



REPUBLIC OF KENYA

MALINDI

**DISTRICT STRATEGIC PLAN
2005 - 2010**

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



National Coordinating Agency for Population and Development

MALINDI

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List of Abbreviations

ACU	Aids Control Unit
AIDS	Acquired Immuno Deficiency Syndrome
DACC	District Aids Control Committee
DAO	District Agricultural Officer
DCO	District Children's Officer
DDC	District Development Committee
DDO	District Development Officer
DDP	District Development Plan
DEC	District Executive Committee
DECO	District Environment Conservation Officer
DFO	District Forest Officer
DHMT	District Health Management Team
DIDC	District Information and Documentation Centre
DMOH	District Medical Officer of Health
DP&FPC	District Population and Family Planning Committee
DPO	District Population Officer
DSDO	District Social Development Officer
DSO	District Statistical Officer
FHI	Family Health International
FP	Family Planning
FPAK	Family Planning Association of Kenya
HIV	Human Immuno Deficiency Virus
IEC	Information Education Communication
KDHS	Kenya Demographic and Health Survey
KSPA	Kenya Service Provision Assessment
KWFT	Kenya Women Finance Trust
LA	Local Authority
M/E	Monitoring and Evaluation
MPND	Ministry of Planning and National Development
MOEST	Ministry of Education Science & Technology
MOH	Ministry of Health
MOVs	Means of Verification
MYWO	Maendeleo Ya Wanawake Organization
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
NSCOP	National Aids & STDs Control Programme
OP/PA	Office of the President/Provincial Administration
OVI	Objectively Verifiable Indicators
RH	Reproductive Health
STDs	Sexually Transmitted Diseases
SWOT	Strengths, Weaknesses, Opportunities and Threats
TFR	Total Fertility Rate
UNFPA	United Nation Population Fund

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

MALINDI 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, persons 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 Specific Strategic Plan (DSSP) for Malindi 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 Finance & Planning (i.e. DDO, DSO, DPO), Ministry of Health (DMOH and DPHN), Ministry of Home Affairs (DSDO), Education, Environment and some NGO's (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 (Malindi, Kilifi, 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 DSSP for their representative districts. The participants were provided with background information such as the population policy (NPPSD), NPA, District Development Plans (DDPs) 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 DSSP.

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

This chapter provides the background to the District Strategic Plan, namely – the rationale for the plan and the methodology used. Chapter two details on the district population and socio-economic profile. The next four chapters will focus on broad themes of the Strategic Plan i.e. Population and Development, Gender Perspectives, Reproductive Health and HIV/AIDS. The last two chapters focus on evaluation and monitoring of the activities, conclusion and way forward. The plans of action and monitoring and evaluation frameworks are presented in the Annexes.

CHAPTER 2 DISTRICT PROFILE

Malindi district borders Kilifi to the south, Tana River to the north and northwest and Indian Ocean to the east. It lies between latitude 2 degrees 20' and 4 degrees south and longitude 39 degrees and 4 degrees 14' east. The district administrative divisions are shown in table 1 below.

Table 1: Administrative Units by Division and Size

Division	Area (sq km)	population	Population Density	Locations
Malindi	5,259	169,717	32	8
Marafa	1,617	51,368	26	5
Magarini	729	67068	92	3
Total	7,605	281,552		16

Source: District Commissioner's Office, Malindi, 2001

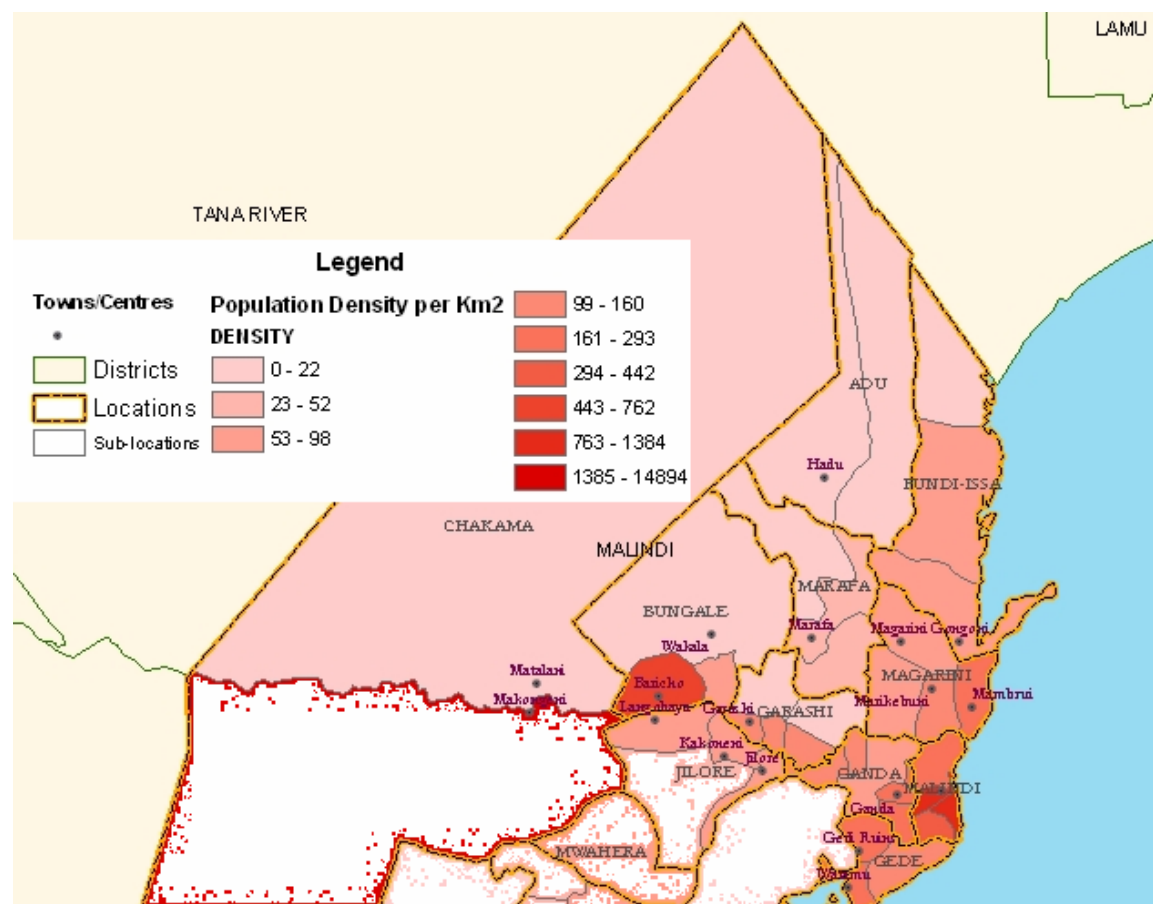
The district is divided into 3 divisions, 16 locations and 56 sub-locations. The district headquarters is in Malindi town, Malindi Division. The area of the district is 7,605 km square excluding the Indian Ocean.

