



REPUBLIC OF KENYA

KWALE

**DISTRICT STRATEGIC PLAN
2005 - 2010**

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



National Coordinating Agency for Population and Development

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List of Abbreviations

ACK	Anglican Church of Kenya
AIDS	Acquired Immunity Deficiency Syndrome
ARV	Anti Retro Viral
CBOs	Community Based Organizations
CHW	Community Health Worker
DDC	District Development Committee
DDO	District Development Officer
DECO	District Environment Conservation Officer
DEO	District Education Officer
DFO	District Forestry Officer
DIDC	District Information and Documentation Center
DMOH	District Medical Officer of Health
DP&HC	District Population and Health Committee
DPHN	District Public Health Nurse
DPO	District Population Officer
DSDO	District Social Development Officer
DSO	District Statistical Officer
DSP	District Strategic Plan
FP	Family Planning
FPAK	Family Planning Association of Kenya
GOK	Government of Kenya
HIV	Human Immuno Virus
IEC	Information Education and Communication
IGA	Income Generating Activity
KDHS	Kenya Demographic and Health Survey
KSPA	Kenya Services Provision Assessment
MCHH/FP	Maternal Child Health/Family Planning
MENR	Ministry of Environment and Natural Resources
MOA	Ministry of Agriculture
MOH	Ministry of Health
MPND	Ministry of Planning and National Development
MYWO	Maendeleo Ya Wanawake Organization
NACC	National AIDS Control Council
NGO	Non Governmental Organization
NCAPD	National Coordinating Agency for Population and Development
NPA	National Plan of Action
NPPSD	National Population Policy for Sustainable Development
OP	Office of the President
PWD	People with Disabilities
RO	Religious Organization
RH	Reproductive Health
SDA	Social Development Assistant
STIs	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities and Threats
TBA	Traditional Birth Attendant
VCT	Voluntary Counseling and Testing

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

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KWALE 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 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 Kwale 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 Ministry of Planning and National Development (DDO, DSO, DPO), Ministry of Health (DMOH and DPHN), Ministry of Home Affairs (DSDO), Education, Environment and some NGO's including 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, Mombasa, Malindi 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, 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 important 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 DSP that was later used to develop this document.

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 provides important information particular to the District. The other four chapters focus on broad themes of the strategic plan, those are; Population and Development, Gender Perspectives, Reproductive Health and STI/HIV/AIDS. A monitoring and evaluation strategy is devised and presented in next chapter.

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

CHAPTER 2 DISTRICT PROFILE

Kwale District is one of the seven districts in Coast Province. The district covers an area of 8,322 km² of which 62km² are under water. It is bordered by Taita Taveta district to the West; Kilifi District to the North; Mombasa District and Indian Ocean to the East and United Republic of Tanzania to the South.

The district is divided into 5 divisions namely; Kinango, Kubo, Matuga, Msamweni and Samburu. Matuga and Msamweni divisions occupy the Coastal plains and foot plateau. Kinango and Samburu divisions are part of the semi-arid Nyika plateau. Kubo division encompasses the Coastal uplands.

Table 1: Population by Administrative Units

DIVISION	AREA IN SQ. KM	POPULATION	POPULATION DENSITY	LOCATION
Msambweni	3,267	211,011	42	11
Samburu	2,102	91,011	39	8
Kinango	1,848	72,027	199	6
Kubo	685	48,769	66	6
Matuga	358	72,377	104	6
TOTAL	8,260	496,133	60	37

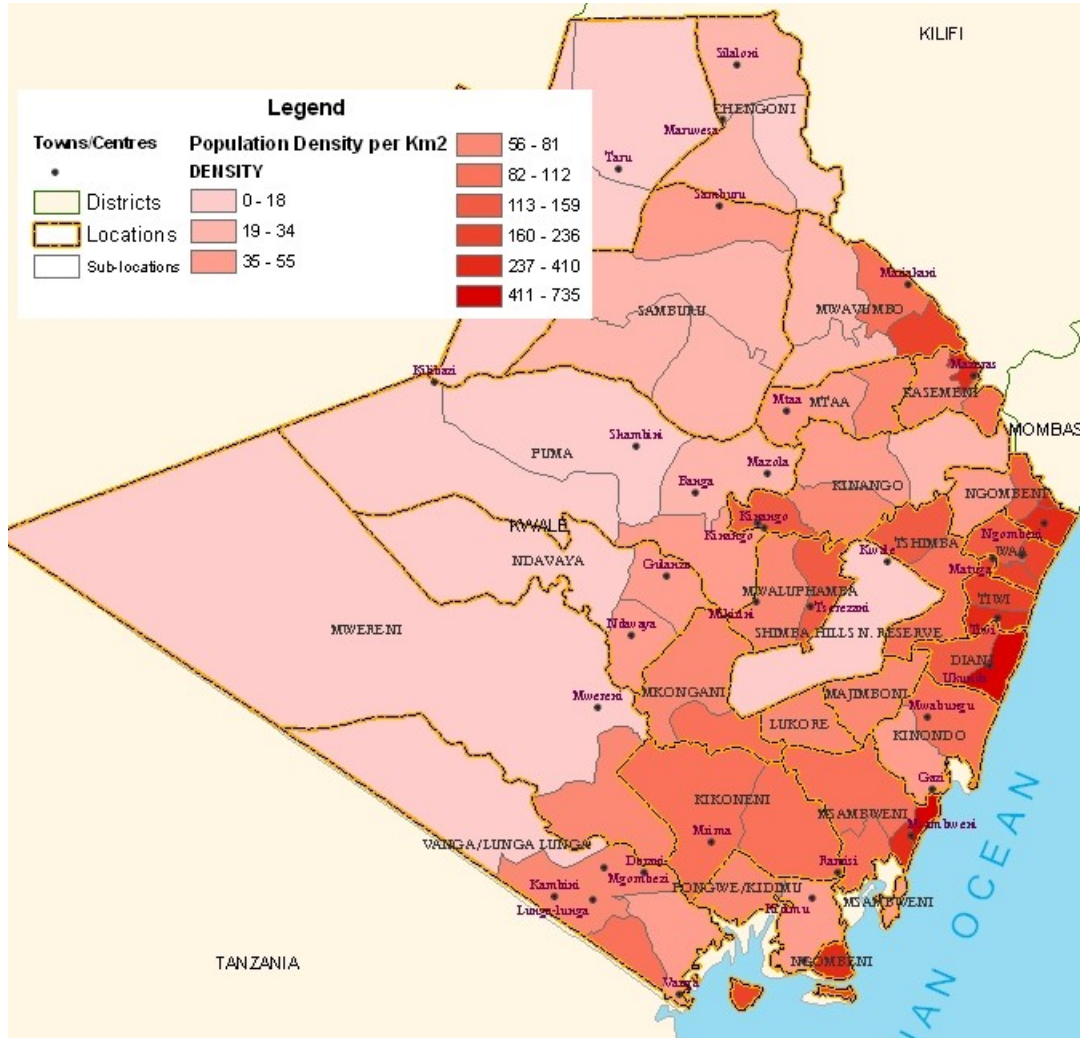
Source: District's Commissioner's Office, Kwale, 2001

