote integrated approaches to address population, environment and disaster risk response issues to achieve sustainable development;
- vi. Enhance availability, accessibility and utilization of reliable and timely population data and research leveraging on technology and innovation;
- vii. Advocate for domestic financing for implementation of population policy and programme; and
- viii. 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.

## 3.4 Population Policy Concerns and Measures

This section covers the critical policy concerns and measures identified in the seven broad population thematic areas.

### 3.4.1 Population Age Structure

The population age structure presented in this section is categorized into four broad areas: children 0-14 years, active age population (15-64), the elderly 60 years and above and the vulnerable population.

#### 3.4.1.1 Children Age 0-14

Child development during this age bracket is characterized by challenges that hinder children from achieving their maximum potential. Early interventions are therefore necessary in order to make later interventions more cost-effective and successful.

#### Main policy concerns

- i. Increase in incidents of violence against children;
- ii. Increase in cases of child neglect;
- iii. Increasing cases of child labour and child trafficking; and
- iv. Inadequate data and information for children age 5-14 at county levels to track survival thrive indicators.

#### Policy measures

- i. Support the review, implementation and enforcement of policies and laws protecting children's rights;
- ii. Full enforcement of the legal framework for the provision of compulsory Basic Education;
- iii. Scale up interventions that promote comprehensive agenda for child development; and
- iv. Re-structure the data collection system to capture survival thrive information or indicators on children age 5-14.

#### 3.4.1.2 Active Age Population (Age 15-64)

This segment of the population mainly comprises young people age 15-34 and adults age 35-64. In this age group, about 13.4 percent of young people age 15-34 are not in employment, education or training. As a result, the major issues of concern for this cohort are education and training for skills acquisition, access to decent work, unemployment and distress migration. Inadequate availability of affordable quality childcare services and childcare friendly work environment hamper women's full participation in the labour force in the country. If these

issues persist, the country may not adequately benefit from the demographic dividend.

### Main policy concerns

- i. Mismatch between available skills and labour market requirements;
- ii. Preference for white collar jobs;
- iii. Untapped skills;
- iv. Unemployment and underemployment;
- v. Low enrollment rates in TVET institutions;
- vi. Low uptake of available credit facilities; and
- vii. Limited participation of women in the labour force due to childcare issues.

### Policy measures

- i. Implement the National Youth Development Policy (2019);
- ii. Implement the Kenya Demographic Dividend Roadmap;
- iii. Link education and skills training with labour market needs;
- iv. Advocate for Technical and Vocational Education Training (TVET);
- v. Fully implement Competency Based Curriculum in the education system;
- vi. Advocate for measures that promote the expansion of internship, apprenticeship, and on-the-job training for youth to address youth employment;
- vii. Promote internships and attachments for youth across the public and private sector;
- viii. Strengthen direct employment generation schemes, skills development programmes, promotion of self-employment and job search assistance;
- ix. Increase access to credit facilities countrywide;
- x. Enforce existing standards for childcare services; and
- xi. Advocate for childcare friendly work environments.

#### 3.4.1.3 Elderly (Age 60 and over)

The proportion of older persons (age 60 and above) is increasing rapidly, thus requiring substantial resources with which to satisfy their needs. This has implications for social protection measures since more than half of this population lives in absolute poverty, and is currently the poorest age group in the



country. The key issues of concern for the older persons are health, income security, and family support concerns.

### **Main Policy Concerns**

- i. Declining stock of health and limited healthcare insurance cover;
- ii. Weak health system and policy environment that does not support healthy ageing;
- iii. Inadequate care and support from family and community due to breakdown in traditional old age support systems;
- iv. Violence, neglect and abuse by family members and caregivers;
- v. Little pension and low cash transfer coverage;
- vi. Loss of pension income for elderly widows after demise of spouse (Pensioner); and
- vii. Lack of opportunities for older persons to be more productive in society.

### **Policy Measures**

- i. Expansion of UHC to all older persons in the country;
- ii. Strengthening of the policy and legal environment to support healthy ageing;
- iii. Full implementation of the National Policy on Older Persons and Ageing, 2019;
- iv. Promote and enhance voluntary pension schemes for workers in the informal sector;
- v. Advocate for home-based support networks and palliative care for elderly persons;
- vi. Promote initiatives that encourage young people to save for their old age; and
- vii. Increase investments in social protection programmes targeting older persons.

#### **3.4.1.4 Vulnerable Populations**

This category of the population is found in all the segments of the population. Vulnerability results from orphan hood, disability or difficulty in performing activities of daily life, social discrimination associated with intersex, and homelessness due to displacement or poverty.

## Persons with Disabilities

This segment of the population constitutes 2.2 percent of the population age 5 and above. Their major challenge is inability to take advantage of existing opportunities because of their limitations in accessing formal education and training, infrastructure, employment, and other basic social services.

### Main Policy Concerns

- i. Low enrolment in school and absenteeism from school or learning institutions;
- ii. Low integration and mainstreaming of issues affecting PWDs;
- iii. Inadequate implementation of both the National Policy on Persons with Disabilities 2019 and the Persons with Disabilities Act of 2003;
- iv. Poor access to health care due to limited access to medical insurance cover, stigmatization by health workers, and infrastructure and communication barriers;
- v. Inadequate information on specific needs of PWDs by disability domain; and
- vi. Unemployment and loss of employment due to disability.

### Policy Measures

- i. Scale up integration and mainstreaming of issues affecting PWDs;
- ii. Continue with the implementation of the affirmative actions for persons with disabilities;
- iii. Enhance implementation of both the National Policy on Persons with Disabilities 2019 and the Persons with Disabilities Act of 2003;
- iv. Institute further measures to make the health care system more responsive to health needs of PWDs;
- v. Put in place a data collection system that continually collects information on PWDs by disability domain; and
- vi. Accelerate implementation of the legal requirement to reserve 5 percent of employment opportunities in public and private sector for PWDs.

## Total Orphans

Total orphans are children below 18 years who have lost both parents. These children are among the vulnerable segment of the population. The Government has put in place a Social Protection Programme to assist in taking care of the needs of these orphans.

### Main Policy Concerns

- i. One-fifth of total orphans have never attended school;
- ii. A substantial proportion of total orphans is married;
- iii. Total orphans who provide child labour; and
- iv. Most total orphans live in poor households.

### Policy Measures

- i. Advocate for education and skills training for total orphans;
- ii. Enhance the social protection programmes to comprehensively address the needs of total orphans; and
- iii. Enforce laws protecting children in connection with orphans.

#### a. Inter-sex

Intersex persons in Kenya face a number of unique challenges that impact negatively on their development.

### Main Policy Concerns

- i. Legal, institutional and administrative structures that do not recognize intersex persons;
- ii. Low public awareness on the status and plight of intersex persons;
- iii. Timing of medical surgical interventions;
- iv. Low education attainment; and
- v. Inadequate data on the wellbeing of intersex persons.

### Policy Measures

- i. Review the existing legal, institutional, and administrative structures to incorporate the needs of intersex persons;
- ii. Increase public awareness on the plight of intersex persons;
- iii. Provide information and support to intersex persons and their families;
- iv. Develop a policy on the timing of surgical interventions for intersex persons; and
- v. Conduct regular surveys on wellbeing of intersex persons.

#### b. Homeless

Homelessness is often considered as a sign and cause of poverty and social exclusion. The main issues affecting this segment of the population are lack of residence, poverty, health, education and social integration.



### Main Policy Concerns

- i. Vulnerability to poor health;
- ii. Insecurity; and
- iii. Poor access to social amenities.