The district has two local authorities namely Malindi Municipal and the County Council. Malindi County Council has 11 wards, 3 in Malindi division, 5 in Marafa division and 3 in Magarini Division. Malindi Municipal Council has 12 wards, all in Malindi Division. The wards follow the location boundaries.

Settlement pattern vary from one division to another. Malindi division has the largest number of people as it has all the topographic features and economic factors affecting human settlement. Map 1 shows the population density pattern in the district.

Malindi town, which is in Malindi division, has higher population than other areas. The reasons include the availability of employment opportunities in the tourist establishments, formal and informal sectors.

Map 1: Location, Administrative Areas and Population Densities (includes part of Kilifi District)



2.1. Demographic And Population Profile

The district has witnessed a high population growth rate from 1979 to 1999. The growth rate between 1979 and 1989 was 3.41%. This however rose to 3.9% between 1989 and 1999. According to the 1999 Housing and Population Census, the district had a population of 281,552 persons in 1999. This figure was projected to increase to 333,725 persons in the year 2004 and 374,194 persons in the year 2008. Table 2 gives the district's demographic indicators while table 3 shows the district population projections by age and sex for the plan period. The implications of the population projections over the plan period is that arable land per population head will decrease while the population will continue to encroach forest land.

Table 2. Demographic indicators, 2002

Population (2002)	305,143
Number of Males	154,304
Number of Females	150,839
Female/Male Sex Ratio	1:1.02
Number of Youthful Population (15 – 25)	71,489
Primary school population (6 – 13) years	70,891
Secondary School Population (14 – 17)	27,702
Labour Force (15 – 64) years	153,338
Dependency Ratio	100:101
Population Growth Rate	3.9%
Rural Population at start of Plan Period-	177,89
Urban Population at start of Plan Period-	136,826

Source: District Commissioner's Office, Malindi, 2001

An analysis of the population projections as shown by Table 3 indicates that population pyramid is bottom heavy. The percentage of population less than 15 years forms about 47% of the total population. Population of age group 60 and above accounts for 4.7% of the total population. The cluster formed by age group 0-14 and 60 and above constitutes 52% of the total district population.

Table 3: Population Projections by Age Cohorts

	2000		2005		2006		2007		2008		2009		2010	
Group	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4	22914	22987	24840	24359	25171	24565	25499	24764	25824	24955	26147	25138	26467	25313
5-9	20399	20953	22615	23008	23025	23379	23437	23751	23852	24124	24270	24498	24690	24873
10-14	18005	18988	20485	21648	20966	22165	21455	22691	21951	23227	22456	23771	22970	24324
15-19	16216	17368	18824	20242	19342	20815	19872	21401	20413	22000	20965	22611	21528	23236
20-24	15133	16643	18021	19843	18609	20495	19212	21163	19830	21847	20463	22548	21112	23266
25-29	12900	13784	15394	16348	15902	16868	16424	17401	16959	17946	17507	18505	18069	19076
30-34	9888	9180	11549	10279	11881	10487	12221	10697	12569	10910	12924	11125	13287	11343
35-39	7841	7058	9049	7790	9288	7924	9532	8059	9781	8195	10034	8331	10292	8468
40-44	5950	5904	6777	6775	6938	6946	7101	7120	7267	7298	7436	7478	7608	7662
45-49	4648	4696	5233	5420	5344	5563	5457	5709	5571	5858	5687	6010	5805	6164
50-54	3589	3475	3988	3948	4062	4039	4137	4132	4212	4227	4288	4323	4364	4420
55-59	2762	2696	3049	3055	3101	3124	3154	3195	3207	3266	3260	3339	3313	3412
60-64	2023	2126	2239	2424	2279	2482	2319	2541	2359	2601	2400	2662	2441	2724
65-69	1490	1588	1649	1820	1678	1865	1708	1911	1737	1958	1767	2006	1797	2055
70-74	1046	1088	1157	1258	1178	1292	1199	1326	1219	1361	1240	1397	1261	1434
75-79	690	627	764	740	778	762	792	786	806	810	820	834	834	859
80+	1638	1588	2201	2181	2322	2309	2448	2441	2577	2578	2711	2719	2849	2865
Total	147134	150745	167834	171138	171864	175082	175964	179089	180134	183160	184375	187295	188687	191495

Unless the increase in population is matched by corresponding economic growth, the growth of the former is likely to increase the levels of poverty.

2.2 Welfare Indicators

2.2.1 Education

The district has 105 primary schools. The total enrolment rate for primary school is 47,073 with the number of boys (26,671) being higher than that of girls (20,402). Teacher/pupil ratio is 1:44. The 1999 Population and Housing Census captured 31,603 boys and 30,891 girls within the age of primary school going. These figures are expected to rise to 42,916 boys and 41,949 girls in 2008. This age group has a female/male ratio of 100:102. Primary school drop out is 44.7% for boys and 59.9% for girls.

There are 12 secondary schools. Total enrollment rate is 2,098 with 1,783 boys attending secondary schools as compared to 730 girls. Teacher pupil ratio is 1:10. The 1999 Population and Housing Census enumerated 12,582 boys and 11,839 girls within the age of secondary school going. These figures are expected to increase to 17,086 boys and 16,077 girls in the year 2008. The female/male ratio of this age group is 100:106 indicating that males are more than females. This age group accounts for 9% of the total population.

46 centres offer adult education. More females (1,094) attend these classed as compared to men (179). The literacy level in the district is 68%.

Majority of women remain uneducated due to customs, which favor men. Only a small percentage of them finish primary education and even a smaller percentage joins secondary schools. Early marriages and placement in wage employment as domestic workers hinder girls from pursuing education.

2.2.2 Labour Force

The district labour force numbered 70,051 males and 68,418 females which 50% of the total population. This is projected to increase to 95,128 males and 92,910

females by 2008. Due to cultural and religious beliefs, most of the female population is not widely engaged in paid employment although they carry out other equally productive domestic activities.

Most of the labour force is unskilled with only a small percentage engaged in fishing, boat making, wood carving and embroidery. It is estimated that 46 per cent of the labour force is literate which implies that only a small proportion of the labour force can be absorbed as skilled labour required for poverty reduction programmes in the district. With an increase in the number of vocational institutions, it is expected that the percentage of semi-skilled and skilled labour will increase.

2.2.3 Poverty Analysis

An estimated 198,120 persons were in absolute poverty as found out by the 1994 Welfare Monitoring Survey. The affected group has the following characteristics;

- High morbidity
- Shanty dwellings, poor sanitation, lack of access to clean water.

Poverty in the district is caused by poor returns from agriculture, collapse of the cashew nut industry and lack of market for coconuts, pineapples and cotton; decline of tourism and industry and landlessness. A big portion of the population is made of squatters. Emergence of informal settlements in Malindi town i.e. Muyeye, Maweni, Kwa Ndomo, Kisumu ndogo, Kwa chocha, and Majengo mpya is a reflection of landlessness. In the rural areas many people have no title deeds and this discourages utilization of land. Table 4 below summarizes some of the socio-economic indicators of Malindi District.

