



REPUBLIC OF KENYA

KILIFI

**DISTRICT STRATEGIC PLAN
2005 - 2010**

for
**IMPLEMENTATION OF THE NATIONAL POPULATION
POLICY FOR SUSTAINABLE DEVELOPMENT**



National Coordinating Agency for Population and Development

KILIFI

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KILIFI District Strategic Plan 2005-2010 for Implementation of the National Population Policy for Sustainable Development

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Published by:

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August 2005

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List of Abbreviations

ACU	Aids Control Unit
AIDS	Acquired Immuno Deficiency Syndrome
CBO	Community Based Organization
CORP	Community Own Resource Persons
DACC	District Aids Control Committee
DAO	District Agricultural Officer
DCO	District Children's Officer
DDC	District Development Committee
DDO	District Development Officer
DEC	District Executive Committee
DEO	District Education Officer
DFO	District Forest Officer
DHMT	District Health Management Team
DIDC	District Information and Documentation Center
DMOH	District Medical Officer of Health
DP&FPC	District Population and Family Planning Committee
DPHN	District Public Health Nurse
DPO	District Population Officer
DSDO	District Social Development Officer
DSO	District Statistical Officer
DSP	District Strategic Plan
FHI	Family Health International
FP	Family Planning
FPAK	Family Planning Association of Kenya
HIV	Human Immuno Deficiency Virus
IEC	Information Education Communication
IGA	Income Generating Activities
KDDP	Kilifi District Development Programme
KDHS	Kenya Demographic and Health Survey
KSPA	Kenya Service Provision Assessment
LA	Local Authority
MENR	Ministry of Environment and Natural Resources
MOA	Ministry of Agriculture
MOEST	Ministry of Education Science & Technology
MOH	Ministry of Health
MOVs	Means of Verification
MYWO	Maendeleo Ya Wanawake Organisation
NACC	National Aids Control Council
NCAPD	National Coordinating Agency for Population and Development
NGOs	Non Governmental Organizations
NPA	National Plan of Action
NPPSD	National Population Policy for Sustainable Development
OP/PA	Office of the President/ Provincial Administration
OVI	Objectively Verifiable Indicators
RH	Reproductive Health
STI	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities and Threats

Foreword

This district-specific Strategic Plan is a localization of the National Plan of Action (NPA) for the implementation of the National Population Policy for Sustainable Development (NPPSD) contained in Sessional Paper No. 1 of 2000.

The Plan was prepared by key representatives in the population and health sectors from the various ministries, non-governmental organizations, faith-based organizations and other stakeholders in the district. This exercise was coordinated by District Population Officer (DPO) assisted by members of the District Development Committee (DDC).

The Plan preparation involved addressing all the critical issues as identified in the NPPSD, pinpointing problems associated with each issue and prioritizing them according to the needs of the district. These issues include: Population and Development; Gender Perspectives; Reproductive Health (RH); and, STI/HIV/AIDS. In this regard, the stakeholders proposed the activities that need to be undertaken to address the identified issues/problems in a draft plan. The draft plan was then discussed with the members of the District Executive Committee (DEC) and approved by the DDC.

The Logical framework matrix approach was used to develop the indicators for the identified activities that will be used to monitor and evaluate the implementation of the Plan. Its successful implementation is an onerous task and requires joint effort, hard work and dedication from all stakeholders in the district. The districts must therefore dedicate themselves towards fully implementing the activities stipulated in this document.

Prof. Peter Anyang Nyong'o, MP, EGH
Minister for Planning and National Development

Acknowledgement

The National Coordinating Agency for Population and Development (NCAPD), wishes to acknowledge with gratitude, the contributions of all those who have been involved in the development of this district-specific strategic plan.

Special thanks goes to district-level stakeholders who got together and through consensus building, brought out the issues pertinent to their district and likely solutions. Officials from the Ministries of Planning and National Development and Health at the district level (DDO, DSO, DMOH and DPHN) contributed significantly through supporting the stakeholders' proposals with factual information and consolidating the ideas into a preliminary draft.

Notably important to acknowledge is the team of officers from the NCAPD who participated in providing technical expertise, and, coordinated the field activities as needed to make the process of plan development successful. These include Dr. Paul Kizito and Michael Mbaya (Policy), Kimeli Chepsiror (Finance and Administration), George Kichamu and Sam Ogola (IEC) and of course all the District Population Officers. The role of Karugu Ngatia in overall coordination of the exercise is acknowledged.

Lastly, the whole exercise would not have been possible without the financial support from the United Nations Population Fund (UNFPA) through the 5th and 6th Country Programme of Assistance.

Its the efforts of all those above that the districts now have a blueprint for reference while implementing the National Population Policy for Sustainable Development over the next five years. The challenge therefore remains with the implementers to actualize the contents and accomplish the objectives of the Policy.

Dr Richard O. Muga, MBS

Director/CEO

National Coordinating Agency for Population and Development

KILIFI DISTRICT STRATEGIC PLAN 2005-2010

CHAPTER 1 BACKGROUND

The National Population Policy for Sustainable Development (NPPSD) was officially adopted by Parliament in May 2000. This policy document (NPPSD) is a follow up of the 1984 Sessional Paper No.4 on Population Policy Guidelines and also addresses new and emerging issues such as HIV/AIDS, gender, the youth, the elderly, person with disabilities and the environment.

The NPPSD gives a wide range of strategies and actions that need to be undertaken to meet the set goals, objectives and targets through a multi sectoral and multi dimensional integrated approach involving all key players in the population and health sectors.

1.1 Justification of the District-specific Strategic Plan.

The National Plan of Action (NPA) was developed to facilitate easier implementation of the NPPSD. The NPA guides implementing agencies and donors on how to monitor and evaluate on going population programmes. Activities to be carried out in the whole country during the implementation of NPPSD are specified in the plan. However, because of regional variations in socio-economic and socio-cultural factors, it is necessary to develop District Specific Strategic Plans to address specific population and development.

1.2 Methodology

The District Strategic Plan (DSP) for Kilifi District was developed through consensus building. First a workshop was held for key stakeholders in the District to develop an outline and specific contents of the plan. This workshop was attended by officers from of Ministry of Planning and National Development (DDO, DSO, and DPO), Ministry of Health (DMOH and DPHN), Ministry of Home Affairs (DSDO), Education, Environment and some NGO's like AMKENI. It was recommended that the District Plan should address all the critical issues identified in the NPPSD while using the NPA to develop the District Implementation Plan.

In order to develop monitoring and evaluation indicators for the identified district specific activities, a log frame matrix was used.

A second workshop was organized for the four districts (Kilifi, Malindi, Mombasa and Kwale) in Mombasa town whose participants were drawn from all the key stakeholders in the population and health sector. The objective of the workshop was to develop a DSP for their representative districts. The participants were provided with background information such as the population policy (NPPSD), NPA, District Development Plans and Reproductive Health Strategy (RH). During the workshop participants were exposed to the NPPSD, NPA, SWOT Analysis strategic planning, and, monitoring and evaluation measurements in order to build their capacity to develop the DSP.

The participants were then divided into groups to discuss and undertake a SWOT analysis of the serious implementers of population and Health programmes in their respective districts. The groups later identified and prioritized problems/issues that need to be addressed by implementers of the programmes. They also developed activities that need to be carried out to address the identified issues which were later presented to the workshop for correction and adoption. Staff from NCAPD secretariat then used the workshop output prepare a draft DSSP whose details are attached.

1.3 Organization of the District Strategic Plan

Chapter one gives the background information of DSP, the justification of the plan together with the methodology used in developing DSP. Chapter two presents the District's profile. The other four chapters focus on broad themes of the Plan, that is Population and Development, Gender Perspectives, Reproductive Health and HIV/AIDS. The final chapter is a strategy for monitoring and evaluation the implementation of this Plan.

The Implementation Plan of Action and Monitoring and Evaluation Framework matrices are appended as annexes to this District Strategic Plan.

CHAPTER 2 DISTRICT PROFILE

Kilifi District is one of the seven districts that constitute the Coast Province. The district borders Taita Taveta to the west, Malindi to the northwest, Mombasa and Kwale to the south. The district has an area of 4779.2 km². The position of the district put it in a strategic location for industrial growth in the Kenyan coast. It borders Mombasa (the second largest city in the country) and Kenya's main seaport of Kilindini.