### Policy Measure

- i. Explore effective mechanisms for settling homeless persons

### 3.4.2 Fertility

Fertility is a key driver of population change that contributes to the size, structure and composition of the population in a country. The high proportion of Kenyan women who discontinue family planning methods after a short period of use implies that there are underlying issues. These issues include frequent family planning commodities stock outs, side effects, myths / misconceptions and inadequate health providers. For example, only six counties in Kenya have met the recommended target of health care workers per given population.

### Main Policy Concerns

- i. Persistent county differentials in total fertility rates;
- ii. Access to reproductive health information and services especially in rural areas;
- iii. Infertility and the associated stigma;
- iv. Inadequate data on involuntary infertility; and
- v. Policy imperative on surrogacy and adoption.

### Policy Measures

- i. Advocate for programmes that encourage quality population for all Kenyans;
- ii. Enhance awareness on fertility related issues and its impact on development;
- iii. Establish frameworks for enhancing innovative delivery of reproductive health services in the whole country;
- iv. Strengthen collection and analysis of data on infertility; and
- v. Advocate for the development of a policy framework on surrogacy and revision of the adoption policy.

## **a. Adolescent fertility**

### **Main Policy Concerns**

- i. Adolescent childbearing and its impact on a girl's human capital development;
- ii. Empowerment of and partnership with adolescents and communities to address poverty;
- iii. Slow decline in the incidence of child marriage, and teenage birth rates;
- iv. Inadequate data on early adolescent fertility (10-14 years); and
- v. Poor communication on issues related to adolescent sexuality.

### **Policy Measures**

- i. Advocate for full implementation of relevant government policies and guidelines that address adolescent fertility;
- ii. Promote social responsibility to address adolescent pregnancies;
- iii. Promote initiatives aimed at preventing early child marriage;
- iv. Promote initiatives aimed at preventing teenage pregnancies;
- v. Support Population Champions' model at both national and County levels; and
- vi. Strengthen collection and analysis of data on early adolescent fertility.

## **b. Family planning**

### **Main Policy concerns**

- i. Inadequate domestic financing for family planning commodities;
- ii. Inadequate information on family planning;
- iii. Myths and misconceptions on contraception;
- iv. Inequity in access to family planning information and services among the vulnerable populations; and
- v. Frequent family planning commodities stock outs.

### **Policy Measures**

- i. Invest in advocacy to increase commitment by national, county governments and partners to family planning;
- ii. Address knowledge/information gaps, myths and misconceptions on family planning;
- iii. Promote interventions that address inequity in access to family planning information and services among the vulnerable populations;

- iv. Invest in infrastructure, supplies, and personnel in health facilities to address family planning accessibility and frequent stock outs;
- v. Utilize the existing research findings to formulate and implement socio-economic and other interventions to address the disparities that are witnessed in family planning uptake among counties; and
- vi. Mainstream monitoring and evaluation in the family planning interventions to promote family planning.

### 3.4.3 Morbidity and Mortality

The 2030 Agenda for Sustainable Development seeks to promote physical, mental health and wellbeing and to extend life expectancy for all. The gains in life expectancy at birth observed over time reflect changes in morbidity and mortality that occur across the various age ranges.

#### 3.4.3.1 Childhood morbidity and mortality

##### Main Policy Concerns

- i. Widening county differentials in childhood morbidity and mortality;
- ii. Increase in neonatal deaths;
- iii. Poor quality of child mortality data due to misreporting;
- iv. Poor health seeking behavior;
- v. Persistent stunting among children; and
- vi. Increase of childhood mortality in urban and ASAL areas.

##### Policy Measures

- i. Advocate for targeted interventions for child health with focus to ASAL areas and informal settlements in the urban centres;
- ii. Strengthen monitoring and evaluation systems of existing RMNCAH interventions to understand and address factors leading to the widening and persistent county differentials in childhood health indicators;
- iii. Support and improve access to the primary health care system; and
- iv. Increase investment in food security, immunization and nutrition programme.

#### 3.4.3.2 Adolescent and Young People Morbidity and Mortality

This segment of population is characterized by low mortality rates compared with other age groups and have shown a slight improvement in the past decade. Adolescents and young people experience deaths due to causes that are preventable.



### Main Policy Concerns

- i. Inadequate age disaggregated data for the various segments of this population group;
- ii. Weak dissemination and implementation of policies, action plans and guidelines meant to address adolescent and youth health;
- iii. Inadequate targeted services for the health wellbeing and concerns of the adolescents and young persons; and
- iv. Poor health seeking behavior among the adolescents and young people.

### Policy Measures

- i. Promote age disaggregated data during routine reporting and surveys;
- ii. Support the full implementation of policies and enforcement of relevant legislation;
- iii. Support initiatives aimed at reconfiguring health response mechanisms/systems to cater for the needs of adolescents and young persons; and
- iv. Promote community awareness to address harmful socio-cultural practices that affect health seeking behavior.

### 3.4.3.3 Adult Morbidity and Mortality

The level of adult mortality is an important indicator for comprehensive assessment of the mortality pattern in a population. Adult mortality rate is often measured by the probability of dying between ages 15 and 60.

### Main Policy Concerns

- i. Increasing out of pocket financing for healthcare services;
- ii. Increase in inter-personal violence;
- iii. Increase in road traffic fatalities;
- iv. Widening sex differentials in morbidities and mortalities;
- v. Weak health insurance systems and structures which do not favour widows and the elderly;
- vi. Insufficient healthcare services for the elderly;
- vii. Increasing deaths associated with NCDs; and
- viii. Increasing morbidities and mortalities from pandemics and endemics.

### Policy Measures

- i. Advocate for comprehensive domestic health care financing by leveraging on the UHC opportunity;

- ii. Support the implementation of health policies in place and enhance investment in preventive action against inter-personal violence and road traffic fatalities;
- iii. Enhance preparedness and resilience against pandemics;
- iv. Advocate for increased awareness of the NCDs and mental health; and
- v. Support studies on adult morbidity and mortality.

#### **3.4.3.4 Maternal Morbidity and Mortality**

Maternal mortality ratio is one of the main indicators of adult mortality. Many women still encounter the burden of pregnancy related complications despite the many interventions in place.

##### **Main Policy Concerns**

- i. Persistent county differentials on maternal health indicators;
- ii. Increasing proportion of maternal conditions and mortalities attributed to adolescent and young people; and
- iii. Persistent socio-cultural factors that hamper the efforts of reducing maternal mortalities and conditions.

##### **Policy Measures**

- i. Strengthen monitoring and evaluation systems of existing RMNCAH interventions;
- ii. Promote community awareness to address socio-cultural harmful practices that contribute to maternal morbidity and mortality;
- iii. Advocate for investment in targeted interventions meant for the reproductive needs of the adolescents and young girls; and
- iv. Improve health services and provide cost-effective and high-impact interventions that address the needs of women continuum of care.

#### **3.4.4 Mobility, Migration and Urbanization**

##### **3.4.4.1 Mobility, Migration and Development**

Political, socio-economic, environmental conditions, insecurity and poverty are significant drivers of voluntary and forced migration and displacements. The globalization process facilitates the movement of people within the country and across the national borders. As the number of migrants increase, mobility becomes a major issue and will pose certain social, economic and political challenges.

## Main Policy Concerns

- i. Loss of human capital in areas of outmigration and increased pressure on the resources, unemployment and insecurity in the recipient or destination areas;
- ii. Understanding on the growing complexity of mixed migration, especially human trafficking and smuggling;
- iii. Weak coordination mechanisms among government agencies working on combating human trafficking and smuggling;
- iv. Changing migration patterns and drivers;
- v. Climate change and environment driven migration, resulting in migrants settling in fragile ecological areas;
- vi. Inadequate implementation of the international migration governance protocols, including various protocols on free movement of people;
- vii. Inadequate priority given to the role of social remittances in national development;
- viii. Mobility and migration health concerns;
- ix. Inadequate data generation on mobility and migration; and
- x. Weak incentives to attract investment in the counties.