Table 4. Socio-economic Indicators, 2002

Total number of Households	52,165
Average Households size	5.8
Number of female headed households	7,511
Number of children headed households	115
Number of disabled	31,652
Children needing special protection	56,880
Absolute Poverty (Rural & Urban)	62.7%
Income from Agriculture	20.3%
Income from Rural Self employment	37.25%
Wage employment	12.8%
Urban self-employment	14.4%
Number of unemployed (2002)	41,423

Sources: Various

2.2.4 Health

The district has 3 hospitals (1 GOK and 2 private); 24 dispensaries (17 GOK; 7 NGO), 4 private chemists. The average distance to the nearest health facility for urban areas is 1 km and 3 kms for rural areas. Most of the health facilities are therefore not accessible to the majority of the population. High poverty levels, cost sharing and long distances inhibit people from visiting these facilities. The doctor/patient ratio is 1:19,502. The most prevalence diseases are; malaria, respiratory diseases, diarrhea, intestinal worms, STIs, Anaemia and eye infections.

The adult HIV/AIDS prevalence rate is between 15 – 17% according to Ministry of Health. Promiscuity, prostitution, drug addiction, alcoholism, traditional practices (i.e. wife inheritance, polygamy and belief in witchcraft) – are believed to be the main cause of the high prevalence.

Challenge associated with HIV/AIDS includes; orphan, child prostitution; decline in agricultural production, loss of labour by the sick. Table 5 below summaries some of the health indicators of Malindi District.

Table 5. Health Indicators, 2002

Crude Birth Rate (CBR)	55/1000
Crude Death Rate (CDR)	126/1000
Life Expectancy	57
Infant Mortality Rate (IMR)	187/1000
Under 5 Mortality Rate	113/1000
Total Fertility Rate	6.1
HIV Prevalence Rate	15-17%
Doctor/Patient Ratio	1:19,508

Source: District Medical Office, Malindi

CHAPTER 3: POPULATION AND DEVELOPMENT

The population of Malindi district in 1999 stood at 316,519 with a growth rate of 3.9 percent per annum. It is projected to reach some 380, 182 persons by the end of plan period in 2010. The large population coupled with the high growth rate has and will continue to generate negative effects as manifested in unemployment, increased demand for health and other social services, degradation of the environment, need for additional housing and generally contribute to increased poverty in the district. There is thus the need to include the population issues while addressing development.

3.1 Main Issues/Problems

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

- (i) **Population and development:**
 - Weak integration of population concerns into development planning
 - Inadequate logistical support to the District Development Office and,
 - Ineffective DP & FPC.
- (ii) **Population and environment.**
 - Soil erosion and degradation especially in Marafa, Jilore, Mamburi, Magarini, Timboni and Mjanaheri,
 - Water pollution especially in Timboni and Magarini where salt and sand harvesting is common,
 - deforestation and,
 - waste disposal problems
- (iii) **Youth and Children:** The major problems that affect youth and children include
 - High incidence of drug abuse,
 - High rate of unemployment,
 - increased child prostitution
- (iv) **Family.** The following issues affect families in Malindi District;

- Large family size fertility rate and high dependency rate,
- High illiteracy rate,
- Increasing number of children headed households families.
- Lack of land ownership rights and high poverty levels.

(v) **Elderly and People with Disabilities.** Problems facing elderly people and people with disabilities include

- Lack of care, support and increased isolation and,
- Continued discrimination in education, health and communication.

3.2. Analysis of Institutions Involved in Population Programmes

In district the following institutions were identified as best suited to undertake programmes to address the population and development issues raised above; Ministry of Finance, Ministry of Planning, 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 following table 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 Finance & Planning (DDOs, DPOs Offices)	- Trained personnel - Wider coverage up to locational/divisional level	- Inadequate staff - Inadequate funds - Lack of transport - Poor coordination of development activities - Low morale	- Government support - Donor support - Networking collaboration	- Retrenchment - Over dependence on donor funds - Staff turnover
2. Population and Environment				
Institution	Strengths	Weaknesses	Opportunities	Threats
Ministry of Environment and Natural Resources	- Trained personnel - Collaboration and networking among NGOs and between NGOs and	- No population office to co-ordinate population activities leading	- Involvement of NGOs, Government departments in DDC. - Qualified personnel well versed with	- Withdrawal of donor funding - Disintegration of families - HIV/AIDS

	<p>Government departments at district/provincial levels.</p> <ul style="list-style-type: none"> - Presence of NGOs, - Special institutions for the handicapped. - collaboration and networking between stakeholders 	<p>to duplication of efforts.</p> <ul style="list-style-type: none"> - Over-dependence on donor support. - Low participation of community and population activities. 	<p>population issues.</p> <ul style="list-style-type: none"> - Donor support - Political support 	<p>pandemic</p> <ul style="list-style-type: none"> - Lack of sufficient funds to implement population development programmes. - Adverse influence on youth by electronic media - Proliferation of street children/families
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3. Family

Institution	Strengths	Weaknesses	Opportunities	Threats
Ministry of Home Affairs	<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
Ministry of Education Science & Technology	<ul style="list-style-type: none"> - Trained staff - Wider coverage 	<ul style="list-style-type: none"> - Lack of various logistics - Low morale - Inadequate personnel 	<ul style="list-style-type: none"> - Networking/ collaboration - Government support - Donor support 	<ul style="list-style-type: none"> - Staff turn over - High drop out rates - Deaths
Ministry of Labour & Vocational Training	<ul style="list-style-type: none"> - Trained personnel 	<ul style="list-style-type: none"> - Lack of various logistics - Inadequate personnel - Low morale - Improper coverage - Lack of trained staff at lower level 	<ul style="list-style-type: none"> - Government support - Donor support - Community support - Networking/ collaboration 	<ul style="list-style-type: none"> - Staff turn over - Retrenchment
Ministry of Health	<ul style="list-style-type: none"> - Trained personnel - Wide coverage - Existence of logistics, equipment and structures 	<ul style="list-style-type: none"> - Understaffing - Inadequate logistics/ medical supplies - Low morale 	<ul style="list-style-type: none"> - Networking / collaboration - Government support - Donor support - Community support 	<ul style="list-style-type: none"> - Natural attrition of staff - Staff turn over - Recurrent of disease outbreak

OP (Provincial Administration)	- Wider /total coverage	- Lack of trained staff - Lack of logistics - Low morale	- Networking - Government support - Donor support - Community participation	s - Retrenchment - Deaths - High staff turnover
MYWO	- Wider coverage up to grass root level	- Lack of trained staff - Low level of funding - Low morale at lower levels	- Government support - Donor support - Networking/collaboration	- Dwindling funding levels - Other upcoming NGOs
Kenya Women Finance Trust (KWFT)	- Available funds for borrowing by local organized groups	- Limited coverage in the district - Lack of trained staff	- Government support - Donor support - Networking	- Other institutions (e.g. SACCOS)