Kilifi district is divided into seven administrative divisions namely: - Kaloleni, Bahari, Chonyi, Kikambala, Ganze, Vitengeni and Bamba. It has 36 locations and 108 sub locations. Politically the district is divided into three constituencies namely: Kaloleni (comprising of Kaloleni division), Ganze (comprising of Ganze, Vitengeni, and Bamba divisions) and Bahari (comprising of Bahari, Kikambala and Chonyi divisions). It has three local authorities, Kilifi County Council with 26 wards, Kilifi Town Council with 8 wards and Mariakani Town Council with 7 wards. Table 1 below present the administrative units and their population size and densities.

Table 1: Population Size and Density by Administrative Units

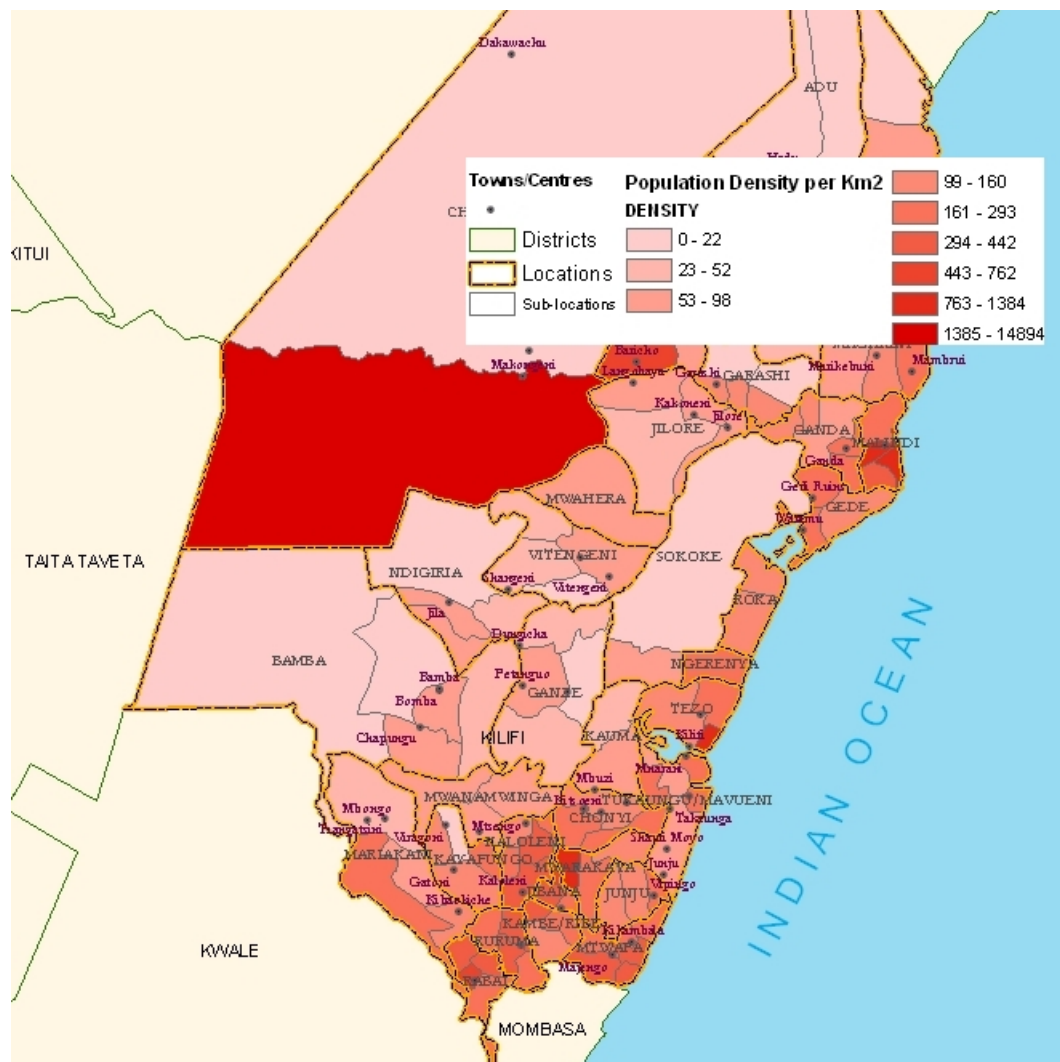
DIVISION	AREA IN SQ. KM ²	POPULATION	POPULATION DENSITY	LOCATIONS
Bahari	277	90,025	325	5
Kikambala	299.7	69,830	233	3
Chonyi	202.2	66,119	327	4
Kaloleni	909	62,721	69	11
Bamba	1,743.5	36,613	21	4
Ganze	481.9	30,841	64	5
Vitengeni	676.9	146,887	217	4
Arabuko sokoke forest	1289	-	-	-
TOTAL	4,779.2	544,305	114	36

Source: District Commissioner, Kilifi, 2001

Settlement patterns in the district are influenced by infrastructure network (roads, water, electricity) and the agricultural potential of the zones. High population

densities are found in Bahari, Kikambala and Kaloleni divisions along the tarmac road of Mombasa – Malindi and Mombasa – Nairobi up to Mariakani town. These areas are also well supplied with piped water and electricity. High population clusters are high potentials for agricultural production. Sparsely populated divisions in the district are: - Ganze, Vitengeni, Bamba and some parts of Kaloleni division. These areas are rangelands and are less productive agriculturally. The large towns in the district (Kilifi, Mariaknai, Mtwapa, Kaloleni, Majengo and Bamba) have a total population of 172,656 (1999), which represents 32% of the total district population. The map below illustrates the population density patterns within various administrative areas for the greater Kilifi District.

Map 1: Location, Administrative areas and Population Density Patterns



2.1 Demographic and Population Profile

The population of Kilifi in 1999 was 544,305 comprising of 258,507 males and 285,798 females representing 47.5% and 52% of the population respectively. The population is projected to rise to 719,466 by the end of the plan period. Table 2 below gives a summary of the demographic indicators of the district while table 3 gives the population of the district by age cohorts and sex for 2000 and the projections for the plan period 2005 to 2010.

Table 2: Demographic indicators, 2002

Population (2002)	597,354
Number of Males	283,702
Number of Females	313,652
Female/Male Sex Ratio	100:95
Number of Youthful Population (15 - 25) years	118,304
Primary school population (6 - 13) years	143,085
Secondary School Population (14 - 17) years	56,575
Labour Force (15 - 64) years	294,754
Population Growth Rate	3.05%
Rural Population at start of Plan Period- 2002	411,417
Urban Population at start of Plan Period- 2002	189,227

Source: District Statistic Offices, Kilifi

2.2 Welfare Indicators

2.2.1 Education

Kilifi District has 230 primary schools. In 1999 there were 130,378 persons in the primary school going age who were projected to rise to 172,335 by year 2008. Primary school enrollment stands at 66.5%. To cope with the increasing population in this age group, there is need to improve the facilities in the schools, construct more schools and employ more teachers.

With regard to secondary schools, the district has about 30 with the enrollment being about 7, 74, which is only 13% of the population in this age group. In 1999,

the population of this age group was around 51,551 and was projected to increase to 68,140 by 2008.

Table 3: Population structure by Age Cohorts and Sex over Plan Period

	2000		2005		2006		2007		2008		2009		2010	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4	42389	46051	45226	47928	45683	48160	46134	48377	46577	48577	47013	48760	47440	48927
5-9	37737	41977	41176	45269	41789	45834	42403	46397	43019	46959	43637	47518	44255	48075
10-14	33308	38040	37296	42592	38052	43454	38817	44328	39592	45212	40376	46108	41171	47015
15-19	29999	34794	34272	39826	35105	40808	35954	41808	36817	42825	37695	43859	38588	44912
20-24	27995	33341	32810	39042	33774	40180	34759	41342	35765	42527	36793	43737	37842	44970
25-29	23864	27614	28027	32166	28862	33070	29715	33993	30587	34934	31477	35893	32387	36872
30-34	18291	18390	21027	20225	21564	20560	22112	20898	22669	21238	23238	21580	23816	21925
35-39	14504	14139	16476	15327	16858	15535	17246	15743	17640	15952	18041	16160	18448	16368
40-44	11008	11828	12339	13330	12592	13618	12848	13910	13107	14206	13370	14506	13636	14810
45-49	8599	9408	9527	10664	9699	10907	9873	11153	10049	11403	10226	11657	10404	11915
50-54	6639	6961	7261	7767	7372	7919	7484	8073	7597	8228	7709	8385	7822	8544
55-59	5109	5401	5551	6011	5628	6125	5706	6241	5783	6358	5861	6476	5938	6595
60-64	3742	4258	4077	4769	4136	4866	4196	4964	4255	5063	4315	5163	4375	5265
65-69	2757	3181	3002	3580	3046	3656	3090	3734	3133	3812	3177	3892	3221	3972
70-74	1935	2180	2107	2475	2138	2533	2169	2591	2199	2650	2230	2710	2261	2771
75-79	1277	1255	1392	1455	1412	1495	1433	1535	1453	1576	1474	1618	1494	1661
80+	3030	3180	4008	4292	4215	4527	4428	4769	4648	5018	4874	5275	5107	5538
Total	272183	301998	305573	336718	311925	343247	318365	349853	324891	356537	331504	363297	338204	370135

Source: Kenya Population and Housing Census

2.2.2 Labour Force

In 1999, the district had a total labour force of 268, 578 of which 119,922 were males and 148,656 were females. This is projected to increase to 158,514 males and 196, females. The district labour force constitutes about 47% of the population with the majority being engaged agricultural farming. About 50% of the labour force is engaged in subsistence farming.