## Policy Measures

- i. Advocate for development, adoption and implementation of the National Migration Policy and National Labour Migration Policy;
- ii. Promote mobility and migration data generation, analysis and utilization;
- iii. Advocate for the integration of internal mobility and migration data into development planning at all levels;
- iv. Advocate for mainstreaming of international migration issues into development planning;
- v. Promote implementation of studies to enhance the understanding of the changing nature of international migration;
- vi. Promote studies on flow of remittances in and out of the country and their contribution to development; and
- vii. Promote investments in the counties as a strategy for creating employment opportunities and to reduce rural to urban migration.

### 3.4.4.2 Urbanization and Development

Urbanization is integrally connected to the three pillars of sustainable development: economic development, social development and environmental



protection. Urban population is growing very fast while the economic growth and development transformations necessary to support it to sustain and enhance the quality of urban life are not occurring at the same rate.

### **Main Policy Concerns**

- i. Uncontrolled urban development;
- ii. Disparities in rural and urban development attracting movement from rural to urban
- iii. Inadequate decent and affordable housing;
- iv. Inaccessibility and rising cost of housing finance and building materials;
- v. Inadequate non-motorized transport (NMT) structures;
- vi. Unabated urban sprawl without proper planning;
- vii. Inadequate information on market trends, best practices, optimal areas and risk assessment on real estate investment; and
- viii. Inadequate social amenities.

### **Policy Measures**

- i. Advocate for the full implementation of the Urban Areas and Cities Act;
- ii. Advocate for the implementation of the National Urban Development Policy of 2016;
- iii. Promote initiatives that strengthen linkages between rural and urban areas and within cities;
- iv. Promote development of sustainable cities and towns;
- v. Strengthen public-private-partnerships (PPP) to improve efficiency in waste management; and
- vi. Advocate for the implementation of ease of doing business policy to attract investments in Kenya.

### **3.4.5 Population, Human Settlement, Environment and Disasters**

There have been increasing concerns regarding the interrelationships between population and human settlements and environment, including climate change and disasters in Kenya. Appropriate interventions to address these concerns are needed in order to enhance the country's efforts geared towards the achievements of national development aspirations.

### 3.4.5.1 Population and Environment

#### Main Policy Concerns

- i. Population growth and renewable fresh water per capita;
- ii. Rapid urbanization, industrial trends and demand for water;
- iii. Population growth, water resource conflicts, catchment degradation, uncontrolled, unregulated and inefficient use of water resources, encroachment of riparian lands and wetlands;
- iv. Population growth and unsustainable use of the natural resources and disposal of wastes in both rural and urban areas; and
- v. Human activities, climate change, environmental degradation, extinction and emergence of invasive species such as *Prosopis juliflora* (“mathenge”), water hyacinth and wildlife habitats’ destruction.

#### Policy Measures

- i. Promote the adoption of water harvesting technologies to increase the quantity of renewable fresh water per capita;
- ii. Enhance awareness on sustainable production and consumption of resources;
- iii. Advocate for sustainable disposal of waste matter;
- iv. Promote initiatives including partnerships with decision-makers, development partners and communities for protection and restoration of the ecosystem;
- v. Promote initiatives for the enhancement of human and institutional capacity for assessing and implementing actions arising from the consequences of ecosystem change;
- vi. Advocate for adoption of Population, Health and Environment (PHE) integrated approaches in community development initiatives; and
- vii. Enhance integration of population issues in Environmental and Social Impact Assessments and Audits (ESIA&A) in the implementation of Environmental Management Plans.

### 3.4.5.2 Population and Human Settlement

Population plays a major role in influencing human settlements categorized into urban and rural based on their size and functions. In urban areas, increasing population has led to overcrowding and urban sprawl, which has resulted in people moving to the peri-urban areas; whereas in rural areas, rapid population growth has led to land fragmentation, emergence of unplanned settlements and settlement in protected wetlands and areas susceptible to environmental degradation.

## Main Policy Concerns

- i. Increasing encroachment of human settlement in protected areas and riparian lands;
- ii. Increasing location of human settlements in areas prone to environmental degradation;
- iii. Increasing animal-human conflicts for population living close to protected areas;
- iv. Increasing population in both arable lands and the ASALs;
- v. Rapid fragmentation of high potential agricultural lands, food insecurity, diminishing ASALs resources and loss of forest cover;
- vi. Increasing soil erosion, flooding, siltation of dams and destruction of infrastructure;
- vii. Insecurity of land tenure, unsustainable use of natural resources, human-human conflicts and persistent high poverty levels;
- viii. New emerging land uses such as modernized agriculture, green houses, housing estates, industrial, institutional and urbanization in the ASALs;
- ix. Increasing urban sprawl and loss of rich agricultural; land
- x. Interrelationship and inter-linkages aspects of population, human settlement and environment challenges.

## Policy Measures

- i. Promote enforcement and implementation of the National Spatial Plan 2015-2045, National Land Policy 2009, National Land Use Policy (Sessional Paper Number 1 of 2017) and Community Land Act, 2016;
- ii. Promote resettlement of population away from areas prone to environmental degradation;
- iii. Promote mainstreaming of population, gender, youth and climate change issues in land use planning and management initiatives;
- iv. Advocate for the adoption of Population, Health and Environment (PHE) integrated approaches in land use planning and management activities;
- v. Promote community involvement and participation in land use planning and natural resources management issues; and
- vi. Promote adoption of organic farming to protect and conserve environment in rural areas.



### 3.4.5.3 Population and Disasters

#### Main Policy Concerns

- i. Increasing frequency and severity of disasters associated with climate change, industrial and technological developments, human activities;
- ii. Inadequate data and information on the population disasters;
- iii. Increasing resource use conflicts in both arable lands and ASALs;
- iv. Mushrooming of unplanned and informal settlements;
- v. Rapid population growth and persistent high levels of poverty in both arable lands and ASALs; and
- vi. Inadequate integration of population issues into Kenya's disaster preparedness and management systems.

#### Policy Measures

- i. Promote initiatives for the strengthening and expansion of the multi-Agency collaboration and partnerships at the national and county levels;
- ii. Promote data generation on population affected by disasters;
- iii. Promote diversification of economic activities in both arable lands and ASALs;
- iv. Promote the development and enforcement of policies, legislation, regulations and standards on building codes, road safety, workplace safety and other disaster management initiatives;
- v. Promote resettlement of population away from areas prone to disasters; and
- vi. Promote mainstreaming of population issues into Kenya's disaster preparedness and management policies, plans and strategies.

### 3.4.6 Data, Research and Innovation

The Government of Kenya takes cognizance of the importance of valid, reliable, timely, culturally relevant and internationally comparable population data for policy and programme development, implementation, and monitoring and evaluation. Quality data is useful in providing evidence on the progress made in the implementation of this Policy and for indicating where investments are required. Although the country has a system of production and dissemination of data from censuses, surveys, administration systems and "big data" from digital platforms, there are concerns that need to be addressed.

#### Main Policy Concerns

- i. Limited use of ICT innovations and digital platforms for data generation and visualization;

- i. Weak coordination mechanisms for population data generation and use;
- ii. Inadequate research capacity for population and related issues;
- iii. Inadequate knowledge sharing, translation and use;
- iv. Lack of comprehensive integrated and up-to-date national population data centre that can serve as a one stop shop for all population and development indicators and outcomes;
- v. Inadequate resources for population research;
- vi. Incompleteness of administrative data; and
- vii. Poor quality data that can serve to outline areas where investment is required.

