

KEYNOTE ADDRESS BY CABINET SECRETARY, THE NATIONAL TREASURY AND ECONOMIC PLANNING, PROF. NJUGUNA NDUNG’U, CBS DURING THE LAUNCH OF 2022 KENYA DEMOGRAPHIC AND HEALTH SURVEY MAIN REPORT ON 3RD JULY, 2023 AT THE KICC, NAIROBI

Cabinet Secretary, Ministry of Health, Susan Nakhumicha

The Chairperson, Council of Governors, Ann Waiguru, E.G.H

Principal Secretary, State Department for Medical Services, Harry Kimtai, CBS

The CEO, Council of Governors, Mary Mwiti

The Mission Director, USAID-Kenya and East Africa

The UN Resident Coordinator

The KNBS Chairman, Stephen Wainaina

The Board of Directors

Development Partners

Government Officers present

Distinguished Guests

Ladies and Gentlemen,

1. I am pleased to be part of you today as we launch the 2022 Kenya Demographic and Health Survey (KDHS) Main Report. The KDHS, which is conducted after every five years, provides up-to-date estimates of demographic and primary health care indicators.
2. The survey goes a long way in guiding planning, implementation, monitoring and evaluation of population and health-related policies, programmes, and projects at national, regional and county levels.
3. The 2022 KDHS report provides baseline statistics that will be used in monitoring and evaluating the implementation progress of the Kenya Kwanza Administration’s Bottom-up Economic Transformation Agenda (BETA) and its commitments to the citizens as far as demographic and health support systems are concerned.

4. The report also measures progress towards achieving national and international development agenda targets. These include the Country's long-term development blueprint - Kenya Vision 2030, the 2030 Agenda for Sustainable Development and the Africa Agenda 2063 all of which seek to improve the general welfare of all citizens.
5. The Launch of the 2022 KDHS report marks the beginning of a new phase of in-depth analyses that will lead to deeper understanding of phenomena revealed by the survey, while also providing a basis for programmatic interventions and policy development.

Ladies and Gentlemen,

6. The implementation of population policies developed by the Government through the National Council for Population and Development (NCPD) are bearing fruits in the management of the country's population growth to match the available resources for sustainable development. Between 1978 and 2019, Kenya's population growth rate declined from a high of 3.4 per cent to 2.2 per cent thereby easing pressure on the available resources.
7. Further, the Total Fertility Rate (TFR) has been decreasing overtime from a high of 8.1 recorded in 1977/78 Kenya Fertility Survey (KFS) to 3.4 recorded in 2022 KDHS indicating a decline in average births per woman.
8. In addition, the use of modern methods of family planning among currently married women in Kenya continues to increase from 18 per cent in 1989 to 32 per cent in 2003, and 57 per cent in 2022, showing a positive trend in family planning practices. The results further show that the total demand for family planning has generally increased from 67 per cent in 2003 to 76 per cent in 2014 but remained unchanged between 2014 and 2022 (76 per cent). More women continue to use modern contraceptives to space or limit births.
9. The results also show improvement in maternal and child health care indicators. For example, a higher percentage of women reported receiving antenatal care and

skilled assistance during delivery. Child immunization coverage has increased significantly, contributing to improved child health outcomes.

10. Whereas significant progress has been made in improving child survival, the government is alive to the need to put in more efforts to reduce maternal mortality so that Kenya can achieve the SDG target of less than 70 maternal deaths per 100,000 live births by the year 2030. To this end, therefore, the Government will continue to allocate more funds to provide free maternity health care services to ensure that no woman dies while bringing forth life.

Ladies and Gentlemen,

11. Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that could lead to death or serious illness for both the mother and baby. We are proud as a country that the proportion of live births that are assisted by a skilled provider has increased markedly over the past two decades, from 41 per cent in 2003 to 89 per cent in 2022.

12. The results presented here today reveal that nine in ten live births were delivered in a health facility compared to six in ten live births recorded in 2014. However, counties are at different levels, and I hope that the county governments will make deliberate efforts to increase deliveries at health facilities. This is the only way we can talk of equity across all regions of the country.

13. There has also been remarkable progress in addressing malnutrition as indicated by the decrease in the prevalence of stunting, wasting, and underweight among children under five years of age. Exclusive breastfeeding rates have improved, ensuring optimal nutrition for infants.

14. Furthermore, malaria prevention and treatment indicators have shown positive progress, contributing to a decrease in malaria-related morbidity and mortality. Access to improved water sources and sanitation facilities has improved, leading to better hygiene practices and reduced risk of waterborne diseases. However, there is need for more investments to be made in provision of sanitation services

so that the population with access to basic sanitation services can be increased from the current 41 percent.