2.2.3 Poverty Analysis

Poverty in Kilifi District manifests itself, in the inability by the majority of the population to access basic needs due to geographical, economical and social-cultural barriers. Out of the 544,305 people in Kilifi District (1999), 65.35% are food poor and 43.02% hardcore poor meaning that they cannot meet the minimum food requirements even after spending all their income on food alone.

Within the adult population, 66.8% (165,573) people cannot meet the minimum cost of food and non-food items essential for human life and hence are absolutely poor. In terms of gender, 45% of the poor are male and 55 percent are female.

Factors that contribute to the poverty incidence in Kilifi include climatic conditions, low levels of education and land ownership. Effects of the high poverty levels in Kilifi include high rate of school drop outs, deteriorating health conditions, worsening literacy levels etc. Table 4 below summarizes some of the socio-economic indicators of Kilifi District.

Table 4: Socio-economic Indicators

Total number of Households	90,311
Average Households size	6.6
Number of female headed households	14,296
Number of disabled	59,653
Children needing special protection	26,014
Absolute Poverty (Rural & Urban)	66.8%
Income from Agriculture	80.6%
Income from Rural Self employment	1.85%
Wage employment	6.2%
Urban self-employment	11.4%
Number of unemployed (2002)	231,978

Sources: Various

2.2.4 Health

Kilifi District has total of 73 health facilities distributed across the district. Accessibility of health services is, however low and 57% of the population live over 5kms to the nearest health facility. The doctor patient ratio stands at 1:100,000 which in itself a manifestation of staff shortages in the District. The most prevalent diseases include Malaria, Pneumonia and diseases of the digestive system.

HIV/AIDs is a major health and development problem in the district. The prevalence in the district is estimated to be 10% and bed occupancy by people affected with HIV/AIDs related illnesses in the various health institutions is about 50%. The impact of HIV/AIDS is already evident in the District. There is a

decrease in agricultural productivity because agriculture in the districts is labour intensive, children are being denied an opportunity to be educated and get relevant skills, increases in the number of homes headed by single parents and children, child labour, increasing orphans and children with decent behavior. This rise in prevalence could be attributed to strong cultural beliefs, poverty in community stigmatization of infected/affected people and the fact that fight against HIV/AIDS was initially left to only Ministry of Health.

There is therefore dire need for control of the spread of HIV/AIDS in the district and programmes to seriously educate people about HIV/AIDS and its associated problems. Measures to eliminate the stigma and support the infected and affected for different target groups also need to be developed. Also Voluntary Counseling and Testing (VCT) should be encouraged and home base care to support the affected patients and their families need to be supported. Table 5 below summaries some of the health indicators of Kilifi District.

Table 5: Selected Health Indicators

Crude Birth Rate (CBR)	49.2/1000
Life Expectancy	56 years
Infant Mortality Rate (IMR)	85/1000
Under 5 Mortality Rate	141/1000
Total Fertility Rate	6
HIV Prevalence Rate	10%
Doctor/Patient Ratio	1:100,000

Source: District Medical Officer of Health (DMOH)

CHAPTER 3 POPULATION AND DEVELOPMENT

The population of Kilifi in 1999 was 596,536 with a growth rate of 3.05 percent. This would result into a high population with negative effects on all indicators of development. There would be increased pressure on the facilities providing health services, in schools especially primary, better housing which result into high levels of poverty. Most of the arable land is under various estates which are not owned by local residents, thus affecting the food situation in the district.

3.1 Main Issues/Problems In The District

The main issues/problems concerning population and development in the district include the following are:

- **Population and development.** The issue here is weak integration of population concerns into development planning. This is mainly due to planning not based on population issues and dormancy of the District Population and Family Planning Committee (DP&FPC).
- **Population and environment.** The effects of population on environment in the district include deterioration of ecological balance due to air and water pollution especially in cement manufacturing, soil erosion, deforestation and environmental degradation due to human settlement.
- **Youth and Children.** Neglected street and abused children, child labour, HIV/AIDS infected and affected children, high rate of school drop out, and child labour, drug abuse and high rate of HIV/AIDS prevalence are the major problems that affect youth and children
- **Family.** The issues here include responsibilities not equitably shared by family members, retrogressive cultural practices, irresponsible drinking and

alcohol abuse, irresponsible polygamy, early marriages and unplanned families.

- **Elderly and People with Disabilities.** Problems facing elderly people and people with disabilities include neglect of the disabled, inadequate vocational/rehabilitation centres and lack of care and support to the elderly (both socially and economically)

3.2 Analysis of Institutions involved in Population Programmes

In district the following institutions/NGOs/CBOs/Ministries were identified as best suited to undertake programmes to address the population in development process raised above; Ministry of Planning and National Development, Ministry of Home Affairs (DSDO), Ministry of Health, Ministry of Education Science and Technology and Ministry of Environment & Natural Resources, NGOs and Religious Organizations

The table below outlines the results of the SWOT analysis by each main issue/problem.

1. Integration of Population variables in development process				
INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Planning and National Development	<ul style="list-style-type: none"> - Well trained staff in development planning issues - Equipment exists 	<ul style="list-style-type: none"> - Inadequate/lack of personnel - Inadequate funds - Necessary logistics missing 	<ul style="list-style-type: none"> - Networking/sectoral collaboration - Donor support - Government support 	<ul style="list-style-type: none"> - Retrenchment/death of staff - Staff turn over
Provincial Administration	<ul style="list-style-type: none"> - Wide coverage to grass root level 	<ul style="list-style-type: none"> - Untrained and inadequate staff - Inadequate funds 	<ul style="list-style-type: none"> - Government support - Donor support - Networking/collaboration 	Deaths

2. Population and Environment

INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Environment and Natural Resources	<ul style="list-style-type: none"> - Well trained personnel - Collaboration and networking among NGOs and between NGOs and Government departments at district/provincial levels. - An established collaboration and networking between stakeholders 	<ul style="list-style-type: none"> - No population office to co-ordinate population activities leading to duplication of efforts. - Over-dependence on donor support. - Low participation of males in community and population activities. 	<ul style="list-style-type: none"> - Presence of many NGOs e.g. ACK, FPAK, MYWO, Plan International - Involvement of NGOs, Government departments in DDC. - Qualified personnel well versed with population issues. 	<ul style="list-style-type: none"> - Withdrawal of donor funding - Disintegration of families - HIV/AIDS pandemic - Lack of sufficient funds to implement population development programmes. - Adverse influence on youth by electronic media - Proliferation of street children/families

3. Family

INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Home Affairs	<ul style="list-style-type: none"> - Well trained staff - Availability of policies 	<ul style="list-style-type: none"> - Low morale - Inadequate staff - Inadequate logistics 	<ul style="list-style-type: none"> - Able to collaborate/network with other organizations - Government support - Donor support. 	<ul style="list-style-type: none"> - Retrenchment - Donor fatigue - Deaths
Ministry of Education Science and Technology	<ul style="list-style-type: none"> - Well trained staff - Wider coverage 	<ul style="list-style-type: none"> - Inadequate staff - Low morale 	<ul style="list-style-type: none"> - Networking/collaboration - Donor support - Government support 	<ul style="list-style-type: none"> - Deaths - Retrenchment
FPAK	<ul style="list-style-type: none"> - Well trained staff - Proper logistics in place 	<ul style="list-style-type: none"> - Inadequate coverage Sustainability - Community ownership 	<ul style="list-style-type: none"> - Networking/collaboration - Donor support - Government support 	<ul style="list-style-type: none"> - Dwindling funding levels - Staff turn over