### Policy Measures

- i. Fully implement and operationalize the Data Protection Act (2019), The Kenya Information and Communications Act (2011), The Data and Statistics Act (2022) and adhere to Ethical Review Standards;
- ii. Support measures to ensure full implementation and regular update of the National Population Research Agenda;
- iii. Strengthen capacities of line ministries, other national government institutions and county governments to collect, analyze, disseminate and utilize data generated at all levels;
- iv. Institutionalize mechanisms for further analysis of existing data as well as dissemination;
- v. Promote establishment of frameworks/mechanisms aimed at strengthening and enhancing timely generation and dissemination of high-quality population data;
- vi. Promote use of innovation and new technology in collection and dissemination of population and development data and information at all levels;
- vii. Strengthen private sector engagement to support data generation, analysis and use;
- viii. Strengthen linkages between data users and producers at all levels;
- ix. Mobilize funds for population and development research and investing in technological infrastructure;
- x. Advocate for increased budgetary allocation to strengthen administrative data;
- xi. Enhance strategies for communicating population and development data; and

- xii. Establish a comprehensive, integrated and automated national population database for all population and development data.

### 3.4.7 Targets for Population and Development Indicators

The Population and Development targets presented are for the years 2021, 2025, 2030 and 2050. These targets have been generated using 2019 Kenya Population and Housing Census data and Spectrum population projection software. In addition, other indicators were obtained from other policy documents and from relevant institutions/organizations based on their strategic plans. The targets will guide implementation of this policy for the 2022-2030 period and will be reviewed from time to time as need may arise.

*Table 1: Key Targets for Population and Development Indicators*

S/No	Indicator	Baseline	Targets			
		2019	2021	2025	2030	2050
1.	Population size (Millions)	47.6	49.7	53.3	57.8	82.6
2.	Proportion of population <15 Years (%)	39	47.6	45.5	42.8	30.2
3.	Proportion of population >60 Years (%)	6	5.6	5.6	6.0	9.1
4.	Annual Population Growth rate (%)	2.3	2.2	2.1	2.0	1.7
5.	Life Expectancy at birth	64	65.1	66.0	67.1	69.9
6.	Total Fertility Rate (%)	3.4	3.4	3.2	2.9	2.1
7.	Dependency ratio	75.2	71.0	65.7	60.8	56.0
8.	Infant mortality rate (per 1,000)	36	31.2	31.1	31.0	30.9
9.	Maternal Mortality rate (per 100,000)	355	312	227	120	70
10.	Contraceptive prevalence rate (CPR)- (%)	61.6	63.8	65.4	67.3	67.3
11.	Proportion of children under-five stunted (%)	19.5	17	16.1	14.7	9.5



S/No	Indicator	Baseline	Targets			
		2019	2021	2025	2030	2050
12.	Primary School Completion Rate (%)	85.4	90.2	100	100	100
13.	Primary to Secondary Transition Rate (%)	85.5	90.3	100	100	100
14.	Secondary School Completion rate (%)	94.2	96.1	100	100	100
15.	Gross Enrolment (TVET)	430,598	436,921	550,240	739,467	-
16.	Proportion of older persons age 70+ covered by social protection programme by sex and age (%)	68.7	73	100	100	100
17.	Proportion of land area under tree cover (%)	8.8	9.6	>10	>10	>10

## **CHAPTER 4: IMPLEMENTATION FRAMEWORK**

This population policy will be implemented through a multi-sectoral and multi-dimensional approach that will involve the National Government, County Governments, Civil Society Organizations, NGOs, Private Sector, Faith Based Organizations, Bi-lateral and Multi-lateral development partners, Political Parties, Mass Media, Institutions of Higher Learning, and Research Institutions. Legal Notice No. 120 of October 29, 2004, gives the National Council for Population and Development (NCPD) the authority and responsibility for the overall direction and management of population and development issues in Kenya. In this regard, NCPD will be the overall coordinating and advisory body for the implementation of this Policy. The Policy will be implemented within the broader framework of the Vision 2030 and the Constitution of Kenya 2010. A communication strategy for implementation of this policy will be developed.

### **4.1 Role of NCPD**

The National Council for Population and Development (NCPD) will coordinate and oversee the implementation of this policy and will strengthen the linkages among actors to ensure attainment of its goal, objectives and targets. This institutional role and mandate will be realized through the framework of this Sessional Paper and establishment of NCPD through an Act of Parliament. Co-ordination will ensure that all the actors in the population sector will work in synergy and use resources maximally for the successful implementation of the population programme. Concerted efforts will be made to strengthen the existing coordination mechanisms both at the National and County levels for effective and efficient service delivery to the citizens.

The Government through The National Treasury and Economic Planning will implement the Population Policy Management function as provided for in the Executive Order No.1 of 2022 on Organization of the Government as well as provide adequate required financial resources to the National Council for Population and Development to ensure effective and smooth implementation of the Population Policy.

### **4.2 Monitoring, Reporting and Accountability**

Monitoring, reporting, and accountability are an integral part of this population policy. Five-year action plans will be developed to provide the main basis for monitoring, reporting and periodic assessment of the implementation of this policy. These action plans will be developed by population and development programme implementers through a consultative process involving all the relevant stakeholders. The action plans with agreed population and development indicators will facilitate monitoring, reporting and accountability in the implementation of Kenya National Population Policy for Sustainable Development in Kenya. In order to enhance the monitoring of the

implementation of the policy, indicators of the action plans will be integrated into the National Integrated Monitoring and Evaluation System (e-NIMES).

Reporting on the population programme implementation will be undertaken through various channels namely: meetings, newsletters, and reports. Coordination meetings and sector specific fora to report on the implementation progress will be convened on quarterly, bi-annual and annual basis at the national and county levels.

The policy and its action plans will be evaluated mid-term and end term of the implementation period to determine if the population and development targets are being met. Periodic surveys will also be undertaken to assess the progress and impact of the country's population indicators.

### 4.3 Institutional Roles and Responsibilities

#### 1. Population, Urbanization and Housing

Category	Institutions and Roles
<b>National Government</b>	<p><b>The National Treasury and Economic Planning</b></p> <ul style="list-style-type: none"> <li>▪ Allocate financial resources for implementation of population activities and programmes by strengthening social infrastructure</li> <li>▪ Review the policy and financial environment to enhance data production and use</li> <li>▪ Coordinate the implementation, monitoring and evaluation of the Population Policy in all sectors</li> </ul> <p><b>Ministry of Transport, Infrastructure, Housing, Urban Development, and Public Works</b></p> <ul style="list-style-type: none"> <li>▪ Advocate for the full implementation of the Urban Areas and Cities Act</li> <li>▪ Advocate for the implementation of the National Urban Development Policy of 2017</li> <li>▪ Advocate for initiatives that strengthen linkages between rural and urban areas and within cities through infrastructure development including affordable transportation and communication networks</li> </ul>
<b>County Government</b>	<ul style="list-style-type: none"> <li>▪ Utilize population data in planning, policy formulation, and programming</li> <li>▪ Support the implementation of the following;</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Urban Areas and Cities Act</li> <li>▪ National Urban Development Policy of 2017</li> <li>▪ Provide resources to the population programme</li> </ul>
<b>Civil Society Organizations</b>	<ul style="list-style-type: none"> <li>▪ Utilize population data in planning, policy formulation, and programming</li> </ul>
<b>Private Sector</b>	<ul style="list-style-type: none"> <li>▪ Provision of housing</li> <li>▪ Provision of funding for housing development</li> </ul>
<b>Faith Based Organizations</b>	<ul style="list-style-type: none"> <li>▪ Utilize population data in planning, policy formulation, and programming</li> </ul>
<b>Political Parties</b>	<ul style="list-style-type: none"> <li>▪ Support the use of population data in policy formulation</li> <li>▪ Support policies that enhance planned urbanization and affordable housing</li> </ul>
<b>Mass Media</b>	<ul style="list-style-type: none"> <li>▪ Disseminate population information and data to the public</li> </ul>
<b>Institutions of Higher Learning and Research</b>	<ul style="list-style-type: none"> <li>▪ Train population scientists and urban planners</li> <li>▪ Conduct population research</li> </ul>