4. Children and Youth

Institution	Strengths	Weaknesses	Opportunities	Threats
Ministry of Home Affairs Heritage & Sports (DSDO & DCO offices)	- Trained staff - Wide coverage, - Good networking - Adequate, learning facilities, - Availability of school curriculum, - Legal framework	- Inadequate staffing, - Inadequate update census for teachers, - Poor supervision - Poor networking, Inadequate resources and logistics	- Available network - Community and Government support, Donor support	- High deaths of teachers leading to staff shortages, low staff morale
Ministry of Health	- Well trained personnel - Experience in dealing with youth affairs - Wide coverage	- Understaffing - Inadequate facilities - Lack of youth friendly services - Low morale	- Networking/collaboration - Government & Donor support - Community participation	- Deaths - Poverty - Unemployment - Staff turnover
Red Cross	- Committed staff - Availability of logistics	- Limited coverage - Community ownership	- Government & Donor support - Networking/collaboration	- Dwindling levels of funding

5. Elderly and People with Disabilities

Institution	Strengths	Weaknesses	Opportunities	Threats
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Ministry of Home Affairs Heritage & Sports	<ul style="list-style-type: none"> - Trained staff - Wide coverage, - Good networking - Adequate, learning facilities, - Avail. 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
Office of the President (Provincial Administration)	<ul style="list-style-type: none"> - Wider /total coverage 	<ul style="list-style-type: none"> - Lack of trained staff - Lack of logistics - Low morale 	<ul style="list-style-type: none"> - Networking - Government support - Donor support - Community participation 	<ul style="list-style-type: none"> - Retrenchment - Deaths - High staff turn over

3.3 Proposed Programmes (outputs)

In order to address the above problems, a number of outputs are proposed as listed below:

- Improved logistical support for District Development Office
- The DP & FPC revitalized to function effectively
- Reduced fertility rate
- Reduced dependency ration
- Reduced illiteracy rate
- Poverty levels reduced
- Land ownership rights by local residents enforced.
- Reduced number of child headed families
- Reduced levels of drug abuse by youth/children
- Reduced levels of unemployment
- Reduced incidences of child prostitution
- Care and support provided to the elderly.
- Reduced isolation of the elderly
- Increased acceptance of the person with disabilities in the community

For each of the outputs stated, a set of activities were proposed by the participants. These activities are appended as **Annex 1** in this Plan.

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

The following issues/problems related to gender were identified as important in Malindi;

- There is bias in education which tend to favor boys more than girls,
- That women are not allowed to own property (lack of property rights),
- That there is bias in decision making which tend to favour men than women,
- There is lack of consultation on sex matters and,
- There is disparity concerning sharing of labour at house hold level.

4.2. Analysis of Institutions involved in Gender

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 institutions can address gender concerns in the district revealed the following:

Institution	Strengths	Weaknesses	Opportunities	Threats
Ministry of Education Science & Technology	<ul style="list-style-type: none"> - Well trained staff - Wide/total coverage - Equal opportunities for boys & girls 	<ul style="list-style-type: none"> - Inadequate staffing - Proper logistics - Lack of training skills on gender perspective - Low morale 	<ul style="list-style-type: none"> - Government support - Donor support - Networking/collaboration - Parents support 	<ul style="list-style-type: none"> - Dropout due to teenage pregnancy - Lack of clear policy on gender issues - Deaths - Lack of equal opportunity for girls and boys due to cultural

				beliefs/practices
Ministry of Home Affairs, Heritage & Sports (DSDOs Office)	- Trained staff - Wide coverage	- Inadequate staff trained on gender - Low morale - Inadequate logistics	- Government support - Donor support - Collaboration /networking	- Retrenchment - Dwindling level of funds
MYWO	- Wider coverage	- Lack of trained staff - Lack of proper logistics	- Government support - Donor support - Community support Collaboration/net working	- Dwindling funds - Other up-coming NGOs
Office of the President(Prov. Administration)	- Wide/total coverage	- Lack of trained staff - Lack of proper logistics - Low morale	- Government support - Community participation - Donor support Networking /collaboration	- Retrenchment - Deaths.

4.3 Proposed Programmes (Output)

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

- Increased enrollment and completion rates for girls and boys.
- Increased property ownership by women.
- Increased representation of women at all levels of decision making
- Increased consultation on sex matters.
- Increased participation of men in household labour (e.g. taking the child to hospital).

For the above outputs to be realized the participants suggested various sets of activities for implementation as summarized 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. In Malindi district different aspects of RH are wanting and are addressed in the subsequently section.

5.1 Main Issues/Problems

Despite Malindi having 83 health facilities, numerous problems affecting reproductive health were highlighted. These include:

- Long distances to health facilities in some areas,
- High incidences of early marriages,
- Low involvement of men in family planning and,
- The unmet need of family planning services.

5.2 Analysis of Institutions involved in RH

In the district MOH, Red Cross, MYWO, Ministry of Home Affairs, Heritage & Sports (DSDOs office) and Office of the President (Provincial Administration) were identified as potential institutions that can address the issues related to reproductive health. A SWOT analysis of those institutions revealed the following;

Institution	Strengths	Weaknesses	Opportunities	Threats
Ministry of Health	- Highly trained staff - Wide coverage - Existence of logistics and equipment	- Understaffing - Inadequate logistics - Inadequate equipment/ medical supplies - Low morale	- Community participation - Government support - Donor support - Collaboration/networking	- Dwindling funds - Recurrent of disease outbreaks - Retrogressive practices - Death of staff - Staff turn over
Ministry of	- Trained staff	- Inadequate staff	- Government	- Retrenchment

Home Affairs, Heritage & Sports (DSDOs Office)	- Wide coverage	trained on gender - Low morale - Inadequate logistics	support - Donor support - Collaboration /networking	- Dwindling level of funds
MYWO	- Wider coverage	- Lack of trained staff - Lack of proper logistics	- Government support - Donor support - Community support Collaboration/netwo rking	- Dwindling funds - Other up-coming NGOs
Office of the President(Pr ovincial Administrati on)	- Wide/total coverage	- Lack of trained staff - Lack of proper logistics - Low morale	- Government support - Community participation - Donor support - Networking /collaboration	- Retrenchment - Deaths.
Red Cross	- Committed staff - Availability of logistics	- Limited coverage - Community ownership	- Government & Donor r support - Networking/ collaboration	- Dwindling levels of funding

5.3 Proposed Programme (Outputs)

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

- Reduced distances to health facilities
- Reduced incidences of early marriages
- 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.

CHAPTER 6: STI/HIV/AIDS

STI/HIV/AIDS is one of the major health and social concern in the district. The impact has continued to negatively affect a large population of Kenya in their reproductive ages and the district is no exception. Malindi being a tourist destination is expected to be experiencing fast rising HIV prevalence. Various issues that merit urgent attention are addressed in the subsequent sections.

6.1 Main Issues/Problems

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

- High infection rates of STI/HIV/AIDS),
- Inadequate care and support for those infected and affected,
- Slow rate of behavioral change.