Ladies and Gentlemen

15. Vaccination is one of the most cost-effective interventions geared towards prevention of diseases, especially among children. Universal immunization of children against common vaccine-preventable diseases is crucial to reducing infant and child morbidity and mortality.

16. The 2023 KDHS results show that in 2022, 8 in 10 children age 12-23 months had received all basic vaccinations (BCG, measles, and three doses each of DPT and polio vaccine, excluding polio vaccine given at birth).

Ladies and Gentlemen,

17. Health insurance is fundamental to enhancing access to quality health care. It aids in substantially reducing the out-of-pocket costs associated with illness, treatment, and care. The survey findings show that one in four persons in Kenya have some form of health insurance.

18. However, insurance coverage is higher for persons in urban areas than those in rural areas. The results further show that the National Hospital Insurance Fund is the most common type of health insurance. With this evidence therefore, the *Kenya Kwanza* Government assures Kenyans of its commitment to strengthen the NHIF to be able to guarantee universal access to affordable health care.

Ladies and Gentlemen,

19. Ownership and control of land and other assets by women and men enhances their ability to access economic resources at the societal level and confer additional economic value, status, and bargaining power at the household level. For women in particular, ownership of assets may provide protection in case of marital

dissolution or abandonment, positively influence their position in their homes, and decrease their vulnerability to various forms of violence or discrimination.

20. Results from the 2022 KDHS shows that one in every four women own agricultural land. Three per cent own agricultural land alone while 20 percent own jointly with their spouses or partners.

Ladies and Gentlemen,

21. Female Genital Mutilation (FGM) is widely recognized as a violation of human rights and is deeply rooted in beliefs and perceptions over generations. The 2010 Constitution of Kenya protects children and women from abuse, harmful cultural practices, and all forms of violence.

22. It is encouraging to note that, through enactment of legislation prohibiting FGM, the prevalence of FGM has been declining from a peak of 38 per cent in 1998 to 15 per cent in 2022.

23. Gender-based violence has been acknowledged worldwide as a violation of basic human rights. The Kenyan Government has enacted laws and developed policies to ensure that girls, women, boys and men are able to enjoy their fundamental human rights devoid of any form of violence.

24. Subsequently, the percentage of women who experienced physical violence by any perpetrator in the 12 months preceding the survey declined from 20 per cent in 2014 to 16 per cent in 2022 and that of men declined from 12 per cent to 10 per cent, during the same period. There was a slight decline on the proportion of women who experienced sexual violence in the last 12 months from 8 per cent in 2014 to 7 per cent in 2022.

Ladies and Gentlemen,

25. The findings of the 2022 KDHS are instrumental in guiding evidence-based decision-making processes for the National and County governments' policy

makers, planners, programme managers and development partners. The data will help shape population and health policies, programs, and interventions that address the specific needs and challenges of Kenyans.

26. Further, to ensure proper planning for health and demographic programmes going forward, there is need to conduct a mid-period evaluation of key health and demographic indicators. I therefore take this opportunity to appeal to our stakeholders and development partners to consider providing technical and financial support for the mid-period evaluation.

Ladies and Gentlemen,

27. Let me assure you that the Government, through The National Treasury, is committed to allocating more resources to programmes that will improve the quality of life for the Kenyan people. If we achieve this as a country, then we can boast of a more productive workforce, increased productivity and consequently higher economic development.

28. As I conclude, I wish to state that this important Report is a result of close collaboration between various stakeholders under the leadership of the Kenya National Bureau of Statistics (KNBS). I take this opportunity to express my gratitude to the development partners who provided technical and financial support in the survey's implementation.

29. In particular, I want to sincerely thank United States Agency for International Development-Kenya (USAID/Kenya), ICF, The United Nations Resident Coordinator's Office (UNRCO), United Nations Children's Fund (UNICEF), Bill and Melinda Gates Foundation (BMGF), United Nations Population Fund (UNFPA), United Nations AIDS (UNAIDS), United Nations Development Programme (UNDP), World Food Programme (WFP), UN Women, The World Bank, Clinton Health Access Initiative (CHAI), Nutrition International – Kenya, the World Health Organization (WHO)-Kenya, Development Partners for Health in Kenya (DPHK) secretariat for their generous support.

30. I congratulate the Director General, KNBS and his management team for the effective coordination of the 2022 KDHS implementation. I would also like to thank all the Steering Committee members for providing leadership and Technical Committee members for providing technical support during the planning and implementation of the survey. I salute all those who were interviewed and provided information that made this exercise a success.

31. Finally, let me extend my gratitude to you all for attending this important function.

32. With these few remarks, I wish to declare the 2022 KDHS Main Report officially launched.

Thank You and God Bless Kenya