The District has 37 Locations and 85 Sub-locations as shown in Table 1. Politically, it is divided into 3 constituencies (Matuga, Msambweni and Kinango). There are two local authorities namely; Kwale County Council and Kwale Town Council.

Kwale district had a population density of 60 persons per km² during the 1999 census. High population densities are found in Matuga, Msamweni and Kubo Divisions, along the tarmac road of Mombasa-Lunga-Lunga to the border with Tanzania and along the coastline. These areas are also better supplied with piped water, telecommunications and electricity. High population clusters are also found in Matuga, Msambweni Division and some parts of Kubo Division e.g. Shimba Hills where there are high potential for agricultural production. Sparsely populated divisions in the district are Kinango and Samburu. The location of the

District, administrative areas and population density pattern are illustrated in Map 1.

Map 1: Location, Administrative Areas and Population Densities



2.1 Demographic and Population Profile

The 1999 Population and Housing Census showed that the district has a population of 496,133 broken down further into 255,396 females and 240,764 males. The population growth rate in the district is around 2.6 percent per annum, life expectancy at birth is 51.2 years for both males and females and the total fertility rate (1998) was around 5.7 live births per woman.

By 2008 and growing at a rate of 2.6 per annum, the population of the district is projected to increase to 626,936 (304,344 males and 322,696 females). The youthful population has to a large extent put pressure on the available educational, health and other social facilities.

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 year 2000 and projections over the plan period 2005 to 2010.

Table 2: Demographic indicators, 2002

Population (2002)	536,381
Number of Males	260,029
Number of Females	276,085
Female/Male Sex Ratio	100:94
Number of Youthful Population (15 - 25) years	119,017
Primary school population (6 - 13) years	126,530
Secondary School Population (14 - 17) years	50,239
Labour Force (15 - 64) years	271,485
Dependency Ratio	100:97
Population Growth Rate	2.6%
Rural Population at start of Plan Period- 2002	452,016
Urban Population at start of Plan Period- 2002	78,035

Source: District Statistic Offices, Kwale

The sex ratio of the females to males in the district is 100:94. The ratio is different for various age groups with age group 10-14 having an average of 100:103 while age group 20-69 has an average of 100:73. The latter sex ratio can be attributed to the higher migration of men to areas outside the district in search of employment opportunities. In age group 55-59, the ratio is 100:69 a slight increase from the preceding age groups. This is related to the period of retirement when men return to the district upon retirement from paid employment.

The sex ratio show women are more than men and therefore women should be accorded a greater role and their capacity enhanced in decision making on production activities, promotion in their income activities and their ability to provide for the family.

Table 3: Age/Sex Projections for selected Age-Groups over Plan Period

Year Ages	2000		2005		2006		2007		2008		2009		2010	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4	39323	40969	40729	41734	40895	41753	41050	41757	41194	41745	41327	41717	41449	41672
5-9	35007	37344	37081	39418	37408	39737	37730	40049	38047	40355	38360	40654	38666	40947
10-14	30898	33842	33588	37088	34063	37674	34539	38262	35016	38854	35494	39448	35972	40044
15-19	27828	30954	30864	34679	31425	35379	31991	36087	32562	36802	33136	37524	33715	38252
20-24	25970	29662	29548	33997	30234	34835	30928	35685	31632	36546	32343	37419	33063	38302
25-29	22138	24566	25240	28009	25836	28671	26440	29341	27052	30021	27671	30708	28297	31404
30-34	16968	16360	18936	17611	19304	17825	19675	18038	20049	18251	20427	18463	20808	18674
35-39	13455	12578	14838	13346	15091	13469	15345	13589	15602	13708	15859	13825	16119	13941
40-44	10211	10522	11112	11607	11272	11806	11432	12006	11592	12208	11753	12410	11914	12614
45-49	7977	8369	8580	9286	8682	9456	8785	9627	8887	9800	8989	9973	9090	10148
50-54	6159	6193	6539	6763	6599	6866	6659	6968	6719	7071	6777	7174	6835	7277
55-59	4740	4805	4999	5234	5038	5310	5077	5387	5115	5463	5152	5540	5188	5617
60-64	3471	3788	3671	4153	3702	4218	3733	4284	3763	4351	3793	4418	3822	4484
65-69	2557	2830	2704	3117	2727	3170	2749	3223	2771	3276	2793	3330	2814	3383
70-74	1795	1939	1898	2155	1914	2196	1930	2236	1945	2277	1960	2318	1975	2360
75-79	1185	1117	1253	1267	1264	1296	1275	1325	1285	1354	1295	1384	1305	1414
80+	2811	2829	3609	3737	3773	3925	3940	4117	4111	4313	4285	4513	4462	4717
Total	252492	268667	275187	293202	279227	297584	283279	301982	287342	306394	291414	310818	295495	315253

