

As written

REPUBLIC OF KENYA

**IMPLEMENTING THE CAIRO PROGRAM
OF ACTION IN KENYA**

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Mr President of the Forum, Ladies and Gentlemen,
It is a Great Pleasure for me to take this opportunity to present to you the Implementation of the 1994 ICPD Programme of Action in Kenya.

The Kenya Government concern about the population growth rate and its impact on resources dates back to 1965 when the Government invited a mission to advise on Population growth management. The Mission recommended the establishment of The National Family Planning Program as an integral part of MCH /FP programme under the Ministry of Health.

This action constituted the adoption officially of a Population Policy in 1967. In 1982, the Government in pursuance of this objective established the National Council for Population and Development (NCPD) to formulate relevant population policies and strategies and to coordinate all population related activities in the country.

In 1984, a National Leaders Population Conference was held followed by the preparation of Population Policy Guidelines, which were discussed and approved by Parliament. These guidelines guided the population programme planning till the ICPD Conference in 1994.

Upon return from the ICPD in 1994, Kenya shared the major issues discussed in the Cairo Conference in a seminar of Government officials and other stake holders including NGOs and came up with a draft National Population Policy Paper incorporating the Cairo Programme of Action.

The final draft of the National Population Policy Paper has been presented for review before being tabled in parliament for discussion and adoption.

While all these initiatives were going on, the Government has developed several strategies and

is in the process of implementing them. The key ones are: -

- . National **IEC** and Advocacy Strategy on Population and Sustainable Development
- The National Reproductive Health Strategy
- A Sessional Paper on AIDS in Kenya
- National Plan **of** Action **for Eradication of** Female Genital Mutilation(FGM) and other harmful practices, and;
- . Gender Policy Guidelines

Besides these strategies, many other activities addressing the reproductive health concerns of all people have been undertaken including:

- Re-orientation of activities to focus on all round **Reproductive** Wealth as opposed to Family Planning
- Training/Updating of personnel in the reproductive health field
- Improvement in service delivery especially paying **attention** to Youth issues
- Membership in regional and international Partnerships such as the Partners in Population and Development

Achievements

As a result of all these changes in approach to population issues, the **country** has made some remarkable achievements in reproductive health as follows:

Contraceptive Prevalence Rate for all methods has increased **from** 27% **in** 1989 to 39% in 1998.

Total Fertility Rate has dropped from 6.7 in 1989 to 4.7 **in** 1998.

Population Growth Rate has also dropped from 3.4% in 1989 to 2.7% in 1998

However, there still remain daunting challenges in some areas that need to be seriously addressed.

Infant Mortality Rate has increased from 60 to 74 per thousand live births while Child Mortality has moved from 90 to 112 in the same period.

Youth

In order to take care of the special needs of the youth, the programme has expanded provision of sexual and reproductive health information, to adolescents through Family life Education (FLE), peer education, counseling and services.

Wbmen Empowerment

Kenya is against all forms of discrimination against women and mechanisms have been established in the country to increase participation and representation by women at various decision-making levels. Advocacy campaigns to eliminate all forms of exploitation, abuse, harassment and violence against women, including the girl child have been intensified. A woman empowerment centre has also been established in the country to further the objectives of women empowerment.

Male Participation

In an effort to encourage men to take full responsibility of their sexual and reproductive behaviour and to appreciate women's role in family life, gender sensitive programmes have been initiated and implemented nationally. In addition, services targeting men have been established to increase male participation in family planning, responsible parenthood and prevention of sexually transmitted infections.

Constraints

Limited Resources

One of the major challenges at this moment in time is limited resources to enhance continued

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implementation and provision of programmes as per the Cairo plan of action, After ICPD it was expected that the donor community would increase funding levels **for** RH activities. However, the sudden significant cut in the funding of reproductive health programmes has negatively influenced the implementation of the national programme. This has resulted in reduction and discontinuation of some of the important programme activities. Even with the introduction **of fee for** service or cost sharing, poverty in many communities has hindered this option.

Sustainability:

Before the ICPD in Cairo, most programmes were heavily donor dependent. The introduction of sustainability of such programmes has become an uphill task with short cycle donor programmes.

Lessons Learnt

One critical lesson **learnt** during this period is the importance of cost/sharing approach to financing of Healthcare. In this connection, the Government and other stakeholders in health have developed programmes that cross-subsidize other less revenue earning services. These include:

- Community Participation, where Communities contribute to their own development using the

Kenyan "*Harambee*" concept (pulling **together**), the fee **for** service, and Income Generating Activities, and participation of NGOs, private sector and the community in the programme design and implementation. The private sector has especially shown willingness to use their facilities to serve the communities.

- The development of dialogue in Policy Development among all stakeholders. This has proved very important for the successful implementation of policies.

- Finally, although the concept of integration is acknowledged as a wonderful approach to service delivery, it can be an overload for volunteer workers.

Future Plans:

Future developments will hinge on consolidation of the on-going initiatives by all the implementers and focus on strategic activities as follows:

- Finalization, review and dissemination of the policy development.
- Broadening the resource base by attracting contributions from donors, communities and the private sector and increasing Income Generating Activities to promote cost-

sharing in RH activities.

- . Intensifying and strengthening national, regional and international collaboration and networking.
- Attempt to involve private sector as partners in financing healthcare through sensitizing employers and trade unionists on the payoff and benefits of such a scheme.
- . Encouraging community participation in planning and management of projects **in line** with the government's Focus for Rural Development strategy and de-centralization of the management of health activities.

- . Intensify IEC messages and advocacy campaigns to bring about behaviour change in communities

Conclusion:

In conclusion, the Cairo Conference provided a very important learning environment. The Cairo Plan of Action has been most useful in the improvement and restructuring of reproductive health care programmes to be more responsive to the clients.

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An appeal to all donors to provide financial assistance and support to enable us implement these objectives especially in areas where the needs are most crucial can not be more appropriate than at this point in time.

Thank You