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

The Ministry of Health, National Aids Control Council, Ministry of Home Affairs, Heritage and Sports (DSDO & DCO Offices), Office of the President (Provincial Administration), Red Cross and Ministry of Planning and National Development (DDOs Office) were identified as institutions that would effectively deal with HIV/STI/AIDS in the district. A SWOT analysis of the above institutions revealed the following:

Institutions	Strengths	Weaknesses	Opportunities	Threats
Ministry of Health (MOH)	<ul style="list-style-type: none"> - Well trained staff - Wide coverage - Existing logistics/equipment 	<ul style="list-style-type: none"> - Understaffing - Inadequate logistics - Lack of testing kits - Low morale - Inadequate facilities 	<ul style="list-style-type: none"> - Networking / collaboration - Government support - Donor support - Community participation 	<ul style="list-style-type: none"> - Dwindling funds - Recurrent disease outbreaks - Staff turn over - Mushrooming of health institutions - Providing poor services
Ministry of	<ul style="list-style-type: none"> - Well trained 	<ul style="list-style-type: none"> - Understaffing 	<ul style="list-style-type: none"> - Networking 	<ul style="list-style-type: none"> - Retrenchment

Planning and National Development (DDOs Office)	<p>staff</p> <ul style="list-style-type: none"> - Well organized structures such as DACC, ACU - Clear roles and responsibilities - Multisectoral approach 	<ul style="list-style-type: none"> - Inadequate logistics - Lack of funds - Bureaucracy 	<ul style="list-style-type: none"> /collaboration - Government support - Donor support - Community participation 	<ul style="list-style-type: none"> - Epidemic
Office of the President including the NACC	<ul style="list-style-type: none"> - High qualified staff at national level - Wide coverage - Well organized structures (NACC) - Existence of AIDS policy - Availability of funds 	<ul style="list-style-type: none"> - Lack qualified staff at lower level - Donor dependency 	<ul style="list-style-type: none"> - Networking /collaboration - Government support - Donor support - Community participation 	<ul style="list-style-type: none"> - Epidemic affecting those delivering services

6.3 Proposed Programmes (Outputs)

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

- Reduced rates of STI/HIV/AIDS infections
- Increased care and support for those infected and affected
- Promoted behavior change

A number of activities have been proposed to help in achieving the outputs as outlined in **Annex IV** that also include the 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 implementation at every stage and as well assess the effectiveness of the programmes.

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 DSSP, these will be agreed upon depending on the activities agreed upon to be implemented. This will be at different levels, and different agencies are expected to report to their District Headquarters, Provincial Headquarters and others direct to their National Office as necessary.

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 and constituted 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 DSSP 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.

Monitoring and Evaluation framework for each of the thematic 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 logistical support to District Development Office	Lobby for funds for the DDOs office through proposals and Action Plans sent to various donors	Long term	DDO	Funds Personnel
	Sensitize other sectors on the need to collaborate on development initiatives through workshops/seminars	Long term	DDO	Funds Personnel
	Lobby for funds to construct and equip the DIDC	Short term	DDO	Funds and Equipment
	Sensitize the leaders and public on usage of the DIDC through seminars/barazas	Continuous	DDO Provincial Administration	Funds Personnel
	Establish research centres	Long term	DDO/DSO/DPO	Funds, Personnel
DP&FPC revitalized to function effectively	Constitute a new DP&FPC	Short term	DPO	Funds, Personnel
	Train the members of the DP&FPC on the integration of population variables into Development Planning process	Continuous	DPO DDO DSO	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

3. Children and Youth

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES
Reduced level of drug abuse	Sensitize the community on dangers of drug abuse through barazas, puppetry shows and community cinemas	Continuous	MOH, Provincial Administration, Community, Red Cross	Funds Personnel
	Establishment of rehabilitation centres	Medium term	Provincial Administration, DCO, DSDO, Community	Funds
	Guidance and counseling to those affected	Continuous	MOH, DCO, community, Red Cross	Funds, Personnel
Reduced levels of unemployment	Initiating IGAs for youth groups	Continuous	DSDO, DCO	Funds , Personnel
	Provision of credits to youth groups at low interest rates	Continuous	KWFT	Funds

Reduced incidences of child prostitution	Sensitize the community on the dangers of child prostitution through barazas/seminars	Continuous	DCO, Provincial Administration	Funds Personnel
	Establishment of rehabilitation and vocational centres	Continuous	DSDO, DCO, Provincial Administration, Community	Funds
	Guidance and counseling of those affected	Continuous	DSDO, DCO, Provincial Administration, MOH	Personnel
	Sensitize the tourist and hoteliers on the dangers of child prostitution and child rights through workshops	Continuous	DCO, DSDO, Community	Funds Personnel

4. Family

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCE/INPUT
Reduced family size (and fertility rate)	Sensitize the community on the use of Family Planning methods through seminars/barazas	Continuous Long term	MOH/DSDO/MYWO	Funds Personnel
	In service training for service providers	Continuous Long term	MOH	Funds
	Procure and distribute contraceptive	Continuous Long term	MOH/MYWO	Funds
Reduced dependency ratio	Initiating of income generating activities (IGAs)	Continuous Long term	DSDO Provincial Administration	Funds
	Establishment of Social Welfare Trust Fund	Continuous Long term	DSDO Provincial Administration	Funds Personnel
	Establishment of credit facilities	Continuous Long term	DSDO Provincial Administration KWFT	Funds Personnel
Reduced illiteracy ratio	Establishment of non-formal schools	Long term	MOEST Provincial Administration	Fund Personnel
	Increase no. of adult learning centres	Long term	DAO	Funds, Personnel
	Provision of bursaries to needy students	Long term	MOEST, Provincial Administration	Funds

	Lobby for free basic education	Long term	MOEST, PA, Community	Funds
	Sensitize the community on the need to improve enrolment rates through seminars/barazas	Long term	MOEST/PA Community	Funds Personnel
	Construction of more primary schools	Long term	MOEST, PA Community	Funds
	Initiate school feeding programme	Long term	MOEST, PA, Community	Funds
	Construction of tertiary institutes of learning	Long term	Community, MOEST, Provincial Administration	Funds Personnel
Rights to own land by local residents enforced	Sensitize the community on their rights to own land through barazas	Long term	Provincial Administration, Ministry of Lands	Personnel
	Lobby for land adjudication & registration	Medium term	Provincial Administration, community	Personnel
	Capacity building to land committees	Long term	Ministry of Lands	Funds Personnel
Reduced poverty levels	Sensitize the community on proper use of available local resources through barazas	Long term	Provincial Administration, DSDO, MYWO	Funds Personnel
	Training of the community on how to initiate and manage IGAs	Long term	Provincial Administration, DSDO	Funds Personnel
	Provision of credit facilities at low interest rates	Long term	KWFT/DSDO	Funds
	Sensitize the community through barazas on the negative impacts of retrogressive cultural and customary practices	Long term	DSDO, provincial Administration, MYWO	Funds Personnel
Reduced No. of child headed households	Sensitize the community through barazas on the negative impacts of HIV/AIDS to the households	Continuous	MOH, DSDO, Provincial Administration	Funds Personnel
	Promotion of community fostering	Continuous	DSDO, DCO, Provincial Administration	Funds
	Establishment of children homes	Continuous	DSDO, DCO, Provincial Administration	Funds