Source: Kenya Population and Housing Census 1999

The above table indicates that in year 2000, out of a population of 521,159 people the number of males was 252,292 equivalent to 48.5% and females was 268, 667, equivalent to 51.5%. The largest number falls in the age cohort 0-4 and reduces in the next age cohort especially at 20-24 for males and 25-29 for females.

The number of people below 15 years forms about 46% of the total population while age group 15-59 years forms about 49% of the total population while the elderly comprises about 16% of the total population.

2.2 Welfare Indicators

2.2.1 Education

The District has a total of 274 primary schools with an enrolment rate of 71.5% and 58.6% for boys and girls respectively. There are 29 secondary schools with an enrollment rate of 17.3% for boys and 13.4% for girls. There is therefore a

high drop out rate from primary to secondary school. At the secondary level, the drop out rate for the boys and girls are 10.6% per cent and 12.33 per cent respectively. If the enrolment rate in secondary school increases there will be a need to increase the capacity for the secondary schools to absorb the students.

In year 2002, the projected population of school going children was 176,769 which is 32.9% of the total population. Out of these 126,530 are of primary school going age and 50,239 are secondary school going age group. It estimated that by the end of 2008, the primary school going age will be 147,892 children while the secondary ones will be 58,720 children. If the enrolment rate in secondary school increases there will be a need to increase the capacity for the secondary schools to absorb the students. The major challenge that has resulted in low enrollment in schools particularly for girls and non-schooling gap which is wide and increasing, low retention in schools due to high drop out rate is increasing poverty levels in the district.

2.2.2 Labour Force

The labour force, comprising the population aged 15 – 64 was 271,485 during the census. Out of these 81,498 are unemployed or are not in any gainfully employed. Approximately 86 percent of the labour force is engaged in agriculture related activities while the rest are family farms while the rest are involved trading and informal employment.

2.2.3 Poverty Analysis

A household is defined poor if it cannot attain the recommended daily food energy intake of 2,250 calories per adult. According to the First Report on Poverty in Kenya, Volume I, 31.77% of adults were living below food poverty level, while 40.23% and 26.2% were living below absolute poverty and hardcore poverty levels. The better off households are concentrated in Kubo and Matuga while the poorest are concentrated in Kinango and Samburu, and to a lesser extent in Msambweni Divisions.

The major causes of poverty in the District include the poor infrastructure development including electricity, roads, telecommunications and water, inadequate agricultural production due to land tenure problems, poor and undeveloped agricultural marketing and wildlife menace. Table 4 provides some selected socio-economic indicators.

Table 4: Socio-economic Indicators

Total number of Households	92,594
Average Households size	5.3
Number of female headed households	29,352
Number of children headed households	162
Number of disabled	3,000
Children needing special protection	6,553
Absolute Poverty (Rural & Urban)	44%
Income from Agriculture	80.6%
Income from Rural Self employment	1.85%
Wage employment	8.6%
Urban self-employment	6.2%
Number of unemployed (2002)	81,498

Source: District Statistical Office, Kwale

2.2.4 Health

Kwale district has 3 hospitals, 5 health centres, 37 dispensaries (GOK), and 3 private dispensaries. Accessibility of health services is, however low. Majority of the population live over 5kms to the nearest health facility. Shortage of drugs, indiscipline among health providers, corruption, lacks diagnostic facilities like X-Ray machines adversely affect provision of quality health care. Cost of health care system is also a barrier to access to services.

The doctor patient ratio stands at 1: 82,690 which in itself is telling of services offered due to shortage of staff in the health facilities. The prevalence diseases include Malaria, Digestive Tract Infections and Skin Diseases. HIV/AIDs is also major health and development problem in the district. Kwale District infection rate stands at 25% meaning that one in every four people is HIV positive. The rate of infection varies across the divisions with Matuga recording an infection rate of

37.3% followed by Kinango with 33.2% and Msambweni division with 15.2%. The number of orphans are on the upward trend due to the scourge.

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 children and grand parents, child labour, increasing orphans and children without 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 initiate and expand programmes to 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. 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 presents some of the health indicators of Kwale District.

Table 5: Health Indicators, 1999 Census

CRUDE BIRTH RATE (CBR)	45/1000
CRUDE DEATH RATE (CDR)	13/1000
LIFE EXPECTANCY	51.2
INFANT MORTALITY RATE (IMR)	70/1000
UNDER 5 MORTALITY RATE	118/1000
TOTAL FERTILITY RATE	5.7
MATERNAL MORTALITY	650/100,000
HIV PREVALENCE RATE	25%
DOCTOR/PATIENT RATIO	1:82,690

Source: Various

CHAPTER 3 POPULATION AND DEVELOPMENT

The Population of Kwale District was 496,133 in 1999 with a growth rate of 2.6% per annum. By the year 2010 this population is expected to increase to 610,748 (295,495 males and 315, 253 females).