## 2. Health

Category	Institutions and Roles
<b>National Government</b>	<p><b>Ministry of Health</b></p> <ul style="list-style-type: none"> <li>▪ Advocate for increased domestic health financing to improve quality of health services through commodity security, provision of health infrastructure and strengthening health staff capacity at national level</li> <li>▪ Strengthen health management information system to ensure timely and accurate health facility data</li> <li>▪ Escalate universal health coverage to all counties and expand it to cover all illnesses and conditions (including pandemics, non-communicable diseases and injuries) for all populations (including adolescents and older persons)</li> <li>▪ Advocate for and ensure mainstreaming of health issues in all policies</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Fast track the implementation of existing health policies to address persistent and emerging health issues</li> <li>▪ Promote community awareness to address health concerns that affect individual health outcomes such as injuries, personal and interpersonal violence, poor nutrition, risky sexual behavior, harmful practices, poor health seeking behavior, drug and substance abuse and social/religious norms and beliefs</li> <li>▪ Enhance awareness of NCDs and mental health in the country.</li> </ul>
<b>County Government</b>	<ul style="list-style-type: none"> <li>▪ Advocate for and allocate more resources for family planning and health systems strengthening through County Assemblies</li> <li>▪ Ensure quality health care service provision through improvement of the capacity of health staff and consistent supply of medical supplies and equipment</li> <li>▪ Promote community awareness to address health concerns that affect individual health outcomes such as injuries, personal and interpersonal violence, poor nutrition, risky sexual behavior, harmful practices, poor health seeking behavior, drug and substance abuse and social/religious norms and beliefs</li> <li>▪ Promote and support implementation of health policies and guidelines developed by national government</li> <li>▪ Promote timely and quality health facility data generation through the National health management information system</li> </ul>
<b>Civil Society Organizations</b>	<ul style="list-style-type: none"> <li>▪ Support Government efforts in development of protocols, guidelines, procedures on the provision of health care services</li> <li>▪ Advocate for the provision of quality health care services</li> <li>▪ Advocate for domestic health financing</li> </ul>
<b>Private Sector</b>	<ul style="list-style-type: none"> <li>▪ Support healthcare provision through Corporate Social Responsibility</li> </ul>
<b>Faith Based Organizations</b>	<ul style="list-style-type: none"> <li>▪ Promote and support implementation of health policies and guidelines</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Support and complement government efforts in provision of quality and affordable healthcare services</li> </ul>
<b>Political Parties</b>	<ul style="list-style-type: none"> <li>▪ Support integration of health concerns into social and political agenda and manifestos</li> </ul>
<b>Mass Media</b>	<ul style="list-style-type: none"> <li>▪ Support awareness creation for health concerns that affect individual health outcomes such as injuries, personal and interpersonal violence, poor nutrition, risky sexual behavior, harmful practices, poor health seeking behavior, drug and substance abuse and social/religious norms and beliefs</li> </ul>
<b>Institutions of Higher Learning and Research</b>	<ul style="list-style-type: none"> <li>▪ Training healthcare workers</li> <li>▪ Conduct research on health-related issues</li> <li>▪ Undertake consultancies and provide advisory services</li> <li>▪ Mainstream health issues in training curricula of tertiary institutions such as gerontology</li> </ul>

### 3. Education and Training

Category	Institutions and Roles
<b>National Government</b>	<p><b>Ministry of Education</b></p> <ul style="list-style-type: none"> <li>▪ Mainstream population issues into the education curriculum</li> <li>▪ Implement programmes aimed at retaining pupils and students in schools</li> <li>▪ Advocate for technical and vocational educational and training</li> <li>▪ Enhance transition and completion rates for pupils and students</li> <li>▪ Enforce existing standards for childcare services</li> <li>▪ Create a conducive environment for intersex persons in learning institutions</li> </ul>
<b>County Government</b>	<ul style="list-style-type: none"> <li>▪ Promote pre-primary school education and enrollment</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Promote enrollment in village polytechnics</li> <li>▪ Enforce existing standards for childcare services including pre-school education</li> </ul>
<b>Civil Society Organizations</b>	<ul style="list-style-type: none"> <li>▪ Support government efforts in the provision of education and training</li> <li>▪ Promote enrollment in TVET institutions</li> <li>▪ Promote transition and completion rates for pupils and students</li> </ul>
<b>Private Sector</b>	<ul style="list-style-type: none"> <li>▪ Support government efforts in the provision of education and training</li> <li>▪ Promote enrollment in TVET institutions</li> <li>▪ Promote transition and completion rates for pupils and students</li> </ul>
<b>Faith Based Organizations</b>	<ul style="list-style-type: none"> <li>▪ Support government efforts in the provision of education and training</li> <li>▪ Promote enrollment in TVET institutions</li> <li>▪ Promote transition and completion rates for pupils and students</li> </ul>
<b>Political Parties</b>	<ul style="list-style-type: none"> <li>▪ Support development and implementation of education and training policies</li> </ul>
<b>Mass Media</b>	<ul style="list-style-type: none"> <li>▪ Sensitize the public on the role contribution of education and training to quality life</li> </ul>
<b>Institutions of Higher Learning and Research Institutions</b>	<ul style="list-style-type: none"> <li>▪ Conduct research on education issues</li> </ul>

#### 4. Environment, Water, Sanitation and Regional Development

Category	Institutions and Roles
<b>National Government</b>	<ul style="list-style-type: none"> <li>▪ <b>Ministry of Environment and Forests</b></li> <li>▪ Advocate for increased renewable fresh water per capita to meet the increasing water demand</li> <li>▪ Enhance awareness on sustainable production and consumption of resources</li> <li>▪ Advocate for sustainable disposal of wastes</li> <li>▪ Advocate for Population, Health and</li> </ul>

Category	Institutions and Roles
	<p>Environment (PHE) integrated approaches in development planning, and conservation and protection of the natural resources</p> <ul style="list-style-type: none"> <li>▪ Enhance the integration of population issues in Environmental and Social Impact Assessments and Audits (ESIA&amp;As) in the implementation of Environmental Management Plans</li> <li>▪ Advocate for integration of population issues into natural resource planning and management</li> </ul> <p><b>Ministry of Water and Sanitation and Irrigation</b></p> <ul style="list-style-type: none"> <li>▪ Ensure provision of safe water to the population to reduce morbidity and mortality</li> </ul>
<b>County Government</b>	<ul style="list-style-type: none"> <li>▪ Implement sustainable methods of waste disposal</li> <li>▪ Implement the Population Health and Environment integrated approach in the conservation and protection of natural resources</li> </ul>
<b>Civil Society Organizations</b>	<ul style="list-style-type: none"> <li>▪ Support the implementation of Population Health and Environment integrated approach in the conservation and protection of natural resources</li> <li>▪ Promote sustainable methods of waste disposal</li> </ul>
<b>Private Sector</b>	<ul style="list-style-type: none"> <li>▪ Promote sustainable methods of waste disposal</li> </ul>
<b>Faith Based Organizations</b>	<ul style="list-style-type: none"> <li>▪ Support the implementation of Population Health and Environment integrated approach in the conservation and protection of natural resources</li> <li>▪ Promote sustainable methods of waste disposal</li> </ul>
<b>Political Parties</b>	<ul style="list-style-type: none"> <li>▪ Support integrated approaches to environment conservation and protection</li> </ul>
<b>Mass Media</b>	<ul style="list-style-type: none"> <li>▪ Promote public awareness on the inter-linkages between population, health and environment</li> </ul>
<b>Institutions of Higher Learning and Research Institutions</b>	<ul style="list-style-type: none"> <li>▪ Evaluate the impact of Population Health and Environment programme in Kenya</li> </ul>