	Establishment of social welfare funds to assist orphans	Continuous	DSDO, DCO, Provincial Administration, community	Funds
	Guidance and counseling for the affected children	Continuous	MOH, DSDO, Provincial Administration, Community	Personnel

5. The Elderly and People with Disabilities (PWD)

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	INPUTS
Elderly people cared for and supported	Establish homes/centres for the elderly	Short term	DSDO, Provincial Administration, Community, Red Cross	Funds
	Formation of community based elderly organization	Continuous	Provincial Administration, DSDO, Community	Funds
	Starting an income generating like building rental houses to cater for the elderly	Medium term	DSDO, Community, Provincial Administration	Funds
Reduced isolation of the elderly	Sensitize the community through workshops/barazas on the need to take care of the elderly	Long term	DSDO, Provincial Administration	Funds Personnel
	Guidance and counseling to those affected	Long term	DSDO, Provincial Administration	Funds Personnel
Increased acceptance of the people with disabilities in the community	Sensitize the community through barazas on the need to care for those with disabilities	Continuous	DSDO, Provincial Administration, Community	Funds Personnel
	Lobbying for funds to establish disability friendly facilities	Continuous	DSDO, Provincial Administration, MOH, Red Cross	Funds Personnel

ANNEX II: GENDER PERSPECTIVE

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/INPUT
Equal education opportunities provided for both boys and girls	Sensitize the community on the need to educate both boys and girls equally through barazas	Continuous	MOEST, Provincial Administration, Community	Personnel
	Construction of more girls only schools	Short term	MOEST, Community	Funds
	Develop proposal to solicit for funds to support girls education	Continuous	MOEST, (DEO), Community	Personnel
Increased property ownership rights by women	Sensitize the community on the need to own property through barazas	Continuous	Provincial Administration, MYWO, DSDO	Funds Personnel
Increased representation of women at all levels 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
	Lobbying for seats to be reserved for women at all levels of decision making	Medium term	DSDO, MYWO	Funds Personnel

Increased consultation on sex matters	Sensitize the community through barazas and seminars on the need for sex consultation between couples	Continuous	DSDO, MYWO	Funds Personnel
	Guidance and counseling for those affected	Continuous	MYWO, Provincial Administration	Personnel
	Conduct survey to assess whether sex consultation is going on	Long term	MYWO, DSDO, Provincial Administration	Funds Personnel
Reduce disparity concerning sharing of labour at households level	Sensitize the community through seminars/barazas on the need for men to participate favorable in household labour	Continuous	DSDO, MYWO, Provincial Administration	Funds Personnel

ANNEX III: REPRODUCTIVE HEALTH

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/INPUT
Reduced distances to health facilities	Construction of more health facilities	Short term	MOH, Community, Red Cross	Funds
	Upgrading of existing dispensaries to health centres	Continuous	MOH, Community, Red Cross	Funds Personnel
	Start mobile clinics	Short term	MOH, Red Cross, Community	Funds Personnel
Reduced incidences of early marriages	Sensitize the community through seminars/barazas on the need to delay marriages	Long term	DSDO, MYWO, Provincial Administration	Funds Personnel
	Prosecution of perpetrators of early marriages	Long term	Provincial Administration, DCO, AG Chambers	Funds, Personnel
	Establishment of rescue centres for the girls rescued from early marriages	Long term	DSDO, DCO, provincial Administration, MYWO, Community	Personnel Funds
Increased male involvement in family planning	Sensitize men on the benefits of family planning through barazas/seminars	Long term	MOH, Provincial Administration, MYWO	Personnel
	Sensitize men about the myths surrounding male methods such as vasectomy through seminars/barazas	Continuous	MOH, Provincial Administration, MYWO	Funds Personnel

ANNEX IV: STI/HIV/AIDS

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/INPUT
Reduced rates of STI/HIV/AIDS infections	Provision of voluntary counseling and testing (VCT)	Continuous	MOH, Red Cross	Funds Personnel
	Organize sports days for youth clubs featuring HIV/AIDS messages	Continuous	MOH, DACC, DSDO, DCO	Funds
	Distribution and promotion of proper use of condoms	Continuous	MOH, DACC	Funds, Personnel
	Starting of youth AIDS CLUBS	Continuous	MOH, DACC, MOEST(DEO)	Funds, Personnel
Increased care and support for those infected and affected	Starting of home based care programmes for those infected and affected	Continuous	MOH, DACC,	Funds Personnel
	Provision of bursaries to the orphans	Continuous	DACC, Red Cross, DSDO, MYWO	Funds
	Provision of anti-retroviral drugs	Continuous	DACC/MOH	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

1. Integration of Population into the Development Process

OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT
Improved logistical support to District Development office	Lobby for funds for the DDOs office through proposals and Action Plans to various donors	No. of proposals and Actions Plans to donors	Proposal and Action Plans Donors responses	Long term	DDO	Funds Personnel
	Sensitize other sector on the need to collaborate on development initiatives through workshops/seminars	No. workshops/seminars held	Workshops/seminars reports List of attendance	Long term	DDO	Funds
	Lobby for funds to construct and equip the DIDC	DIDC built	Certificate of completion Site meetings	Short term	DDO	Funds
	Sensitize the leaders and public on usage of the DIDC through seminars/barazas	No. of seminars/barazas held	Seminar reports List of participants	Continuous	DDO, Provincial Administration	Funds Personnel
	Establish centres of research	No. of centers established	Completion reports	Long term	DDO/DSO/ DPO	Funds Personnel

DP&FPC revitalized to function effectively	Constitute a new DP&FPC which is inclusive	DP&FPC constituted	Presence of DP&FPC Minutes of DP&FPC meetings	Continuous	DPO	Funds Personnel
	Train the members of the DP&FPC on the integration of population variables into Development planning process	No. of Training session held No. of members trained	Training reports and manuals	Continuous	DPO, DDO, DSO	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

C) Children and Youth

OUTPUT	ACTIVITY	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT
Reduced no. of child headed households	Sensitize the community through barazas on the negative impacts of HIV/AIDs to the households	No. of barazas held	Reports	Continuous	MOH, DSDO, Provincial Administration	Funds Personnel
	Promotion of community fostering	No. of promotions held	No. of children fostered	Continuous	DSDO, DCO, Provincial Administration	Funds
	Establishment of children homes	No. Established	Certificates of completion Existence of homes	Continuous	DSDO, DCO, PA	Funds
	Establishment of social welfare fund to assist orphans	Welfare fund in place No. of orphans assisted	Records	Continuous	DSDO, DCO, PA, Community	Funds
	Guidance and counseling for those affected	No. of session held	Records	Continuous	MOH, SDO, PA Community	Personnel
Reduced level of drug abuse	Sensitize the community on dangers of drug abuse through barazas, puppetry shows and community cinemas	No. of session held	Reports	Continuous	PA, DCO, DSDO, Community, Red Cross	Funds Personnel