There are high poverty levels in the district and this increase in the population will be a threat to the development process. A lot of development effort will be lost to maintenance of existing services and standards. Although the district has potential for the development of the key sectors of the economy, the level of development has been low due to failure in exploiting her full potential.

3.1 Main Issues/Problems

The main issues/problems concerning population and development in the district were identified as below;

- **Population and development.** The issue here is weak integration of population concerns into development planning.
- **Population and environment.** The effects of population on environment in the district include deforestation and poor waste disposal methods.
- **Youth and Children.** High unemployment rate, high rate of school drop out, early marriages, neglected children and child labour, drug abuse and high rate of HIV/AIDs prevalence are the major problems that affect youth and children
- **Family.** The following issues affect families in Kwale District; Increased instability in marriages; Increased numbers of single parenthood ; Increased orphans, widow, widowers and high rate of wife inheritance
- **Elderly and People with Disabilities (PWD).** Problems facing elderly people and people with disabilities include Isolation of the elderly, increased rates of abandonment of elderly persons and PWD's, inadequate shelter and health for the elderly and PWD's.

3.2 Analysis of Institutions involved in Population Programmes

The following institutions/NGOs/CBOs/Ministries were identified as best suited to undertake programmes to address the population and development issues in district raised above; Ministry of Finance, 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 and Ministry of Finance	<ul style="list-style-type: none"> - Trained personnel - Existing policy guidelines, - D.I.D.C established 	<ul style="list-style-type: none"> - Inadequate logistics and personnel - Inadequate funds for programmes 	<ul style="list-style-type: none"> - Networking and collaboration - Donor support 	<ul style="list-style-type: none"> - Staff attrition - Staff retrenchment - Donor fatigue
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. - Presence of large numbers of NGOs e.g. ACK, MYWO, Plan International, FPAK. - Special institutions for the handicapped. - 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 and Ministry of Education	<ul style="list-style-type: none"> - Trained personnel, - Wide coverage Favored by Donor community	<ul style="list-style-type: none"> - Inadequate staff, - Inadequate logistical support 	<ul style="list-style-type: none"> - Good networking and collaborations - Donor and community support 	<ul style="list-style-type: none"> - High staff attrition - Transfer of staff

4. Youth and Children

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
Churches (Catholic, ACK)	<ul style="list-style-type: none"> - Wide coverage - Trained personnel - Availability of resources (logistics) 	<ul style="list-style-type: none"> - Too rigid (church doctrine) - Weak management of projects/programmes 	<ul style="list-style-type: none"> - Community support - Networking and collaborations - Donor support - Target population 	<ul style="list-style-type: none"> - Devil Worship - Cultural practices and beliefs

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 while utilizing the strengths identified through the analysis above, the below outputs have been derived to ensure that these issues are adequately addressed;

- Institutions and their capacities to integrate population and development issues identified and strengthened at district level.
- Equilibrium between Population, environment and development enhanced.
- Reduced deforestation
- Incidences of neglected children and child labour reduced
- Increased afforestation
- Increased income for the youth
- Reduced incidences of drug abuse
- Needs for the elderly addressed
- Acceptance of the disabled by the society

The activities to realize those outputs and the respective implementation Plan of Action are appended as **Annex 1** to this Document.

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 Kwale District the following issues related to gender were identified:

- Discrimination against girl child
- Low participation of women in development

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 (**DSDO and Churches**) that can address gender concerns in the district revealed the following:

Gender Perspective in Development				
INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Home Affairs (DSDO)	<ul style="list-style-type: none"> - Trained staff - Good networking - Wide coverage - Legal frame work 	<ul style="list-style-type: none"> - Inadequate personnel - Inadequate resources (logistics) - Poor supervision of field staff 	<ul style="list-style-type: none"> - Donor support - Government support 	<ul style="list-style-type: none"> - Staff attrition - Low staff morale

INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Churches	<ul style="list-style-type: none"> - Wide coverage - Trained personnel - Availability of resources (logistics) 	<ul style="list-style-type: none"> - Too rigid (church doctrine) - Weak management of projects/programmes 	<ul style="list-style-type: none"> - Community support - Networking and collaborations - Donor support - Target population 	<ul style="list-style-type: none"> - Devil Worship Cultural practices and beliefs

4.3 Proposed Programmes (Outputs)

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

- Increased enrolment of girl child in school
- Increased women participation in development

For the above outputs to be realized, various sets of activities for implementation as summarized in **Annex II** that also contains the Implementation Plan of Action.

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. In Kwale District different aspects of provision of reproductive health services were found to be requiring attention.

5.1 Main Issues/Problems

Despite Kwale District having 48 health facilities, several issues and problems affecting reproductive health were highlighted. These include:

- Poor quality of ante and post natal care and unsafe motherhood
- The unmet need of family planning services
- Inaccessibility of RH services
- Relatively higher levels of maternal mortality rate

5.2 Analysis of Institutions involved in RH

There are many actors in the district but the Ministry of Health (MOH) and the Family Planning Association of Kenya (FPAK) were identified as potential institutions best suited and can adequately address issues related to reproductive health. Their SWOT analysis is presented in the following table;

Reproductive Health (RH)				
INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Health (MOH)	<ul style="list-style-type: none"> - Trained personnel - Wide coverage Favored by Donor community 	<ul style="list-style-type: none"> - Inadequate staff - Inadequate financial provisions and logistical support 	<ul style="list-style-type: none"> - Good networking and collaborations - Donor and community support 	<ul style="list-style-type: none"> - High staff attrition - Transfer of staff

Family Planning Association of Kenya	<ul style="list-style-type: none"> - Community support - Wide coverage in the district - Provide affordable services 	<ul style="list-style-type: none"> - Limited skills Crude equipment's - Low funding support - Aging profession 	<ul style="list-style-type: none"> - Transfer of skills to the young generation Collaboration and networking 	<ul style="list-style-type: none"> - Staff attrition - Modernization of services
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5.3 Proposed Programmes (Outputs)

Various outputs were identified in this Plan that needs to be achieved if reproductive health needs of Kwale District are to be improved and address issues of unmet need of family planning services, inaccessibility of RH services and increased maternal mortality rate. These outputs are;

- Enhanced the provision and quality of family planning services and facilities
- Increased access to quality RH services
- Reduced maternal mortality rates.
- Increased access to information on safe motherhood
- Increased immunization coverage
- Improved health status of mothers and children

For each of the above outputs, a number of activities have been proposed. These are presented in the Implementation Plan of Action appended as **Annex III** of this Plan.

