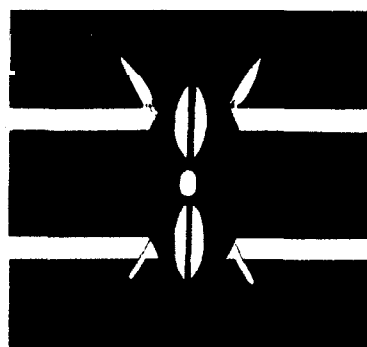




REPUBLIC
OF
KENYA



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STATEMENT

BY

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ASSISTANT MINISTER OFFICE OF THE VICE
PRESIDENT AND MINISTRY OF PLANNING AND
NATIONAL DEVELOPMENT OF THE REPUBLIC OF
KENYA

ON THE OCCASION OF THE
21ST SPECIAL SESSION OF THE UNITED NATIONS
GENERAL ASSEMBLY FOR THE REVIEW AND
APPRAISAL OF THE IMPLEMENTATION OF THE
PROGRAMME OF ACTION OF THE INTERNATIONAL
CONFERENCE ON POPULATION AND-DEVELOPMENT

NEW YORK, FRIDAY, JULY 2, 1999

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**Mr. President,
Distinguished Delegates
Ladies and Gentlemen**

I wish to join previous delegations in expressing my delegation's satisfaction at seeing you in the chair and to assure you of our support. I also wish to associate myself with the statement made on behalf of the G-77 and China.

Five years after the Cairo Conference on Population and Development, the Government of Kenya has registered a reasonable level of success in the area of Reproductive Health as evidenced in the 1998 Demographic and Health Survey. In addition to successfully transforming family planning programmes into Reproductive Health care policies and programmes, the Governments deliberate policy of promoting education and training of women and the girl-child inspite of the realities of a difficult economic situation have also played a significant role in achieving desired decline in fertility rates. Today, Kenya's total fertility rate has declined from an estimated 8.1 live births per woman in 1978 to 4.7 live births in 1998. Consequently our annual population growth rate has also declined from 3.8% in 1979 to an estimated 2.5% in 1998 and possibly lower with the impact of the scourge of HIV/AIDS.

In line with the call for conducting population censuses as we enter the third millinium. Kenya will carry out its sixth National Population Census this century beginning on the night of 24/25 August 1999 and to be completed seven days later on 31st August, 1999.

The primary goal of Kenya's National Population Policy for Sustainable Development as contained in the Sessional Paper No. 1 of 1997 is the implementation of appropriate policies, strategies and programmes which take into account the relationship between population and availability of national resources. This is aimed at improving the quality of life and well-being of all Kenyans.

The population policy therefore aims at:-

- (i) improving standards of living and quality of life
- (ii) improving health and welfare through information and education
- (iii) further reducing fertility and mortality rates
- (iv) encouraging Kenyan's to adhere to small family size
- (v) promoting family stability while recognising rights of women and children
- (viii) eliminating social-cultural practices that have negative impact of women and girls

I.. the pursuance of these goals the Government of Kenya has been working in partnership with civil society.

The objectives include:

- minimizing the consequences of high population growth on development
- expanding coverage of provision of primary health care services especially reproductive health services by making them more accessible and affordable to all the communities
- increasing awareness on STDs, HIV/AIDS and promoting behavioural changes
- encouraging private sector investment in provision of basic social services including education and finally ensuring integration of population concerns into development processes.

In our endeavours to strengthen local partnerships, I feel proud to mention that one of the oldest and most active partners in family planning and reproductive health care is an NGO which celebrated its forty-second birthday this year by moving to a larger premise thus establishing its sustainability. Currently the NGO has a network of branches throughout the Republic. In addition to family planning and reproductive health services, it has expanded its programmes to include those aimed at reducing infant mortality and intensifying adolescent education in STD's and HIV/AIDS. With an estimated 50% of our total population being below the age of 15, the government welcomes this and similar types of collaborative efforts which target specific groups.

With regards to demographic goals, we aim at the reduction of infant mortality rates which currently have been adversely affected by slow economic growth. The objective remains to minimize the rising infant mortality rate per 1000 live births from 74 in 1998 to 63 by the year 2005. Closely linked to this objective is the reduction of maternal mortality per 100,000 births from 590 in 1998 to 230 by the 2005. The prevalence of HIV/AIDS has also had a great impact on life expectancy which the government is concerned about. Life expectancy for both men and women will have declined from 58 in 1995 to 53 by 2005.

Mr.Chairman,

On the positive side, we have witnessed the translation of our population policy into a higher contraceptive prevalence rate among women for all methods. From 33% in 1993, to 39% in 1998, it is expected to rise to 53% by the year 2005. We also take pride in having reduced both fertility rate and population growth rate to 4.7 and 2.2% respectively.

With the advent of cost-sharing in the provision of services, the most vulnerable sectors have been those of health and social services. In terms of health, the government is committed to the goal of full-immunisation by the year 2010. Despite the economic constraints, we are determined to ensure the expansion and improvement of health services for all Kenyans.

As the level of poverty rises, the education sector is greatly affected. Literacy levels are declining particularly for girls. Under Article 28 of the Convention on the Rights of the Child, parties are to undertake to make primary education compulsory, available and free to all. However, in reality, we are further from this goal today than we were at the time the Social Summit was held. In Kenya, public sector spending on education stands at approximately, 4.7% of GDP with a further 4.5% from the private sector. Cost sharing by parents for building funds, books purchases and fees for extra-curricula activities is the order of the day. In this environment, the ability of the poorer segments of society to gain access to basic education is therefore compromised and the socio-economic gap widens with its inherent consequences. In this regard, we look forward to continued close cooperation with our development partners.

Thank you Mr. Chairman.