## 5. Gender, Youth and Vulnerable Groups

Category	Institutions and Roles
National Government	<p data-bbox="474 269 915 296"><b>Ministry of Public Service and Gender</b></p> <ul data-bbox="498 314 1120 633" style="list-style-type: none"> <li data-bbox="498 314 1120 378">▪ Accelerate the implementation of the plan to end FGM in Kenya</li> <li data-bbox="498 396 1120 524">▪ Promote community awareness to address harmful practices, social norms, religious beliefs and gender inequalities that affect individual health outcome</li> <li data-bbox="498 542 1120 633">▪ Fast-track the implementation of relevant policies in place and enhance investment in preventive action against inter-personal violence</li> </ul> <p data-bbox="474 651 1009 678"><b>Ministry of ICT, Innovation and Youth Affairs</b></p> <ul data-bbox="498 697 1094 842" style="list-style-type: none"> <li data-bbox="498 697 1094 760">▪ Fast track the implementation of the National Youth Development Policy</li> <li data-bbox="498 778 1094 842">▪ Promote internships and attachments for youth across the public and private sector</li> </ul> <p data-bbox="474 860 942 888"><b>Ministry of Labour and Social Protection</b></p> <ul data-bbox="498 906 1120 1670" style="list-style-type: none"> <li data-bbox="498 906 1120 970">▪ Fully implement the National Policy on Older Persons and Ageing, 2019</li> <li data-bbox="498 988 1120 1051">▪ Expand the age bracket for target beneficiaries of the social protection cash transfer programme</li> <li data-bbox="498 1070 1120 1133">▪ Expand universal health coverage to all older persons across the country</li> <li data-bbox="498 1152 1120 1215">▪ Promote voluntary pension schemes for workers in the informal sector</li> <li data-bbox="498 1233 1120 1297">▪ Advocate for home based support networks and palliative care for elderly persons</li> <li data-bbox="498 1315 1120 1379">▪ Scale up integration and mainstreaming of issues affecting PWDs</li> <li data-bbox="498 1397 1120 1461">▪ Continue with the implementation of the affirmative actions on persons with disabilities</li> <li data-bbox="498 1479 1120 1561">▪ Enhance implementation of both the National Policy on Persons with Disabilities 2019 and the Persons with Disabilities Act of 2003.</li> <li data-bbox="498 1579 1120 1670">▪ Put in place a data collection system that continually collects information on PWDs by disability domain</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Enhance the social protection programmes to comprehensively address the needs of total orphans</li> <li>▪ Explore effective mechanisms for settling homeless persons</li> <li>▪ Advocate for childcare friendly work environments</li> </ul>
<b>County Government</b>	<ul style="list-style-type: none"> <li>▪ Support implementation of the following policies <ul style="list-style-type: none"> <li>○ National Youth Development Policy</li> <li>○ Policy on Older Persons and Ageing</li> <li>○ National Policy on Persons with Disabilities 2019</li> <li>○ Persons with Disabilities Act of 2003</li> </ul> </li> <li>▪ Promote internships and attachments for youth across the public and private sectors</li> </ul>
<b>Civil Society Organizations</b>	<ul style="list-style-type: none"> <li>▪ Support implementation of the following policies <ul style="list-style-type: none"> <li>○ National Youth Development Policy</li> <li>○ Policy on Older Persons and Ageing</li> <li>○ National Policy on Persons with Disabilities 2019</li> <li>○ Persons with Disabilities Act of 2003</li> </ul> </li> <li>▪ Promote efforts to end harmful practices and enhance gender equity</li> </ul>
<b>Private Sector</b>	<ul style="list-style-type: none"> <li>▪ Support implementation of the following policies <ul style="list-style-type: none"> <li>○ National Youth Development Policy</li> <li>○ Policy on Older Persons and Ageing</li> <li>○ National Policy on Persons with Disabilities 2019</li> <li>○ Persons with Disabilities Act of 2003</li> </ul> </li> <li>▪ Increase access to credit facilities countrywide</li> <li>▪ Promote internships and attachments for youth across the private sector</li> </ul>
<b>Faith Based Organizations</b>	<ul style="list-style-type: none"> <li>▪ Support implementation of the following policies</li> </ul>

	<ul style="list-style-type: none"> <li>○ National Youth Development Policy</li> <li>○ Policy on Older Persons and Ageing</li> <li>○ National Policy on Persons with Disabilities 2019</li> <li>○ Persons with Disabilities Act of 2003</li> </ul> <ul style="list-style-type: none"> <li>▪ Promote efforts to enhance gender equity and end harmful practices</li> </ul>
<b>Political Parties</b>	<ul style="list-style-type: none"> <li>▪ Support implementation of the following policies <ul style="list-style-type: none"> <li>○ National Youth Development Policy</li> <li>○ Policy on Older Persons and Ageing</li> <li>○ National Policy on Persons with Disabilities 2019</li> <li>○ Persons with Disabilities Act of 2003</li> </ul> </li> </ul>
<b>Mass Media</b>	<ul style="list-style-type: none"> <li>▪ Enhance public awareness on the following policies <ul style="list-style-type: none"> <li>○ National Youth Development Policy</li> <li>○ Policy on Older Persons and Ageing</li> <li>○ National Policy on Persons with Disabilities 2019</li> <li>○ Persons with Disabilities Act of 2003</li> </ul> </li> </ul>
<b>Institutions of Higher Learning and Research Institutions</b>	<ul style="list-style-type: none"> <li>▪ Conduct studies on the low utilization of credit facilities by women and youth</li> <li>▪ Conduct studies on wellbeing of intersex persons</li> </ul>

## 6. Agriculture, Trade, Tourism and Industry

Category	Institutions and Roles
Agriculture	<ul style="list-style-type: none"> <li>▪ Integrate population and family planning issues into agricultural extension programmes and services</li> <li>▪ Increase efforts to enhance food production and guarantee food security</li> <li>▪ Promote youth and women's participation in Agriculture and development</li> </ul>
Trade, Tourism and Industry	<ul style="list-style-type: none"> <li>▪ Promote population issues in entrepreneurship</li> </ul>

## 7. Devolution

Category	Institutions and Roles	
Devolution	County Assemblies	<ul style="list-style-type: none"> <li>▪ Provide political support for the implementation of Population Policy and Programmes</li> <li>▪ Allocate adequate financial resources for Population Programmes</li> <li>▪ Provide oversight for the implementation of Population Policy and Programmes</li> </ul>
	County Governments	<ul style="list-style-type: none"> <li>▪ Integrate population issues into county development planning</li> <li>▪ Support population and development research</li> <li>▪ Scale up interventions that promote comprehensive agenda for child development</li> </ul>
	Devolution & Inter-Governmental Relations	<ul style="list-style-type: none"> <li>▪ Ensure integration of population issues at both the National and County levels</li> </ul>



	<b>Civil Society Organizations (CSOs)</b>	<ul style="list-style-type: none"> <li>▪ Supplement government efforts in the financing, implementation, monitoring and evaluation of population programmes</li> <li>▪ Scale up interventions that promote comprehensive agenda for child development and other population issues</li> <li>▪ Promote community awareness to address harmful practices, social norms, some religious beliefs and gender inequalities</li> <li>▪ Promote initiatives aimed at preventing early child marriage</li> </ul>
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## 8. Governance