4. Children and Youth				
INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Home Affairs, Children Department, and Social Services and Ministry of Education	<ul style="list-style-type: none"> - Trained staff - Wide coverage, - Good networking - Adequate, learning facilities, - Availability of school curriculum, - Legal framework 	<ul style="list-style-type: none"> - Inadequate staffing, - Inadequate update census for teachers, - Poor supervision - Poor networking, Inadequate resources and logistics 	<ul style="list-style-type: none"> - Available network - Community and Government support, Donor support 	<ul style="list-style-type: none"> - High deaths of teachers leading to staff shortages, low staff morale
KDDP	<ul style="list-style-type: none"> - Well trained staff - Good logistics - Good knowledge of the district 	<ul style="list-style-type: none"> - Community ownership - Sustainability 	<ul style="list-style-type: none"> - Networking/ collaboration - Donor support - Government support 	<ul style="list-style-type: none"> - Dwindling funds
Plan International	<ul style="list-style-type: none"> - Operates at grass root level in the district - Adequate logistics 	<ul style="list-style-type: none"> - Restricted coverage - Community ownership - Sustainability/donor dependency 	<ul style="list-style-type: none"> - Networking/collaboration - Donor support - Government support 	<ul style="list-style-type: none"> - Dwindling funds
MOH	<ul style="list-style-type: none"> - Well trained staff/health workers - Wide coverage - Existing logistics 	<ul style="list-style-type: none"> - Inadequate staff - Low morale - Some existing logistics in poor state 	<ul style="list-style-type: none"> - Networking/collaboration - Donor support - Government support 	<ul style="list-style-type: none"> - Staff turn over - Deaths - Dwindling funds

5. Elderly and People with Disabilities

INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Home Affairs (DSDO)	<ul style="list-style-type: none"> - Adequate office accommodation, - Available Resource Centre, - Sufficient logistics & Transport 	<ul style="list-style-type: none"> - Inadequate staff, - Services are concentrated in some parts of the District 	<ul style="list-style-type: none"> - Donor Support, - GOK support, - Good networking with other stakeholders 	<ul style="list-style-type: none"> - Sustainability of programmes, - Poor community Participation

3.3 Proposed Programmes (Outputs)

In order to address the above problems, a number of outputs are proposed. These include:

- Improved planning based on population density by all sectors (i.e. GOK, NGOs, CBOs).
- Activated District Population and Family Planning Committee (DP& FPC).
- Responsibilities shared equitably in the family in the family.
- Bad cultural practices abandoned
- Reduced “mnazi” drinking.
- Irresponsible polygamy abandoned
- Incidences of early marriages reduced
- Reduced number of unplanned families
- Reduced single parenthood
- HIV/AIDS prevalence reduced
- Reduced poverty levels
- The elderly cared for and supported.
- Increased participation of the disabled in development
- Increased number of youths living productive and responsible lives
- Children being protected and cared for to become responsible productive adults.

For each of the outputs stated, a set of activities were proposed and are listed in the Implementation Plan of Action in **Annex 1**.

CHAPTER 4 GENDER PERSPECTIVES IN DEVELOPMENT

Gender can be defined as the role, rights and obligations that culture and society attach to individuals according to whether they are male or female which translates into privileges enjoyed by their sex. Usually society attaches values, norms and roles to males and female that causes gender disparities that are seen in all spheres of life. These disparities include marginalization of women in education, income and property rights and lack of credit

4.1 Main Issues/Problems

In Kilifi district the following were therefore identified as issues that relate to gender.

- No sharing of responsibilities at home.
- Girls not given equal opportunities in education
- Women are not involved in decision making.
- Poor women to women interrelationship due to jealousy.

4.2 Analysis of Institutions involved in Gender Issues

The key institutions that can deal with the gender issues mentioned above in the district are; MOEST, MOH, FPAK, DSDO, MYWO, Churches, Provincial Administration, Children Department. A SWOT analysis of the main institution that can address gender concerns in the District is shown on the table next page.

INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITY	THREATS
Ministry of Home Affairs (DSDO)	- Well trained staff - Wider coverage	- Inadequate staff - Low morale - Inadequate logistics	- Government support - Donor support - Networking	- Retrenchment - Deaths - Dwindling funding levels
Ministry of Education, Science and Technology	- Well trained staff - Wider coverage - Offer equal opportunities for boys and girls	- Inadequate staff trained in gender - Low morale - Inadequate logistics.	- Government support - Donor support - Networking, collaboration	- Retrenchment - Deaths - Dwindling funds
MYWO	- Wider coverage	- Lack of trained staff - Lack of proper logistics	- Government support - Donor support - Collaboration/networking	- Dwindling funds - Other NGOs
Provincial Administration	- Wide coverage to grass root level	- Untrained and inadequate staff - Inadequate funds	- Government support - Donor support Networking/collaboration	- Deaths

4.3 Proposed Programmes (Output)

The following outputs were identified as key to addressing the main issues related to gender in the district:

- Household responsibilities shared at all levels.
- Increased number of girls enrolled in schools.
- Increased women representatives at all levels.
- Enhanced women to women interrelationship

For the above outputs to be realized, the set of activities to be implemented are shown in **Annex II**.

CHAPTER 5: REPRODUCTIVE HEALTH (RH)

Reproductive Health (RH) as defined by World Health Organization (WHO), is generally a state of complete physical, mental, and social well-being in all matters related to the RH system, and not merely the absence of disease or infirmity. RH care system therefore is inclusive of all promotive, preventive and curative services that will be conducive to the well being of the individual in human reproduction and sexuality.

5.1 Main Issues/Problems

Despite Kilifi District having 73 health facilities, several problems affecting reproductive were highlighted. These include;

- Inadequate quality of care during ante/post natal care period.
- High unmet need of family planning.
- Low involvement of male in family planning.

5.2 Analysis of Institutions involved in RH Issues

In the district, MOH, Plan International, Provincial Administration, Family Health International and MYWO were identified as potential institutions that can address all issues related to reproductive health. Their SWOT analysis is as follows:

INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
MOH	<ul style="list-style-type: none"> - Trained staff - Availability of facilities - Wide coverage 	<ul style="list-style-type: none"> - Inadequate staff - Low morale - Inadequate equipment and medical supplies 	<ul style="list-style-type: none"> - Government support - Donor support - Networking/collaboration 	<ul style="list-style-type: none"> - Movement to greener pastures - Deaths
Family Health International	<ul style="list-style-type: none"> - Trained staff - Availability of funds 	<ul style="list-style-type: none"> - Limited coverage - Community ownership 	<ul style="list-style-type: none"> - Government support - Donor support 	<ul style="list-style-type: none"> - Donor fatigue

	- Existence of proper logistics	- Sustainability	- Networking collaboration	
Plan International	- Operates at grass root level in the district - Adequate logistics	- Restricted coverage - Community ownership Sustainability/donor dependency	Networking/collaboration - Donor support - Government support	- Dwindling funds
MYWO	- Wider coverage	- Lack of trained staff - Lack of proper logistics	- Government support - Donor support - Collaboration/networking	- Dwindling funds - Other NGOs
Provincial Administration	- Wide coverage to grass root level	- Untrained and inadequate staff - Inadequate funds	- Government support - Donor support Networking/collaboration	- Deaths

5.3 Proposed Programme (Outputs)

Various outputs were identified in this Plan that needs to be achieved if reproductive health needs of Kilifi District are to be addressed. The proposed outputs include:

- Improved quality of RH services.
- Enhanced provision of family planning services
- Increased male involvement in family planning.

For each of the above outputs, a number of activities have been proposed. These are articulated by the matrices in **Annex III** that also outlines the proposed implementation Plan of Action of the District.

CHAPTER 6: STI/HIV/AIDS

One of the RH concerns that has continued to affect a large population in Kenya of reproductive age is STI/HIV/AIDS. Kilifi district being a tourist destination area along the Indian Ocean coast coupled with the poverty levels in the area gives rise the high HIV infection rates.

6.1 Main Issues/Problems

Issues/problems that require urgent and concerted efforts in the district are:

- People do not know their HIV status thus low the pace of behavior change.
- Lack of information on HIV prevalence and trends
- Inadequate care and support for those infected and affected.