	Establishment of rehabilitation centres	No. of centres established	Certificate of completion Existence of centres No of children being rehabilitated	Medium term	Provincial Administration, DCO, DSDO, Community, Red Cross	Funds
	Guidance and counseling for those affected	No. of sessions held	Records	Continuous	MOH, DCO, Community, Red Cross	Funds Personnel
Reduced levels of unemployment	Initiating IGAs for youth groups	No. of IGAs initiated No. of youth groups with IGAs	records	Continuous	DSDO, DCO	Funds, Personnel
	Provision of credits to youths groups at low interest rates	No. of credit schemes in place No. of youth groups benefiting from schemes	records	Continuous	KWFT	Funds
Reduced incidences of child prostitution	Sensitize the community on the dangers of child prostitution through barazas	No. of barazas held	Reports	Continuous	DCO, Provincial Administration	Funds Personnel
	Establishment of rehabilitation and vocational centres	No. of centres established No. of children undergoing rehabilitation	Certificate of completion records	Continuous	DSDO, DCO provincial Administration, Community	Funds
	Guidance and counseling of those affected	No. of sessions held	Records	Continuous	DSDO, DCO, provincial Administration, MOH	Personnel
	Sensitize the tourist and hoteliers on the dangers of child prostitution and child rights through workshops	No. of sessions held	Records	Continuous	DCO, DSDO, Community	Funds Personnel

d) Family

OUTPUT	ACTIVITY	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT
Reduced fertility rate	Sensitize the community on the need to use family planning methods through seminars/barazas	No. of seminars/barazas held	Seminar reports	Continuous	MOH, DSDO, MYWO	Funds Personnel
	In service training for service providers	No. of training sessions held	Training reports	Continuous	MOH	Funds
	Procure and distribute contraceptives	Amount of contraceptives procured & distributed	Procurement and distribution records	Continuous	MOH, MYWO	Funds
Reduced dependency ratio	Initiating of IGAs	No. of IGAs started	Existence of IGAs	Continuous	DSDO, PA	Funds Personnel
	Establishment of credit facilities	No. of credit facilities started	Existence of credit facilities	Continuous	DSDO, PA KWFT	Funds
Reduced illiteracy ratio	Establishment of non-formal schools	No. started	Existence of non-formal schools	Long term	MOEST, DAO	Funds Personnel
	Increase no. of adult learning centres	No. started	Existence of the new centres	Long term	DAO	Funds Personnel
	Provision of bursaries to needy students	No. of bursaries given	DEB records	Long term	MOEST, PA	Funds
	Lobby for free basic education	No. of lobby session done	Reports	Long term	MOEST, PA	Funds
	Sensitize the community on the need to improve enrolment rates through seminars/barazas	No. of seminars/barazas held	Seminars/barazas reports	Long term	MOEST/Provincial Administration	Funds Personnel

	Construction of more primary schools	No. constructed	Certificates of completion Site meeting minutes	Long term	MOEST, Provincial Administration, Community	Funds
	Initiate schools feeding programme	Initiated programme in place No. of students benefiting	Existence of the programme	Long term	MOEST, Provincial Administration, Community	Funds
	Construction of tertiary institutes of learning	No. constructed	Certificate of completion Site meeting minutes	Long term	MOEST, Provincial Administration, Community	Funds Personnel
Rights to own land by local residents enforced	Sensitize the community on their rights to own land through barazas	No. of barazas held	Baraza reports	Long term	Provincial Administration, Ministry of Lands	Personnel
	Lobby for land adjudication & registration	No. of sessions held	Reports Adjudication and registration done	Long term	Provincial Administration, Community	Personnel
	Capacity building to land committees	Types/No. of capacity building carried out	Reports	Long term	Ministry of Lands	Funds Personnel
Reduced poverty levels	Sensitize the community on proper use of available local resources through barazas	No. of barazas held	Baraza reports	Long term	Provincial Administration, DSDO, MYWO	Funds Personnel
	Training of the community on how to initiate and manage IGAs	No. of training sessions held	Training reports	Long term	Provincial Administration, DSDO	Funds , Personnel
	Provision of credit facilities at low interest rates	Credit facilities in place No. of people benefiting	Existence of credit facilities Records	Long term	KWFT	Funds

	Sensitize the community through barazas on the negative impacts of retrogressive cultural and customary practices	No. of barazas held	Barazas reports	Long term	DSDO, Provincial Administration, MYWO	Funds Personnel
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e) The Elderly and People with Disabilities

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCE/ INPUT
Elderly people cared for and supported	Establish homes/centres for the elderly	No. of homes/centres established and No. of elderly people at the homes /centres	Records Existences of homes/centres	Short term	DSDO, Provincial Administration, Community, Red Cross	Funds
	Formation of community based elderly organization	Organization in place	Records	Continuous	DSDO, Community	Funds
	Starting an income generating like building rental houses to cater for the elderly	No. of elderly, people benefiting	Records	Medium term	, Community, Provincial Administration	Funds
Reduced isolation of the elderly	Sensitize the community through workshops, barazas on the need to take care of the elderly	No. of sessions held	Workshop reports	Long term	DSDO, Provincial Administration	Funds Personnel
	Guidance and counseling to those affected	No. of session held	Records	Long term	DSDO, PA	Funds Personnel
Increased acceptance of the PWD in the community	Sensitize the community through barazas on the need to care for those with disabilities	No. of barazas held	Reports	Continuous	DSDO, PA	Funds, personnel
	Lobby for funds to establish disability friendly facilities	No. of sessions held	Reports	Continuous	DSDO, PA, MOH, Red Cross	Funds, Personnel

ANNEX VI: GENDER PERSPECTIVE

OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT RESOURCE S
Equal educational opportunities provided for both boys and girls	Sensitize the community on the need to educate both boys and girls equally through barazas	No. of barazas held	Reports	Continuous	MOEST, Provincial Administration, Community	Personnel
	Construction of more girls only schools	No. of schools constructed No. of girls benefiting	Existence of school records	Short term	MOEST, Community	Funds
	Develop proposal to solicit for funds to support girls education	No. of proposals developed No. of girls supported	Records Donors response	Continuous	MOEST, DEO, Community	Personnel
Increased property ownership rights by women	Sensitize the community on the need for women to own property through barazas	No. of barazas held	Reports	Continuous	Provincial Administration	Funds Personnel
Increased representation of women at all levels 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	Seminars/baraza reports	Continuous	Provincial Administration, MYWO, DSDO	Funds, personnel
	Lobbying for seats to be reserved for women at all levels of decision making	No. of session held	Reports No. of seats reserved	Medium term	DSDO, MYWO	Funds
Increased consultation in sex matters	Sensitize the community through barazas seminars on the need for sex consultation between couples	No. of seminars barazas held	Seminars/baraza reports List of participants	Continuous	DSDO, MYWO	Funds Personnel