CHAPTER 6 STI/HIV/AIDS

One of the RH concerns that have continued to affect a large population of Kenyans in their reproductive ages is STI/HIV/AIDS. In Kwale District HIV prevalence is of great concern. In year 2000, HIV prevalence rate was reported to be 23% way above the national prevalence of 14% reported in the same period. Between 50 – 60% of hospital beds in Kwale District are occupied by HIV/AIDS patients. The cultural beliefs and poverty in the community are some of the major factors that have contributed to rise in infection rates in the district

6.1 Main Issues/Problems

The following issues and problems were identified as important and to require attention;

- Increased cases of STI/HIV/AIDS infection
- Slow behavioral change
- Inadequate care and support for the infected and affected
- High prices of ARV (Anti Retro Vital Drugs)

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

The Ministry of Health, NACC and several NGO's dealing with STI/HIV/AIDS in the district were identified as a major institution that can spearhead the fight against HIV/AIDs. A SWOT analysis on MOH and NACC revealed the following;

STI/HIV/AIDs				
INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Health and NACC	<ul style="list-style-type: none"> - Trained personnel - Wide coverage and decentralize structures Favored by Donor community 	<ul style="list-style-type: none"> - Inadequate staff - Inadequate logistical support 	<ul style="list-style-type: none"> - Good networking and collaborations - Donor and community support 	<ul style="list-style-type: none"> - High staff attrition - Transfer of staff

6.3 Proposed Programmes (Outputs)

To address the main issues/problems affecting Kwale District, the following broad outputs were identified as priority;

- Reduced incidence of HIV infection
- Promote behavior change
- Establish support and care for the infected and affected with HIV/AIDS
- Reduced costs and increase availability of ARVs

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.

ANNEXES I - IV: 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	RESPONSIBILITY	RESOURCE/ INPUTS
Institutions and their capacities to integrate population and development issues identified and strengthened at district level.	Carry out an inventory of institutions dealing with population and development programmes	Short term	Ministry of Planning and National Development	Funds Logistics
	Conduct a needs assessment on institutions dealing with population programmes	Short term	Ministry of Planning and National Development	Environment Training
	Design packages (training manpower equipment) that would enhance the capacity of institutions dealing with integration of population at all levels	Short term	Ministry of Planning and National Development	Environment Training

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

3. Youth and Children

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Reduced unemployment rate.	Sensitize the youth and community on self-employment through public barazas.	Short Term	DSDO DDO OP	Logistics
	Mobilize and organize youths into groups	Short Term	DSDO	Logistics
	Train the youths on I.G.A skills.	Short Term	DTDO	Funds logistics
	Mobilize funds both locally and externally	Short Term	DSDO	Funds
	Advocate for support of the groups	Short Term	DSDO	Funds Personnel
Reduce the rate of school dropouts	Reduce school levies	Long term	MOE	Funds Logistics

	Provide Basic learning materials to schools	Short Term	MOE	Logistics Funds
	Sensitize the community on boy/girl child education	Short Term	MOE, OP, DSDO	Logistics
	Advocate and promote education	Short Term	DSDO	Logistics
Rights of the children and their needs enhanced.	Advocate for the rights of a child	Cont	GOK, CBOs, NGOs, Rel. Org	Funds, manpower vehicles
	Lobby for children's bills	Cont	GOK, CBOs, NGOs, Rel. Org	Funds, manpower vehicles
	Capacity building	Cont	GOK, CBOs, NGOs, Rel. Org	Funds, manpower vehicles
	Establish CB care centres	Cont	GOK, CBOs, NGOs, Rel. Org	Funds, manpower vehicles
	Sensitize for the establishments of help desks	Cont	GOK, CBOs, NGOs, Rel. Org	Funds, manpower vehicles
	Networking	Cont	GOK, CBOs, NGOs, Rel. Org	Funds, manpower vehicles

4. Family

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Reduced incidences in instability in marriage	Guide and counsel couples on family issues	Continuous	Catholic Protestants Churches DSDO	Logistics
	Sensitize community on family life education	Short Term/ Continuous	DSDO Catholic, Protestant Churches	Logistics.
Reduced incidences of single parenthood	Guide and counsel	Short Term/ Continuous	OP, Churches DSDO	Logistics
	Sensitize community on responsible parenthood(HIV/AIDS, RH, FP)	Short Term/ Continuous	MOH DSDO	Logistics Funds
Reduced instances that cause Orphan hood, widowhood	Identify and organize orphans, widows, and widowers into groups for support.	Short Term/ Continuous	DSDO	Logistics funds
	Mobilize funds and establish bursary programs	Short Term/ Continuous	DSDO	Funds Logistics
	Promote and mobilize funds for widows and caretakers.	Short Term/ Continuous	DSDO	Fund Logistics
Reduced incidents of wife inheritance	Advocate for elimination of harmful cultural practices.	Continuous	Catholic Church, DSDO	Logistics
	Promote, diversify and intensify morally acceptable norms in the society.	Continuous	DSDO Catholic, Protestant churches	Logistics.