6.2 Analysis of Institutions involved in STI/HIV/AIDS Issues

In the district, Office of the President (NACC), Ministry of Finance and Planning (DDOs office), FHI and MOH ere identified as potential institutions that can address all issues related to STI/HIV/AIDS. Their SWOT analysis is a follows:

INSTITUTION	STRENGTHS	WEAKNESS	OPPORTUNITY	THREATS
Ministry of Planning and National Development (DDOs office)	<ul style="list-style-type: none"> - Well trained staff - Well organized structures such as DACC, ACU etc - Multi sectoral approach 	<ul style="list-style-type: none"> - Inadequate staff - Inadequate logistics - Lack of funds - Bureaucracy 	<ul style="list-style-type: none"> - Networking collaboration - Donor support - Government support - Community participation 	<ul style="list-style-type: none"> - Epidemic - Corruption and mismanagement
MOH	<ul style="list-style-type: none"> - Well trained staff - Wider 	<ul style="list-style-type: none"> - Understaffing - Inadequate logistics 	<ul style="list-style-type: none"> - Networking, collaboration - Government 	<ul style="list-style-type: none"> - Death of staff - Dwindling funds - Retrogressive

	coverage		support	practices
	- Existing logistics/ equipment	- Lack of testing kits - Low morale	- Community participation	- Recurrent disease outbreak
Office of the President (NACC)	- Wide coverage up to grass root level - Well organized structures of NACC - Clear roles and responsibilities - Existence of HIV/AIDS policy and other supportive policies	- Representation in regional committees are exclusive	- Networking/ collaboration - Government support - Donor support	- Customs and traditional beliefs - NGOs/CBOs without the right being funded directly by donor.
Family Health International	- Trained staff - Availability of funds - Existence of proper logistics	- Limited coverage - Community ownership - Sustainability	- Government support - Donor support - Networking collaboration	- Donor fatigue

6.3 Proposed Programmes (Outputs)

To address the main issues/problems affecting Kilifi District, the following broad outputs were identified as very important:

- Behaviour change should be accelerated.
- Information on HIV/AIDS prevalence and trends published and made available to the public.
- Increased care and support for those infected and affected.

To achieve the above outputs, a number of activities have been proposed. These are articulated by the matrices in **Annex IV** that also outlines the proposed implementation Plan of Action.

CHAPTER 7: MONITORING AND EVALUATION

Monitoring and Evaluation will provide a wealth of information derived from the project staff and beneficiaries. The information gathered will be analyzed and used to improve the quality of programme implementation at every stage.

7.1 Monitoring

Monitoring will be undertaken in all the projects/programmes and will be done regularly to ensure that activities are being carried out as planned. If there will be any hindrances to the implementation of the activities this regular monitoring will assist in identifying and getting solutions for them.

Different agencies already have their own ways of monitoring, but during the implementation of the DSP, these will be agreed upon depending on the activities agreed being implemented. This will be at different levels, because different agencies already report to their District Headquarters, Provincial Headquarters and others direct to their National Office.

The following will be some of the ways that will be applied.

- (a) **Quarterly Meetings:** There will be quarterly meetings by the stakeholders to review the progress made in the planned quarter. At the district level there are already District Meetings e.g. DEC, DDC, DHMT, DP&HC.
- (b) **Quarterly Reports:** These will be produced on quarterly basis with a format to be agreed upon by all the stakeholders. These reports will serve as a checklist for activities that are planned to be accomplished in the given quarter. What has actually been carried out and what has not and reason for not accomplishing the activities.
- (c) **Annual Reports:** These will monitor progress of the programme per given year.

- (d) **Field Visits:** A team to be agreed upon by the stakeholders will undertake the field visits. They will state what the team is to check and observe as they do their field visits.

The reports prepared from all the above will be forwarded to a higher level and feedback will be given so that action can be effected.

The reports are to be checked against the programme work plans so that progress is monitored alongside what was planned to be achieved.

7.2 Evaluation

Evaluation will be used to assess the relevance, the impact and success of the programme. The DSP will utilize the National sampled surveys (KDHS and KSPA) to evaluate their programmes. The individual projects will do their own internal and external evaluation. The results will be used to modify the planned activities or to recommend for extension of the programmes.

Depending on which type of evaluation is used the monitoring reports will serve as an input to the evaluation process.

The monitoring and evaluation framework for the planned activities are shown in ***Annexes V to VIII.***

ANNEXES: IMPLEMENTATION PLAN OF ACTION

ANNEX I Population and Development

ANNEX II Gender Perspective

ANNEX III Reproductive Health

ANNEX IV STI/HIV/AIDS

ANNEX 1: POPULATION AND DEVELOPMENT

1. Integration of Population in Development

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/INPUT
Improved integration of population variables into development planning process at all levels	Sensitize policy makers at district level to incorporate population variables in their plans through seminars	Long Term	DDO/KDDP	Funds/Personnel
	Establishment of data collection centres up to the lowest possible level and continuous accurate data collection	Long Term	DSO/DPO, KDDP	Funds/Personnel
	Lobby for funds to equip the DIDC	Short Term	DPO/KDDP	Funds
	Sensitize policy makers at district level on proper usage of the DIDC through seminars	Continuous	DDO	Funds/Personnel

2. Population and Environment

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Equilibrium between Population, environment and development enhanced.	Organize sensitization workshops.	Continuous	NGOs, GOK, CBOs and religious Organizations	Funds, manpower vehicles equip and supplies
Reduced deforestation	Sensitize and mobilize community on afforestation programme	Short Term/ Continuous	MENR OP MOA	Logistics Funds
	Mobilize and promote CBO's in development of tree- Nurseries in the community	Short Term	DSDO MENR OP	Funds Logistics
	Reinforce legal actions on Deforestation	Short Term /Continuous	OP	Logistics
Revitalized District Population & FP Committee (DP&FPC)	Constitute and make operational on all inclusive DP&FPC	Short Term	DPO	Funds
	Training of the members of DP&FPC on how to integrate population and environmental concern into development planning	Continuous	DPO/DDO	Funds

3. Children and Youth

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCE/INPUT
Incidences of drug abuse reduced	Sensitize the community on the dangers of drug abuse through seminars and barazas.	Continuous	DSDO, DCO, Provincial Administration	Funds, Personnel
	Guidance and Counseling to those affected	Continuous	MYWO, Provincial Administration, KDDP, Plan International	Funds
Reduced school drop out rates	Sensitize the community on the need to educate the youths through seminars and barazas	Continuous	MOEST , Provincial Administration, KDDP	Funds
	Establish bursary schemes to assist the needy youths	Continuous	MOEST (DEO), Provincial Administration, Plan International	Funds
Incidences of teenage pregnancies reduced	Guidance and counseling on matters pertaining to sexuality in primary and secondary schools	Continuous	MOEST, DCO, Plan International	Funds, Personnel
	Sensitize the community on the dangers of teenage pregnancy through seminars and barazas	Continuous	DSOD, MYWO, DCO, Plan International	Funds
	Establish youth guidance and counseling centres at all levels	Continuous	MYWO, DCO, Plan International, provincial Administration	Funds, Personnel

Reduced cases of unemployment	Initiate and strengthen already existing IGAs for youth groups	Continuous	DSDO, KDDP, Plan International	Funds
	Train youth groups on how to manage the IGAs	Continuous	KDDP, Plan International	Funds
Reduced child mortality rates	Sensitize the community on the need to take proper care of the children through seminars, barazas	Continuous	MOH, Provincial Administration, Plan International	Funds, Personnel
	Train and sustain health/ community health workers	Continuous	MOH, Plan International, KDDP	Funds, Personnel
	Establish mobile clinic services to provide maternal and child health services up to village level	Continuous	MOH, Provincial Administration, AMREF	Funds, Personnel
Reduced no. of street neglected and abused children	Sensitize the community on the need to take care of the children (community rehabilitation) through barazas.	Continuous	DSDO, DCO, MYWO, Provincial Administration	Funds Personnel
	Establish centres to cater for the neglected children	Continuous	DCO, PA, Plan International, LA	Funds, Personnel
	Punish parents who neglect their children	Continuous	DCO, PA, LA	Funds, Personnel
Reduced incidences of child labour	Sensitize the community on the negative aspects of child labour through seminars, barazas	Continuous	DSDO, DCO, Provincial Administration	Funds
	Punish the perpetrators of child labour	Continuous	DCO, Provincial Administration	Funds, Personnel

4. Family

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCE/INPUT
Responsibilities shared equitably at family level	Sensitize the community on the benefits of sharing responsibilities at family level through seminars and barazas	Continuous	DSDO/MYWO, Provincial Administration	Funds/Personnel
	Carry out a survey to assess whether responsibilities are shared at family level	Continuous	DSDO/MYWO, Provincial Administration	Funds
Bad cultural practices abandoned	Decentralize family courts to districts	Long Term	Judiciary, DSDO, Provincial Administration	Funds/Personnel
	Sensitize the community through barazas on the negative aspects of the bad cultural practices	Continuous	DSDO/MYWO	Funds/Personnel
"Mnazi" drinking abuse reduced	Sensitize the community on the dangers of excessive "Mnazi" drinking through barazas	Continuous	DSDO, Provincial Administration, MYWO	Funds
	Lobby for the commercialization of "Mnazi" (palm wine) through workshops with investors	Short Term	Provincial Administration, KDDP	Funds, Personnel
Incidences of irresponsible polygamy reduced	Sensitize the community on the negative aspects of irresponsible polygamy through seminars/barazas	Continuous	DSDO, Provincial Administration, MYWO	Funds, Personnel