	Guidance and counseling for those affected	No. of sessions held	Records	Continuous	MYWO, PA	Personnel
	Conduct survey to assess whether sex consultation is going on	No. of surveys conducted	Survey report	Long term	MYWO, DSDO, PA	Funds Personnel
Increased participation of men in household labour	Sensitize the community through seminars/barazas on the need for men to participate favourable in household labour	No. of sessions held	Reports	Continuous	DSDO, MYWO, PA	Funds Personnel

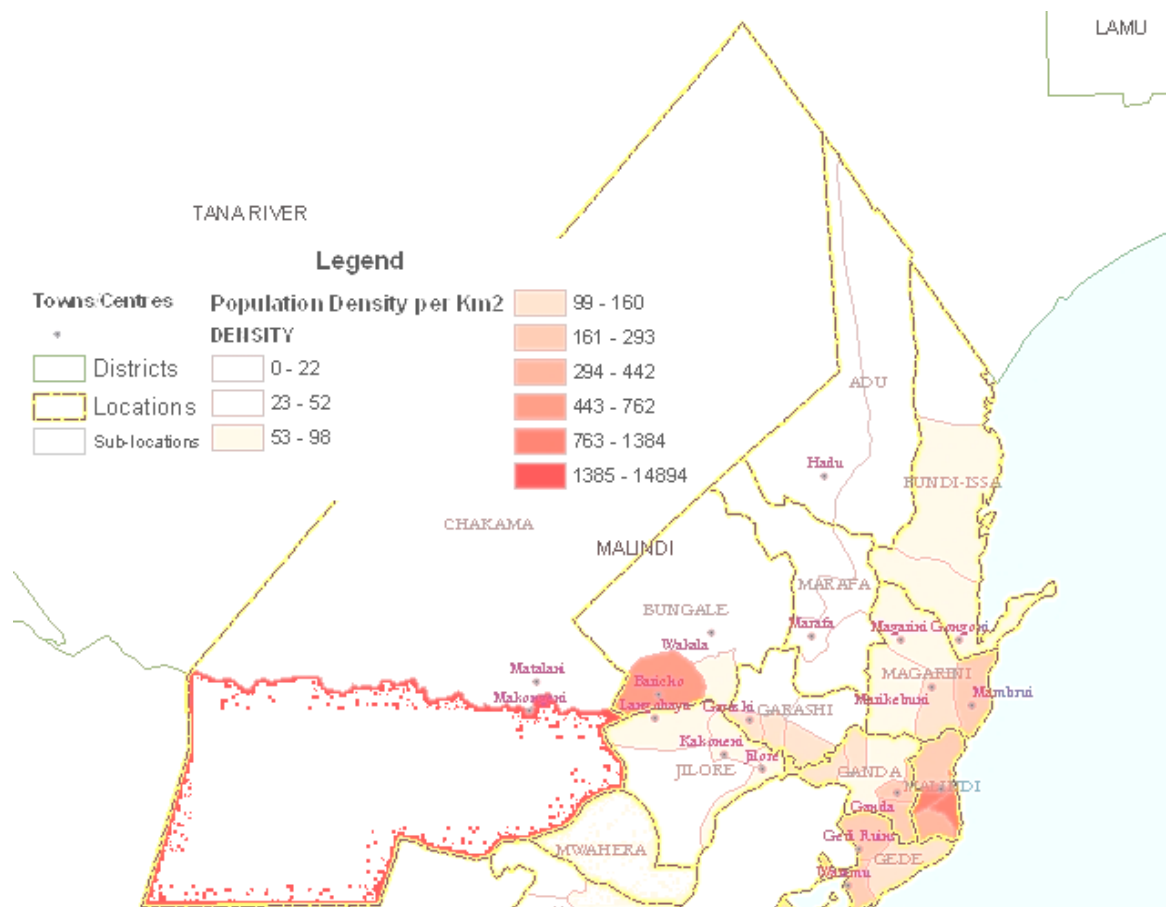
ANNEX VII: REPRODUCTIVE HEALTH

OUTPUT	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT RESOURCE S
Reduced distances to health facilities	Construction of more health facilities	No. of facilities constructed	Certificate of completion	Short term	MOH, Community, Red Cross	Funds
	Upgrading of existing dispensaries to health centres	No. upgraded	Upgrading record	Continuous	MOH, Community, Red Cross	Funds Personnel
	Start mobile clinics	No. started	Existence of clinic	Short term	MOH, Red Cross, Community	Funds Personnel
Reduced incidences of early marriages	Sensitize the community through seminars/barazas on the need to early marriages	No. of seminars/barazas held	Seminars/baraza reports List of participants	Long term	DSDO, MYWO, PA	Funds Personnel
	Prosecution of perpetrators of early marriages	No. prosecuted	Records	Long term	PA, DCO, AG Chambers	Funds Personnel
	Establishment of rescue centres for the girls rescued from early marriages	No. of centre established	Records No. of girls benefiting	Long term	DSDO, DCO, Provincial Administration, MYWO Community	Funds Personnel

Increased male involvement in family planning	Sensitize men on the benefits of family planning through barazas	No. of barazas held	Baraza reports	Long term	MOH, Provincial Administration , MYWO	Personnel
	Sensitize men about the myths surrounding male methods such as vasectomy through seminars/barazas	No. of seminars/barazas held	Seminars/baraza reports List of participants	Continuous	MOH, Provincial Administration, MYWO	Funds Personnel

ANNEX VIII: STI/HIV/AIDS

output	ACTIVITIES	OVIS	MOVS	TIME FRAME	RESPONSIBLE PARTY	INPUT
Reduced rates of STI/HIV/AIDS infections	Provision of Voluntary Counseling and Testing (VCT)	No. of people benefiting, and No of sessions held	Records	Continuous	MOH, Red Cross	Funds Personnel
	Organize sports days for youth clubs featuring HIV/AIDS messages	No. organized	Reports	Continuous	MOH, Red Cross, DSDO, DCO	Funds
	Distribution and promotion of proper use of condoms	No. distributed and No. of promotion sessions held	Records, Reports	Continuous	MOH, DACC	Funds, Personnel
	Starting of youth AIDS Club	No. of clubs started	Reports, Records	Continuous	MOEST, MOH, DACC	Funds, Personnel
Increased care and support for those infected and affected	Starting home based care programmes for those infected and affected	No. of programmes started No. of people benefiting	Records	Continuous	MOH, DACC	Funds, Personnel
	Starting bursaries schemes for AIDS orphans	No. of schemes started No of people benefiting	Records	Continuous	MOH, DACC, Red Cross, DSDO, MYWO	Funds
	Provision of anti-retroviral drugs	No. of people benefiting No. provided	Records	Continuous	DACC, MOH	Funds



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