5. The Elderly and People with Disabilities (PWD)

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	INPUTS
Reduced incidences of malnutrition among the elderly	Sensitize the community on family roles and the need to take care of the elderly through barazas/church	Long term	DSDO, churches, OP, Probation	Personnel
	Start homes for the elderly	Short term	OP, Churches, Local Authority, DSDO	Funds
Improved data availability on the disabled	Carry out a survey on the disabled in the whole district	Short term	OP, DDO, churches, DEO	Funds Personnel
Reduced stigmatization	Sensitize the community on the need to properly integrate the disabled in the society through barazas.	Short term	DSDO, OP, DCO (Children) Church, DEO	Personnel
Increased No. of schools for the disabled in the district	Establish special schools for the disabled	Short term	Local Authority, Church, DEO, OP, DSDO, NGOs	Funds Personnel

ANNEX II: GENDER PERSPECTIVE

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBILITIES	RESOURCES
Laws/customs that discriminate against women mitigated.	Lobby for the laws to be repealed	Continuous		Funds Manpower
	Sensitize on harmful practices	Continuous	NGOs, GOK, CBOs, Rel Org.	Funds Manpower
	Promote alternative rites of passage	Continuous		Funds Manpower
Awareness and understanding of gender issues improved	Create awareness on gender issues	Continuous	Women's Bureau, NGOs, CBOs	Funds Manpower
	Conduct media coverage on topical issues	Continuous	Women's Bureau, NGOs, CBOs	Funds Manpower
	IEC materials	Continuous	Women's Bureau, NGOs, CBOs	Funds Manpower

ANNEX III: REPRODUCTIVE HEALTH

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBILITIES	RESOURCES
Reducing and minimizing incidences, prevalence of STI, HIV and AIDS	Training	Continuous	MOH, NGOs, ROs	Manpower funds
	Develop, IEC and reference materials	Continuous	MOH, NGOs, ROs	Manpower funds
	Create awareness	Continuous	MOH, NGOs, ROs	Manpower funds
Access and utilization of appropriate RH information and services for Youth and adolescence increased.	Disseminate, and distribute appropriate and adequate IEC materials and messages to youth	Continuous	MOH, FPAK, CBOs, ROs	Manpower Funds
	Provide user friendly RH services	Continuous	MOH, FPAK, CBOs,	Manpower Funds
	Conduct training on youth programmes	Continuous	MOH, FPAK, CBOs, Rel. Org.,	Manpower Funds
	Conduct peer education		MOH, FPAK, CBOs, Rel. Org.,	Manpower Funds

	Advocacy and lobby for youth and adolescents RH needs and rights		MOH, FPAK, CBOs, Rel. Org.,	Manpower Funds
Unplanned pregnancies among youth reduced.	Disseminate, and distribute appropriate and adequate IEC materials and messages to youth	Continuous	MOH, FPAK, CBOs, Rel. Org	Manpower Funds
	Provide user friendly RH services	Continuous	MOH, FPAK, CBOs, Rel. Org	Manpower Funds
	Conduct training on youth programmes	Continuous	MOH, FPAK, CBOs, Rel. Org	Manpower Funds
	Conduct peer education	Continuous	MOH, FPAK, CBOs, Rel. Org	Manpower Funds
	Advocacy and lobby for youth and adolescents RH needs and rights	Continuous	MOH, FPAK, CBOs, Rel. Org	Manpower Funds

Acceptance of FP enhanced	Sensitize on FP	Continuous	MOH, FPAK, MYWO	Funds Manpower
	Training on customer care	Continuous	MOH, FPAK, MYWO	Funds Manpower
	Give guidance and counseling	Continuous	MOH, FPAK, MYWO	Funds Manpower
Male participation in all aspects of RH enhanced	Sensitization and mobilization	Continuous	NGOs, RO, CBOs, MOH	Funds Manpower
	Develop, disseminate and distribute appropriate IEC messages and materials.	Continuous	NGOs, RO, CBOs, MOH	Funds Manpower

ANNEX IV: STI/HIV/AIDS

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
HIV/AIDS/STI infection rates reduced	Intensify Community education on STIs & HIV/AIDS infections	Short term	MOH/NACC	Funds IEC Materials Personnel Logistics
	Increase VCT centres	Long term	MOH, NACC	"
	Provide condoms readily	Long term	MOH, NACC	Funds Logistics
	Expand and train home based care providers	Continuous	MOH NACC	Funds Logistics
	Recruit and train youth peer educators	Continuous	MOH NACC	"

ANNEXES V - VIII: 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

1. Integration of Population into the Development Process

OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT
Institutions & their capacities to integrate population issues in development identified and strengthened at all levels	Carry out an inventory of institutions dealing with population, environment and development programme at all levels in the district	Presence of inventory	Inventory	Short Term	MPND (DDOs & DPO's Office)	Personnel Transport Funds
	Conduct a needs assessment on institutions dealing with population, environment and development programmes in the district.	Number of institutions involved in needs assessment	Reports	Short Term	MPND (DDOs & DPO's Office)	Personnel Transport Funds
	Design packages (training manpower, and provision of equipment) to enhance capacities of institutions to integrate population concerns and environment into development planning at all levels in the district.	Number of people trained Number and types of equipment provided	Training Records Reports	Short Term Long Term	MPND (DDOs & DPO's Office) MPND (DDOs & DPO's Office)	Personnel Transport Funds.