Incidences of early marriages reduced	Sensitize the community on the dangers of early marriages through barazas	Continuous	DSDO, Provincial Administration, MYWO	Funds
	Punish the perpetrators of early marriages	Continuous	MYWO, Provincial Administration	Funds, Personnel
No. of unplanned and single families reduced	Sensitize the community through seminars/barazas on the dangers of unplanned and single families	Continuous	DSDO, MYWO, Provincial Administration, FPAK	Funds, Personnel
	Males be involved in family planning	Continuous	DSDO, FPAK, MYWO	Funds, Personnel
Reduced poverty levels	Sensitize the community on proper use of locally available resources through seminars/barazas	Continuous	"	Funds
	Initiation of IGAs for community groups	Continuous	"	Funds
	Training of the community groups on how to manage IGAs	Continuous	"	Funds, Personnel
Reduced illiteracy and increased enrollment rates in schools	Establish and strengthen adult literacy centres	Short Term	DAO	Funds, Personnel
	Construct and equip more schools	Short Term	MOEST (DEO), Provincial Administration, Community, LA	Funds, Personnel
	Establish bursary schemes to help needy students	Continuous	"	Funds
	Advocate for free basic education	Continuous	MOEST, Community	Personnel

5. The Elderly and People with Disabilities (PWD)

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	INPUTS
The elderly cared for and supported	Sensitize the community on the need to give care and support to the elderly through seminars and barazas	Continuous	DSDO, PA	Funds, Personnel
	Establishment of homes to care for the elderly at the village level	Continuous	DSDO, PA, Plan International, LA	Funds
	Identifying the number and personal particular of the elderly	Continuous	Provincial Administration, DSDO	Personnel
Reduced isolation of the elderly	Sensitize the community On the need to take care of the elderly through barazas	Continuous	Provincial Administration, DSDO	Funds, Personnel
Increased participation and acceptance of people with disabilities in development in the community	Sensitize the community through seminars/barazas on the need to care for those with disabilities	Continuous	DSDO, MOH, MOEST	Funds, Personnel
	Lobbying for funds to establish disability friendly facilities	Continuous	DSDO, KDDP	Funds
	Initiate IGAs for the disabled	Continuous	"	Funds, Personnel
	Train the disabled on how to manage the IGAs	Continuous	DSDO, KDDP	Funds, Personnel

ANNEX II: GENDER PERSPECTIVE

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/INPUT
Household responsibilities shared at all levels	Sensitize the community through seminars, barazas on the need to share household responsibilities	Continuous	DSDO, MYWO, Provincial Administration	Funds, Personnel
	Sensitization of men through seminars, barazas on the benefits of sharing household responsibilities	Continuous	DSDO, MYWO, Provincial Administration	Funds, Personnel
	Carrying out survey to assess extent to which household responsibilities are shared	Long Term	Provincial Administration, DSDO, MYWO	Funds, Personnel
Increased number of girls enrolled in school at all levels	Sensitization of the community through barazas on the need to educate girls	Continuous	MOEST, Provincial Administration, DSDO, Plan International, MYWO	Funds, Personnel
	Start bursary schemes to assist girls at all levels	Continuous	MOEST, Plan International, MYWO	Funds
	Starting girls only schools	Short Term	MOEST, Plan International, LA	Funds, Personnel

Increased women representation at all level of decision making	Sensitize the community through seminars, barazas on the need to have women participating in decision making at all levels.	Continuous	Provincial Administration, MYWO, DSDO	Funds, Personnel
	Advocate for the reservation of seats for women at all levels of decision making through seminars/barazas	Short Term	DSDO, MYWO	Funds
Enhanced woman to woman interrelationship	Sensitization of women through barazas on the benefits of good interrelationships	Continuous	DSDO, MYWO	Funds

ANNEX III: REPRODUCTIVE HEALTH

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/INPUT
Improved quality of RH services	Construction of more health facilities	Long Term	MOH, Provincial Administration, Plan International, LA	Funds
	In-service training for health service providers	Continuous	MOH, Plan International	Funds, Personnel
	Upgrading of dispensaries to health centres	Short Term	MOH, Community, FHI	Funds
	Start mobile clinics	Short Term	MOH, Plan International, FHI	Funds
Enhanced provision of family planning services	Procure and distribute family planning methods	Continuous	MOH, FHI	Funds
	In-service training for service providers	Continuous	MOH, FHI, Plan International	Funds, Personnel
	Sensitize the community through barazas on the benefits of FP	Continuous	MOH, FHI, MYWO	Funds, Personnel
Increased involvement of males in family planning	Sensitize men on the benefits of family planning through barazas, seminars	Continuous	MOH, FHI, MYWO	Funds
	Sensitize men on the myths surrounding male methods such as vasectomy through barazas/seminars	Continuous	MOH, FHI, MYWO	Funds

ANNEX IV: STI/HIV/AIDS

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/INPUT
Accelerated behavior change	Establish voluntary counseling and VCT	Continuous	MOH, FHI, MYWO, DACC	Funds, Personnel
	Sensitize the people on the need for behaviour change through barazas and community cinemas	Continuous	MOH, FHI, MYWO, Provincial Administration	Funds
	Procure, distribute and promote proper condom use	Continuous	MOH, FHI, MYWO, AMKEN, DACC	Funds
	Guidance and counseling	Continuous	MOH, FHI, MYWO, AMKENT, DACC	Personnel
Information on HIV/AIDS prevalence and trends published and made available to the public	Sensitize the community on the dangers of HIV/AIDS through barazas and community cinemas using figures from the area and other areas.	Continuous	MOH, DACC, FHI	Funds, Personnel

	Publish HIV/AIDS prevalence and trends be placed in places that can easily be reached by the community such as health centres etc.	Continuous	MOH, DACC	Funds
Increased care and support to those infected and affected	Training of communities own resource persons (CORPS) on home based care	Continuous	MOH, FHI, DACC	Funds
	Provision of anti-retroviral drugs	Continuous	MOH, DACC	Funds
	Establish prevention of mother to child transmission services	Continuous	MOH, DACC, FHI, AMKENI	Funds
	Establish and revitalize sentinel surveillance sites	Continuous	MOH, DACC, FHI	Funds

ANNEXES: MONITORING AND EVALUATION FRAMEWORK

ANNEX V Population and Development

ANNEX VI Gender Perspective

ANNEX VII Reproductive Health

ANNEX VIII STI/HIV/AIDS

ANNEX V: POPULATION AND DEVELOPMENT

Integration of Population into the Development Process

OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUTS
Improved integration of population variables into development planning process at all levels	Sensitize policy makers at district level to incorporate population variables in their plans through seminars	No. of seminars held	Seminar reports List of participants	Continuous	DDO, KDDP	Funds Personnel
	Establishment of data collection centres up to the lowest possible level and continuous accurate data collection	No. of centres established Types of data collected	Certificate of completion Reports	Long term	DSO, DPO, KDDP	Funds Personnel
	Lobby for funds to equip the DIDC	No. of sessions held No. of proposals written	Report Donor responses	Long term	DDO, KDDP	Funds
	Sensitize policy makers at district level on proper usage of the DIDC through workshops	No. of workshops held	Workshop reports	Continuous	DDO	Funds Personnel

2) Population and Environment

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Increased Afforestation.	Sensitize and mobilize community on afforestation programmes.	No. of sensitization barazas and meetings held.	Reports	Short term Continuous	MENR OP MOA	Funds Logistics
	Mobilize and promote CBO's on development of Tree- Nurseries in the community.	No. of CBO - Tree - nurseries established.	Records Reports	Short term	DSDO MENR OP	Funds Logistics
	Reinforce legal-actions on Deforestation.	No. of cases related to Deforestation in court or finalized.	Court Records/police records.	Continuous	OP	Logistics
Awareness at community level about environmental conservation created.	Sensitize the community (leaders) through barazas (seminars) on the need to conserve the environment	No. of barazas (seminars) held	Baraza (seminar) report	Long term	DECO, DFO, OP, Local Authority	Funds Personnel