Category	Institutions and Roles	
<b>Governance and rule of law</b>	<b>Judiciary</b> Office of the director of public prosecution	<ul style="list-style-type: none"> <li>▪ Arbitrate on harmful cultural practices such as child marriage, FGM, GBV and protection of children's rights.</li> <li>▪ Provide access to justice</li> </ul>
	<b>Executive</b> <ul style="list-style-type: none"> <li>▪ Ministries</li> <li>▪ The Attorney General</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide legal guidance and facilitate enactment of necessary laws on matters concerning population</li> </ul>
	<b>Parliament</b> <ul style="list-style-type: none"> <li>▪ National Assembly</li> <li>▪ Senate</li> </ul>	<ul style="list-style-type: none"> <li>▪ Facilitate the establishment of NCPD by an Act of Parliament</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Provide political support for the implementation of Population Policy and Programmes</li> <li>▪ Ensure sufficient budgetary allocation for Population Policy and Programmes</li> <li>▪ Provide oversight for the implementation of Population Policy and Programmes at National and County levels</li> </ul>
	<b>Political Parties</b>	<ul style="list-style-type: none"> <li>▪ Support fully the integration of population issues into their social and development agendas</li> <li>▪ Sensitize the public on population issues</li> <li>▪ Mobilize support for population programmes</li> </ul>
	<b>Ethics and Anti-Corruption Commission (EACC)</b>	<ul style="list-style-type: none"> <li>▪ Promote standards and best practices in ethics and integrity among vulnerable population</li> </ul>
	<b>Internal Security and Defence</b>	<ul style="list-style-type: none"> <li>▪ promote and guarantee national and county security among the populace</li> </ul>

## 9. Oil, Gas and Mineral Resources

Category	Institutions and Roles	
Oil, Gas and mineral resources	<p><b>Mineral resources</b></p> <ul style="list-style-type: none"> <li>▪ The Ministry of Mining</li> <li>▪ NEMA</li> <li>▪ The National Land Commission</li> </ul> <p><b>Oil and Gas</b></p> <ul style="list-style-type: none"> <li>▪ Kenya Pipeline Company</li> <li>▪ Ministry of Energy and Petroleum</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enhance awareness on sustainable production and consumption of resources</li> <li>▪ Advocate for sustainable disposal of wastes</li> <li>▪ Enhance the integration of population issues in Environmental and Social Impact Assessments and Audits (ESIA&amp;As) in the implementation of Environmental Management Plans</li> <li>▪ Advocate for development and implementation of policy guidelines on land use zoning and enforcement of Land Use Policy</li> <li>▪ Advocate for integration of population issues in land use planning and management</li> <li>▪ Advocate for women ownership of land and decision-making regarding land tenure</li> <li>▪ Advocate for community involvement in land use planning and natural resources management issues</li> </ul>



## 10. Blue Economy

Category	Institutions and Roles	
Blue Economy	<ul style="list-style-type: none"> <li>▪ Tana and Athi-River Development Authority (TARDA)</li> <li>▪ Lake Victoria Basin Authority (LVBA)</li> <li>▪ Fisheries</li> <li>▪ Water Resources Authority</li> <li>▪ National University and other national Research Institutions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Educate people on the impact of population and resource mismanagement on the deterioration of the environment and depletion of natural resources</li> <li>▪ Develop Population programmes that will demonstrate the impact of population on land and water resources</li> <li>▪ Develop population programmes that integrate Population, Environment and Development</li> <li>▪ Supporting research and knowledge management and provide technical support</li> </ul>
	Kenya Maritime Authority Kenya Ports Authority Ministry of Tourism and Wildlife State Department for Fisheries and Blue Economy UNEP UNESCO UNCTAD	<ul style="list-style-type: none"> <li>▪ Advocate for increased renewable fresh water per capita to meet the increasing water demand.</li> </ul>

## 11. Sports , Culture and Arts

Category	Institutions and Roles	
Sports, culture and arts	<p>Ministry of Sports, Culture and Heritage</p> <ul style="list-style-type: none"><li>▪ State Department for Sports</li><li>▪ Department of Culture &amp; Heritage</li><li>▪ Department of Library</li><li>▪ Kenya Film Commission</li></ul>	<ul style="list-style-type: none"><li>▪ Mainstream population health in all policies</li><li>▪ Reconfigure response mechanisms/systems to the needs of adolescents and young persons</li></ul>

## CHAPTER 5: RESOURCE MOBILIZATION

The implementation of this Policy will require adequate resource mobilization from the national government, development partners and the private sector. These resources are: (i) Human and technical resources (ii) Financial resources and (iii) Capital resources. The Government will provide the necessary enabling policy environment and resources. All stakeholders are encouraged to support implementation of this policy. The NCPD will provide the necessary leadership and coordination in all aspects of resource mobilization.

### Main Policy Concerns

- i. Inadequate resource allocation for the population programme;
- ii. Baseline for establishing the resource gap for population programmes is lacking;
- iii. Inadequate domestic funding for the population programme;
- iv. Changing resource environment following the classification of Kenya as a low middle-income country, resulting into a significant shift in donor funding priorities without commensurate domestic funding;
- v. Allocation of resources to the population programme depends largely on the country's social, economic, and political realities;
- vi. Population programme in Kenya is highly donor dependent;
- vii. High dependency ratio eroding savings and undermining investments;
- viii. Inadequate participation of private sector towards implementation of population and development programme; and
- ix. Competition for resources within and across sectors.

### Policy Measures

- i. Integrate population concerns in all national and county development plans;
- ii. Estimate resource requirement/resource gap for the population programme;
- iii. Develop a budget tracking mechanism to track resource allocation and gaps for population programme;
- iv. Advocate for domestic financing and resource allocation for implementing population policy and programme;
- v. Advocate for counties to allocate resources to support the population programme;
- vi. Strengthen financial accountability for the resources allocated for the population programme;



- vii. Include non-monetary resources as an integral part of resource mobilization plan particularly where technical capacity and support may be quantified as a resource;
- viii. Strengthen public-private partnerships interlinkage with resource mobilization in planning, development and implementation of the population programs, technology and innovative solutions;
- ix. Establish long-term relationships with development partners and benefactors aim at creating sustainability away from one-touch transactional approaches; and
- x. Track resource allocation for implementing ICPD25 Commitments by introducing an ICPD marker in national and county budgeting.

## Glossary of Terms

<b>Adolescents</b>	Individuals in the 10-19 years' age group
<b>Ageism</b>	Stereotyping, prejudice and discrimination of people on the basis of age
<b>Asphyxia</b>	A life-threatening lack of oxygen due to drowning, choking, or an obstruction of the airways
<b>Average intensity of food deprivation of the undernourished:</b>	Estimated as the difference between the average dietary energy requirement and the average dietary energy consumption of the undernourished population (food-deprived), is multiplied by the number of undernourished to provide an estimate of the total food
<b>Avalanches</b>	A large mass of snow, ice, earth, rock, or other material in swift motion down a mountainside or over a precipice
<b>Blue Economy</b>	The 'Blue Economy' is an emerging concept which encourages better stewardship of our ocean or 'blue' resources
<b>Biodiversity</b>	Variabilities among plants, animals and microorganism species
<b>Biological Elements</b>	Include plants, animals, micro-organisms
<b>Child Mortality</b>	Deaths of children occurring between the first and the fifth birthday
<b>Clandestine Crossings</b>	Illegal. aliens and those that assist them in their unauthorized entry into a country as alien smugglers and human traffickers
<b>Crude Birth Rate:</b>	The annual number of live births per 1,000 population
<b>Crude Death Rate</b>	The number of deaths per 1,000 populations in a given year
<b>COVID19</b>	Refers to an infectious disease caused by a newly discovered coronavirus. The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes, or exhales