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 Continuou s	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.	Continuou s	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
Reduced destruction of environment as a result of poverty	Training of various groups (leaders) on how to start and manage IGAs in the affected areas	No. of groups (leaders) trained	Training reports Training materials	Mid term	DECO, DFO, OP, DSDO, NGOs	Funds Personnel
	Help groups establish a revolving fund so as to start and sustain IGAs	No. of IGAs started/sustained	Registration certificates	Long term	DFO, DECO, OP, DSDO, NGOs	Funds

3. Youth and Children

OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Reduced unemployment rate.	Sensitize the youth and community on self-employment through public barazas.	Number of sensitization forums held	Reports	Short Term	DSDO DDO OP	Logistics
	Mobilize and organize youths into groups	Number of mobilization forums held	Reports	Short Term	DSDO	Logistics
	Train the youths on I.G.A skills.	Number of training workshops held	Reports	Short Term	DTDO Wedes	Funds logistics
	Mobilize funds both locally and externally	Amount of money mobilized both locally & externally	Reports	Short Term	DSDO	Funds
	Advocate for support of the groups	Number of advocacy workshops held	Report	Short Term	DSDO	Funds Personnel
Reduce the rate of school dropouts	Reduce school levies	Percentage of school levies reduced	Report	Long term	MOE	Funds Logistics
	Provide Basic learning materials to schools	Total number of materials provided	Report	Short Term	MOE	Logistics Funds
	Sensitize the community on boy/girl child education	Number of sensitization forums held	Report	Short Term	MOE, OP, DSDO	Logistics
	Advocate and promote education	No. of advocacy workshops held	Report	Short Term	DSDO	Logistics

4. Family

OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Reduced incidences in instability in marriage	Guide and counsel couples on family issues	Number of guidance & counseling sessions held	Reports	Continuous	Catholic Protestants Churches DSDO	Logistics
	Sensitize community on family life education	Number of sensitization workshops held	Workshop reports	Short Term/ Continuous	DSDO Catholic, Protestant Churches	Logistics.
Reduced incidences of single parenthood	Guide and counsel	Number of guidance & counseling sessions held	Workshop reports	Short Term/ Continuous	OP Catholic church DSDO	Logistics
	Sensitize community on responsible parenthood(HIV/AIDS, RH, FP)	Number of sensitization workshops held	Workshop reports	Short Term/ Continuous	MOH DSDO	Logistics Funds

Reduced instances that cause Orphan hood, widowhood	Identify and organize orphans, widows, and widowers into groups for support.	Number of groups organized	Reports	Short Term/ Continuous	DSDO	Logistics funds
	Mobilize funds and establish bursary programs	Amount of money mobilized and number of bursary programs started	Reports	Short Term/ Continuous	DSDO	Funds Logistics
	Promote and mobilize funds for widows and caretakers.	Amount of money mobilized	Reports	Short Term/ Continuous	DSDO	Fund Logistics
Reduced incidents of wife inheritance	Advocate for elimination of harmful cultural practices.	Number of advocacy sessions held	Reports	Continuous	Catholic Church, DSDO	Logistics
	Promote, diversify and intensify morally acceptable norms in the society.	Number of promotion workshops held	Reports	Continuous	DSDO Catholic, Protestant churches	Logistics.
Reduced incidences of early marriages and	Provide youth friendly services.	Number of services provided	Reports	Continuous	MOH	Personnel funds

pregnancies	promote condom use	Number of condoms used	Survey Reports	Continuous	MOH	Personnel funds
	Promote guidance and counseling activities	Number of counseling held	Reports	Short Term/ Continuous	MOEs DSDOs	Personnel funds
	Develop, Disseminate and distribute IEC materials on RH	IEC materials on RH developed and distributed	Reports	Short Term/ Continuous	NCPD MOH	Personnel funds
	Train peer educators on RH	Number of training sessions held	Reports	Short Term/ Continuous	DSDO MOH	Personnel funds
Reduced prevalence and incidences of HIV/AIDS	Train peer educators	Number of training sessions held	Reports	Short Term/ Continuous	MOH NACC	Funds
	Mobilize and organize youth groups sensitize them on HIV/AIDS	Number of youths sensitized	Reports	Short Term/ Continuous	DSDO	Logistics
	Provide IEC materials youth groups	Number IEC Materials distributed	Reports	Continuous	NCPD NACC	Funds
	Create of awareness through PET	Number of awareness forums held	Reports	Short Term	DSDO Provincial Administration	Logistics Funds
	Guide and counsel the youth on HIV/AIDS	Number of Counseling sessions held	Reports	Continuous	NACC NAS COP	Logistics

5. The Elderly and People with Disabilities

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCE/ INPUT
Reduced rate of abandonment of the elderly and PWDs	Sensitize the community on the rights and privileges of the elderly and PWDs.	No. of sensitization seminars/barazas held.	Reports	Short Term	DSDO Catholic Church	Logistics
	Set-up community - based institutions to cater for the elderly and PWDs	No. of community based institution for elderly and PWDs.	Reports	Medium Term	Catholic Church DSDO	Funds Logistics
	Guide and counsel - elderly and PWDs.	No. of elderly/PWDs guided/counseled No. of guiding/counseling meetings held.	Reports Records	Short Term/ Continuous	Catholic Church DSDO	Logistics
	Mobilize and involve the elderly and PWDs in the social, economic Development plans and implementation.	No. of mobilization meetings held No. of groups formed No. of IGA's established	Reports/records	Short Term	DSDO	Funds Logistics