Enforcement of existing environmental laws enhanced	Sensitize leaders and the community on existing environmental laws through barazas	No. of barazas held	Reports	Short term	DECO, DFO, OP	Personnel
	Prosecute those violating existing environmental laws	No. of people prosecuted	Court summons Court register	Long term	DECO, DFO, OP, Judiciary	Personnel
Revitalized District Population and Family Planning Committee (DP&FPC)	Constitute and make operational on all in inclusive DP&FPC	No. of meetings held	Reports	Short term	DPO	Funds
	Training of the members of DP&FPC on how to integrate population and environmental concerns into development planning	No of training sessions held	Training reports	Continuous	DPO, DDO	Funds

3. Children and Youth

OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT
Incidences of drug abuse reduced	Sensitize the community on the dangers of drug abuse through seminars/barazas	No. of seminars/barazas held	Seminars/baraza reports	Continuous	DCO, DSDO, MYWO, PA	Funds Personnel
	Guidance and counseling of those affected up to village level	No. of sessions held No. of people reached	Records	Continuous	MYWO, PA, KDDP, Plan International	Funds
Reduced school drop out rates	Sensitize the community on the need to educate the youths through seminars/barazas	No. of seminars/barazas held	Seminar/baraza reports	Continuous	MOEST, PA, KDDP	Funds
	Establish bursary schemes to assist the needy youth	No. of schemes established No. of people benefiting	Records	Continuous	MOEST, DEO, Plan International, PA	Funds
Incidences of teenage pregnancies reduced	Guidance and counseling on matters pertaining to sexuality in primary and secondary schools	No. of sessions held	Records	Continuous	MOEST, DCO, Plan International	Funds

	Sensitize the community on the dangers of teenage pregnancy through seminars/barazas	No. of seminars/barazas held	Reports	Continuous	DCO, MYWO, Plan International	Funds
	Establish youth guidance and counseling centres at all levels	No. of centres established No. of people benefiting	Records	Continuous	MYWO, DCO, Plan International, PA	Funds Personnel
Reduced cases of unemployment	Initiate and strengthen already existing IGAs for youth groups	No. initiated and strengthened	Records	Continuous	DSDO, KDDP, Plan International	Funds
	Train youth groups on how to manage the IGAs	No. of training session held No. of people trained	Training reports	Continuous	KDDP, Plan International	Funds
Reduced child mortality rates	Sensitize the community on the need to take proper care of the children through seminars/barazas	No. of seminars/barazas held	Reports	Continuous	MOH, Provincial Administration, Plan International	Funds Personnel
	Train and sustain health community health workshops	Training sessions held No. trained	Training reports	Continuous	MOH, Plan International, KDDP	Funds Personnel

	Establish mobile clinic services to provide maternal and child health services up to village level	No. established No. of people served	Records	Continuous	MOH, Provincial Administration, AMREF, Plan International	Funds Personnel
Reduced no. of street neglected and abused children	Sensitize the community on the need to take care of the children (community rehabilitation through barazas)	No. of barazas held	Reports	Continuous	DSDO, DCO, MYWO, PA	Funds Personnel
	Establish centres to cater for the neglected children	Nos. established No. benefiting	Records	Continuous	DCO, LA Provincial Administration, Plan International	Funds Personnel
	Punish parents who neglect their children	No. punished	Records	Continuous	DCO, Provincial Administration , LA	Funds Personnel
Reduced incidences of child labour	Sensitize the community on the negative aspects of child labour through seminars/barazas	No. of seminars/barazas held	Seminars/baraza reports	Continuous	DSDO, DCO, Provincial Administration	Funds
	Punish perpetrators of child labour	No. punished	Records	Continuous	DCO, Provincial Administration	Funds Personnel

4. Family

OUTPUT	ACTIVITY	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT
Responsibilities shared equitably at family level	Sensitize the community on the benefits of sharing responsibilities at family level through seminars/barazas	No. of seminars/barazas held	Seminars/baraza reports List of participation	Continuous	DSDO, MYWO, provincial Administration	Funds Personnel
	Carry out a survey to assess whether responsibilities are shared at family level	No. of survey done	Survey reports	Continuous	DSDO/MYWO, Provincial Administration	Funds
Bad cultural practices abandoned	Decentralize family courts to districts	Existence of family courts	Records of people charged	Long term	Judiciary, DSDO, MYWO	Funds Personnel
	Sensitize the community through barazas on the negative aspects of the bad cultural practices	No. of barazas held	Baraza records	Continuous	DSDO, MYWO	Funds Personnel
"Mnazi" drinking abuse reduced	Sensitize the community on the dangers of excessive "Mnazi" drinking through barazas	No. of barazas held	Baraza reports	Continuous	DSDO, Provincial Administration, MYWO	Funds

	Lobby for the commercialization of "Mnazi" (palm) wine through workshops with investors	No. of workshops held No. of investors involved	Workshop reports List of participants	Short Term	Provincial Administration, KDDP	Funds Personnel
Incidences of irresponsible polygamy reduced	Sensitize the community on the negative aspects of irresponsible polygamy through seminars/barazas	No. of baraza/seminars held	Baraza/seminar reports	Continuous	DSDO, Provincial Administration, MYWO	Funds Personnel
Incidences of early marriage reduced	Sensitize the community on the dangers of early marriages through barazas	No. of barazas held	Baraza reports	Continuous	DSDO, provincial Administration, MYWO	Funds
	Punish the perpetrators of early marriages	No. of people punished	Records	Continuous	MYWO, Provincial Administration	Funds Personnel
No. of unplanned and single families reduced	Sensitize the community through seminars/barazas on the dangers of unplanned and single families	No. of seminars/barazas held	Seminar/baraza reports	Continuous	DSDO, MYWO, provincial Administration, FPAK	Funds Personnel
	Sensitize men on the myths surrounding male methods of family planning such as vasectomy through barazas/seminars	No. of barazas/seminars held	Barazas/seminar reports	Continuous	DSDO, FPAK, MYWO	Funds, personnel

Reduced poverty levels	Sensitize the community on proper use of locally available resources through seminars/barazas	No. of seminars/barazas held	Seminars/baraza reports	Continuous	DSDO, MYWO, provincial Administration	Funds Personnel
	Initiation of IGAs for community groups	No. of IGAs initiated	Records Existence of IGAs	Continuous	DSDO, MYWO, provincial Administration	Funds
	Training of the community groups on how to manage the IGAs	No. of training held	Training reports	Continuous	DSDO, MYWO, Provincial Administration	Funds/personnel
Reduced illiteracy and increased enrolment rates	Establish and strengthen adult literacy centres	Nos. established and strengthened	Reports	Short term	DAO	Funds Personnel
	Construct and equip more schools	No. of schools constructed	Certificate of completion Existence of schools	Short term	MOEST (DEO) Provincial Administration, LA Community	Funds Personnel
	Establish bursary schemes to help needy students	No. of schemes started	DEB records/reports	Continuous	MOEST (DEO), Provincial Administration, Community	Funds
	Advocate for free basic education	No. of leaders organizations contacted	Records	Continuous	MOEST, Community	Personnel

5 The Elderly and People with Disabilities

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCE/ INPUT
The elderly cared for and supported	Sensitize the community on the need to give care and support to the elderly through seminars and barazas	No. of seminars/barazas held	Seminar/b arazas reports	Continuous	DSDO, Provincial Administration	Funds, personnel
	Establishment of homes to care for the elderly at village level	No. of homes established	Records	Continuous	DSDO, PA, Plan International, LA	Funds
	Identifying the number and personal particulars of the elderly	No. identified	Records	Continuous	Provincial Administration, DSDO	Personnel
Reduced isolation of the elderly	Sensitize the community on the need to take care of the elderly through barazas	No. of barazas held	Barazas reports	Continuous	Provincial Administration	Funds, personnel
Increased participation and acceptance of people with disabilities in development in the community	Sensitize the community through seminars/barazas on the need to care for those with disabilities	No. of seminars/barazas held	Seminar/b araza reports	Continuous	DSDO, MOH, MOEST, Provincial Administration	Funds Personnel
	Lobbying for funds to establish disability friendly facilities	No. of proposal developed No. of donors contacted	Reports	Continuous	DSDO, KDDP	Funds Personnel

	Initiate IGAs for the disabled	No. of IGAs initiated No. of people benefiting	Reports	Continuous	DSDO, KDDP	Funds
	Train the disabled on how to manage the IGAs	No. of training sessions held No. of people trained	Training reports	Continuous	DSDO, KDDP	Funds Personnel