<b>Cultural Elements</b>	Economic, social and political conditions which are largely man-made features such as game parks, recreation facilities
<b>Data Interoperability</b>	The ability to access and process data from multiple sources without losing meaning and then integrate that data for mapping, visualization, and other forms of representation and analysis
<b>Decent Work</b>	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)
<b>Demographic Dividend</b>	The economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older)
<b>Depth of the food deficit</b>	Indicates how many calories would be needed to lift the undernourished from their status, everything else being constant
<b>Disease Burden</b>	The death and loss of health due to diseases, injuries and risk factors  Ecosystem: Community of plants and animals interacting with each other in a given area, and also with their non-living environments. The non-living environments include weather, earth, sun, soil, climate and atmosphere.
<b>Eclampsia</b>	It is a serious condition where high blood pressure results in seizures during pregnancy. Seizures are periods of disturbed brain activity that can cause episodes of staring, decreased alertness, and convulsions (violent shaking)



<b>Endemicity</b>	A situation of constant presence and/or usual prevalence of a disease or infectious agent in a population within a geographic area
<b>Erratic Rainfall</b>	Unpredictable and out-of-season rain
<b>Exclusive Economic zone</b>	Refers to an area beyond and adjacent to the territorial sea, subject to the specific legal regime established in this Part, under which the rights and jurisdiction of the coastal State and the rights and freedoms of other States are governed by the relevant provisions of this Convention
<b>Family Planning</b>	The ability of individuals and couples to anticipate and attain their desired number of children, the timing and spacing of their births
<b>Food Poverty</b>	This implies that one in every three individuals in Kenya is unable to consume the minimum daily calorific requirement of 2,250 Kcal as per their expenditures on food
<b>Human Capital</b>	Consists of the knowledge, skills, and health that people accumulate over their lives, enabling them to realize their potential as productive members of society
<b>Human Capital Index</b>	Measures the amount of human capita that a child born today can expect to attain by age 18. 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
<b>Human Development Index (HDI)</b>	Is a composite index capturing a country's attainments with respect to per capita income, education and life expectancy at birth (UNDP, 2003) The main premise of the human development approach is that expanding peoples' freedoms is both the main aim of, and the principal means for sustainable development
<b>Human Settlement</b>	Refers to a place where people live, the totality of human community with all the social, material, organizational, spiritual, and cultural elements that sustain it

<b>Infant Mortality Rate</b>	The number of deaths of infants under age 1 per 1,000 live births in a given year. The IMR is considered a good indicator of the health status of a population
<b>Infant mortality</b>	Deaths of children occurring before the first birthday
<b>Infertility</b>	The disease of the male or female reproductive system defined by the failure to achieve a pregnancy after twelve months or more of regular unprotected sexual intercourse
<b>Informal Settlements</b>	These are urban settlements characterized by poor structural quality of housing; lack of formal basic services and infrastructure; and lack of security of tenure. In most cases, they are located in geographically and environmentally hazardous areas
<b>Internal Migration</b>	Refers to migration across regional administrative boundaries within a country. Internal migration can be categorized by type (in-migration and out-migration) and directional flow (rural-urban, rural-rural, urban-rural, and urban-urban)
<b>Intimate Violence</b>	The term “intimate partner violence” describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy
<b>Labour Force</b>	Consists of all persons in the working age population who are either employed or unemployed
<b>Labour Force Participation Rate</b>	A measure of the proportion of a country’s working-age population that engages actively in the labour market, either by working or looking for work
<b>Labour underutilization</b>	Refers to mismatches between labour supply and demand, which translate into an unmet need for employment among the population
<b>Life Expectancy</b>	An estimate of the average number of additional years a person could expect to live if the age- specific death rates for a given year prevailed for the rest of his or her life. Most commonly cited as life expectancy at birth

<b>Long-term unemployment</b>	This refers to all unemployed persons with continuous periods of unemployment extending for one year or longer (52 weeks and over)
<b>Malnutrition</b>	Refers to deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients. This may be undernutrition, micronutrient deficiencies and overweight
<b>Maternal Conditions</b>	Any health condition attributed to and/or complicating pregnancy and childbirth that has a negative impact on the woman's wellbeing and/or functioning
<b>Neonatal Mortality</b>	Deaths of children occurring within the first month of life
<b>Non-motorized Transportation:</b>	(also known as Active Transportation and Human Powered Transportation) includes Walking and Bicycling, and variants such as Small-Wheeled Transport (skates, skateboards, push scooters and hand carts) and Wheelchair travel
<b>Older Persons</b>	Persons who have attained the age of 60
<b>Physical Elements</b>	In human settlement, they space, landforms, waterbodies, climate, soils, rocks, and minerals
<b>Post Neonatal Mortality</b>	Deaths of children occurring between one month and one year after birth
<b>Preterm birth</b>	Refers to a situation when a baby is born too early, before 37 weeks of pregnancy have been completed
<b>Population Momentum</b>	Population momentum refers to population growth at the national level that would occur even if levels of childbearing immediately declined to replacement level. Population momentum occurs because it is not only the number of children per woman that determine population growth, but also the number of women in reproductive age
<b>Maternal mortality Ratio</b>	The number of women who die because of pregnancy-related complications or childbearing in a given year per 100,000 live births in that year. Deaths due to complications of spontaneous or induced abortions are included



<b>Median Age</b>	The age that divides a population into two numerically equal groups; that is, half the people are younger than this age and half are older
<b>Migration</b>	The change of place of usual residence for a time period of three months or more of an individual or group of persons from an administrative area into another
<b>Morbidity</b>	Morbidity is the state of being unhealthy for a disease or condition
<b>Mortality</b>	Mortality is related to the number of deaths that have occurred due to a specific illness or condition
<b>Multidimensional Poverty Index</b>	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). Based on deprivation score thresholds, people are classified as multidimensional poor, near multidimensional poverty or in severe poverty
<b>NEET</b>	The percent of young people Not in Education and not in Employment or Training
<b>Nuptiality</b>	Refers to marriage as a population phenomenon, including the rate at which it occurs, the characteristics of those united in marriage, and the dissolutions through divorce, separation, widowhood and annulment
<b>Risk</b>	The probability of a hazard event causing harmful consequences (loss of life, injuries damage)
<b>Risky/Unsafe sexual Behaviour</b>	Risky sexual behavior is defined as sexually active school students who have at least one of the following: multiple sexual partners, having more than one sexual partner before the data collection period; sexual initiation before the age 18; inconsistent use of condom (incorrect use of condom or failure to use condom)
<b>Rural Out Migration</b>	To leave one region or community in order to settle in another especially as part of a large-scale and continuing movement of population

<b>Remittances</b>	A remittance is a payment of money that is transferred to another party. However, the term is most often used nowadays to describe a sum of money sent by someone working abroad to his or her family back home
<b>Time related unemployment Rate</b>	This is a measure of labour underutilization that provides information regarding the share of employed persons who are willing and available to increase their working time and worked fewer hours than a specified time threshold
<b>Total Fertility Rate</b>	The average number of children that a woman would have if she went through her entire reproductive period, from 15 to 49 years, reproducing at the prevailing age specific fertility rate. This rate is sometimes referred to as the number of children women are having today
<b>Total Orphan</b>	Person below age 18 who has lost both biological parents to death
<b>Universal Health Coverage (UHC)</b>	Ensuring that everyone who needs health services is able to get them without undue financial hardship
<b>Urbanization:</b>	This is the process of concentration of a country's national population into settlements designated as urban centers
<b>Urban Center</b>	This is a built-up and compact human settlement with a population of at least 2,000 people. An urban centre may be classified as a market centre, town, municipality or city. Urban centres are service centres that provide goods and services to both the resident and surrounding population. As such, an urban centre may constitute some trading centres with less than 2,000 people
<b>Working Age Population (WAP)</b>	Includes all persons in the population above specified age (15-64) threshold used for statistical purposes to define the economically active population
<b>Youth</b>	Persons who have attained the age of 18 but are yet to attain the age of 35

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