Improved shelter and health care for the elderly and PWDs.	Establish and strengthen institutions that cater for the elderly and PWDs.	No. of institutions established.	Reports.	Short Term	DSDO	Funds
	Train community - health workers and SDA's on care for the elderly and PWDs.	No. of CHWs/SDA trained.	Training Records.	Short Term	MOH DSDO	Funds Logistics
	Mobilize and form IGA - groups of the elderly and PWDs	No. of IGA - groups formed for the elderly and PWDs	Reports.	Short Term	DSDO	Funds Logistics
Reduced poverty rate	Empower and equip PWDs with IGA - oriented skills and tools- appropriate.	No. of training's. No. of PWDs with access to appropriate tools.	Training reports. Records	Short Term	DSDO	Funds Logistics
	Guide and counsel the elderly and PWDs	No. of Guiding/counseling sessions held.	Reports.	Continuous	Catholic Church DSDO	Logistics

ANNEX VI: GENDER PERSPECTIVE

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCE/ INPUTS
Reduced biases in property ownership and rights.	Sensitize community on the property - ownership/legal rights.	No. of sensitization seminars/Baraza held No. of participants sensitized by Gender	Seminars/ Reports Attendance Records	Short Term	DSDO	Funds Logistics
	Mobilize, train and empower women on socio-economic activities (I.G.A)	No. of women Groups trained.	Training Reports Attendance Records	Short Term	DSDO Catholic ACK	Funds Logistics
Increased accessibility to Income, service and education.	Train and mobilize community on Gender - related issues	No. of Barazas held on Gender - related issues. No. of youth, women, self-help groups trained on the same.	Reports Training Report Attendance Records	Short Term/Continuous	DSDO	Funds Logistics
	Access women to all institutions - financial and educational	No. of women accessed financial & educational institutional	Records.	Short Term	DSDO MOE	Funds Logistics
Positive change on culture, attitudes and practices promoted	Sensitize community on retrogressive cultural practices e.g. wife inheritance.	No. of barazas held; and church meetings.	Reports	Short Term/Continuous	DSDO ACK church Catholic church	Funds Logistics

ANNEX VII: REPRODUCTIVE HEALTH

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCE/ INPUT
Enhanced provision and quality of Family Planning services and facilities	Provide and Improve RH services integrated with other health service.	No. of health facilities offering integrated RH service	Health facility records Inventory	Short term/Continuous	MOH FPAK	Funds Logistics
RH Services and facilities accessed	Provide RH services in all medical facilities.	No. of health facilities offering RH services	Facility Records	Short Term	MOH	Funds Logistics
	Recruit and train CORPS in RH.	No. of CORPS personnel recruited and trained in RH.	Training Reports / Records.	Long Term	MOH	Funds Logistics
	Recruit and train medical staff.	No. of trained medical personnel	Training Reports and Records.	Long Term	MOH	Funds Logistics
Decrease incidence of STI/HIV/AIDS infections	Educate community on the need for behavior change.	No. of participants attending education seminars on STI/HIV/AIDS No. of seminars	Attendance Records Meeting/Seminars Reports.	Continuous	MOH	
Reduced Maternal Mortality rates.	Provide clean and safe delivery- care services to mothers.	No. of birth taking place in health facilities	KDHS (Kenya Demographic and Health Survey) Report	Short Term	MOH NGO	Funds Logistics
	Train CORPS/TBA's on RH	No. of Trained CORPS/TBAS on RH.	No. of trained CORPS/ TBA's	Continuous	MOH	Funds Logistics
	Sensitize community on RH and safe Motherhood.	No. of seminars on RH held.	Training reports	Continuous	MOH	Funds Logistics

ANNEX VIII: STI/HIV/AIDS

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCES
Reduce incidences of STI/HIV/AIDS	Promote V.C.T.	No. of promotions talks held Actual No. of people attending VCT services/facilities.	Reports VCT facility records.	Continuous	MOH MSF Spain NACC	Logistics
	Set up V.C.T. centres	No. of VCT centers established.	Records Inventory	Short Term	MOH DSDO NACC	Funds
	Promote and avail condom and their usage.	No. of promotions talks held. No. of condoms distributed. No. of condom -distribution points established.	Promotion reports. Records.	Short Term/ Continuous	MOH DSDO World Vision	Funds Logistics
	Promote and train peer educators	No. of peer educators trained by Gender.	Training records.	Continuous	MOE DSDO NACC	Funds Logistics
	Sensitize community on STI/HIV/AIDS through PETS and other Audio-visual and IEC materials	No. of Pets held No. of Audio-visual shows held No. of IEC material distributed No. of Barazas/meetings held	Reports Baraza Reports. Attendance lists	Continuous	DSDO MOH NGO (MSF Spain) NACC	Funds

Behaviour change enhanced.	Organize vigorous campaigns on behavioural change through PET/DRAMAS/ROLE players to the committees.	No. of campaigns held No. of people attending.	Reports/Records	Continuous	DSDO MOH Catholic Church NACC	Funds
	Sensitize and update communities on the negative consequences of HIV/AIDS pandemic in their areas	No. of sensitization barazas held, No. of church meetings organized	Reports.	Continuous	DSDO MOH NACC	Logistics
Establish support and care for the infected and affected with HIV/AIDS	Training Corps to provide home based care.	No. of Training's. Attendance records by Gender.	Training's records Reports	Continuous Short Term	MOH DSDO NACC	Funds Logistics
	Avail basic medical supplies/facilities.	No. of established medical facilities.	Reports Inventory	Short Term Continuous	MOH NACC	Funds
	Sensitize community on HIV/AIDS	No. of Barazas held.	Reports	Short Term Continuous	MOH DSDO OP NGO Churches	Logistics
ARVs availed at reduced prices.	Advocate and lobby for reduced ARVs prices	No. of Advocacy Barazas held.	Reports	Short Term	MOH DSDO DDO	Funds Logistics