ANNEX VI: GENDER PERSPECTIVE

OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT/RESOURCES
Household responsibilities shared equitably at all levels	Sensitize the community through seminars/barazas on the need to share household responsibilities	No. of seminars/barazas held	Seminars/baraza reports List of participants	Continuous	DSDO, MYWO, PA	Funds Personnel
	Sensitize men through seminars/barazas on the benefits of sharing household responsibilities	No. of seminars/barazas held	Seminars/barazas reports List of participants	Continuous	DSDO, MYWO, PA	Funds Personnel
	Carry out a survey to access extent to which household responsibilities are shared	No. of survey done	Survey reports	Continuous	DSDO, PA	Funds Personnel
Increased number of girls enrolled in school at all levels	Sensitization of the community through barazas on the need to educate girls	No. of barazas held	Barazas reports	Continuous	MOEST, Plan International, DSDO	Funds Personnel
	Start bursary schemes to assist girls at all levels	No. of schemes started No. of girls benefiting	Records	Continuous	MOEST, Plan International, MYWO	Funds

	Starting girls only schools	No. of schools started	Certificate of completion	Continuous	MOEST, Plan International,	Funds Personnel
Increased women representation at all level of decision making	Sensitize the community through seminars/barazas on the need to have women participating in decision making at all levels	No. of seminars/barazas held	Seminar/baraza reports	Continuous	PA, MYWO, DSDO	Funds Personnel
	Advocate for the reservation of seats for women at all levels of decision making through seminars/barazas	No. of seminars/barazas held	Seminars/barazas reports	Continuous	DSDO, MYWO	Funds
Enhanced woman to woman interrelationship	Sensitization of women through barazas on the benefits of good interrelationship	No. of barazas held	Baraza reports	Continuous	DSDO, MYWO	Funds

ANNEX VII: REPRODUCTIVE HEALTH

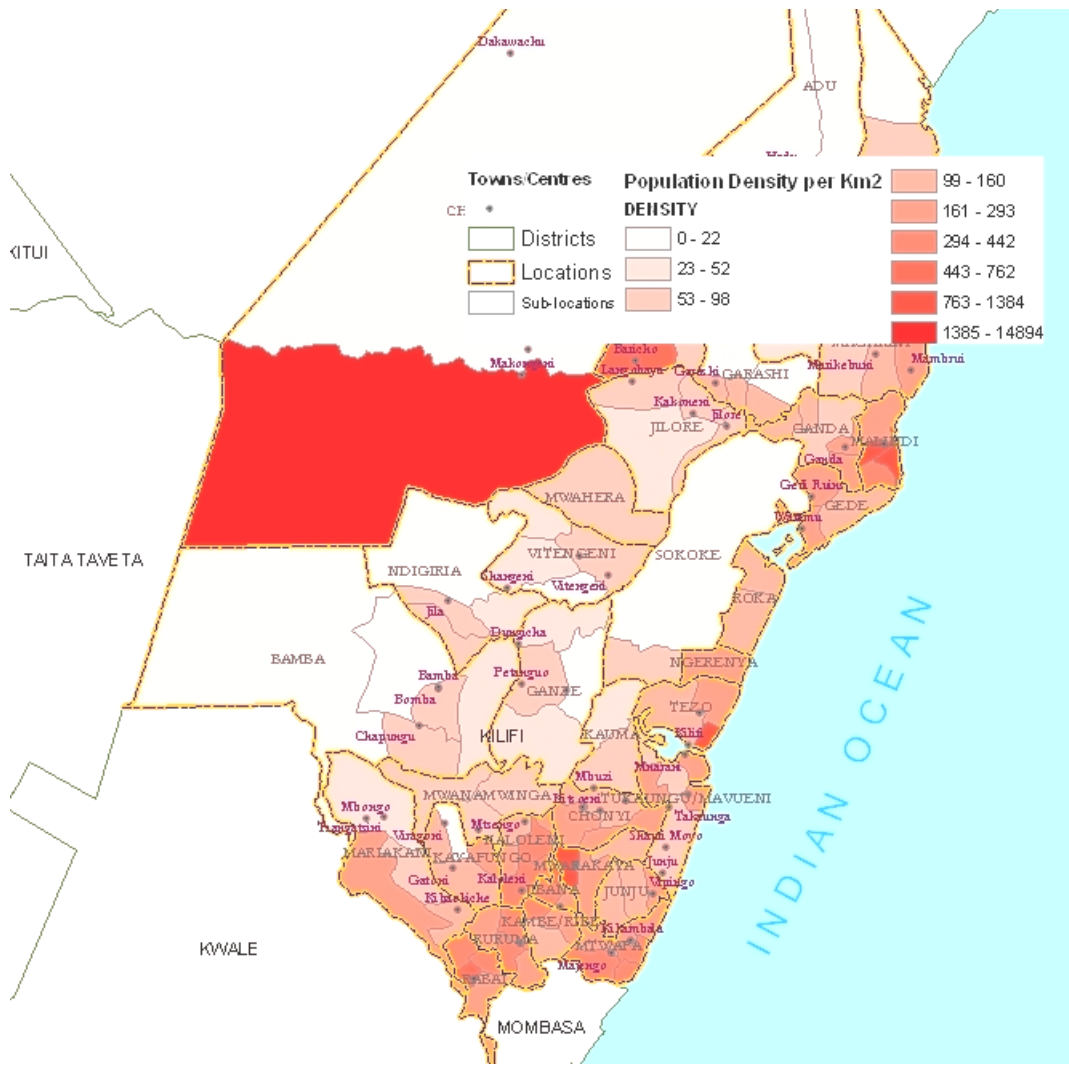
OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT/RESOURCES
Improved quality of RH services	Construction of more health centres	No. of health centres constructed	Certificate of completion	Long term	MOH, Provincial Administration, Plan International, FHI	Funds
	In service training for health service providers	No. of training sessions held	Training reports	Continuous	MOH, Plan International, FHI	Funds, Personnel
	Upgrading of dispensaries to health centres	No upgraded	Records	Short term	MOH, FHI, Community	Funds
	Start mobile clinics	No. started	Records Reports	Short term	MOH, FHI, Plan International	Funds
Enhanced provision of family planning services	Procure and distribute family Planning methods	No. procured and distributed	Records Reports	Short term	MOH, FHI	Funds
	In service training for service providers	No. of training sessions held	Training reports	Continuous	MOH, FHI, Plan International	Funds Personnel

	Sensitize the community through barazas on the benefits of family planning	No. of barazas held	Baraza reports	Continuous	MOH, FHI, MYWO	Funds Personnel
Increased involvement of males in family planning	Sensitize men on the benefits of family planning through barazas/seminars	No. of seminars/barazas held	Seminar/baraza reports	Continuous	MOH, FHI, MYWO	Funds
	Sensitize on the myths surrounding male methods such as vasectomy through seminars	No. of seminars held	Seminars reports	Continuous	MOH, FHI, MYWO	Funds

ANNEX VIII: STI/HIV/AIDS

OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT/RESOURCES
Accelerated behavior change	Establish voluntary counseling and testing (VCT) centres	No. of centres established	Reports	Continuous	MOH, FHI, MYWO, DACC	Funds Personnel
	Sensitize the people on the need for behavior change through barazas and community cinemas	No. of barazas	Barazas reports	Continuous	MOH, FHI, MYWO, provincial Administration, DACC	Funds
	Procure, distribute and promote proper use of condoms	No. of procured and distributed	Procurement and distribution records	Continuous	MOH, FHI, MYWO, DACC	Funds
	Guidance and counseling	No. of sessions held	Records	Continuous	MOH, FHI, MYWO, AMKENI, DACC	Personnel
Information on HIV/AIDS prevalence and trends published and made available to the public	Sensitize the community on the danger of HIV/AIDS through barazas and community cinemas using figures from the area and other areas	No. of barazas held	Baraza reports	Continuous	MOH, DACC, FHI	Funds

	Published HIV/AIDS prevalence and trends be made available to public in places such as health centres, Dos office etc.	No. of people benefiting from the information	Existence of publication at public places	Continuous	MOH, DACC	Funds
Increased care and support to those infected and affected	Training of communities own resources persons (CORPS) on home based care	No. of training sessions held	Training reports	Continuous	MOH, FHI, DACC	Funds
	Provision of Anti-retroviral drugs	Amount provided	Records	Continuous	MOH, DACC	Funds
	Establish prevention of mother to child transmission services	No. of services started	Records	Continuous	MOH, DACC, FHI, AMKENI	Funds
	Establish and revitalize sentinel surveillance sites	No. of centres established and revitalized	Records	Continuous	MOH, DACC, FHI	Funds



Production of this Strategic Plan was made possible with financial support from United Nations Population Fund (UNFPA) through the 5th and 6th Country's Programme of Assistance