



REPUBLIC OF KENYA

NAKURU DISTRICT

**DISTRICT STRATEGIC PLAN
2005 - 2010**

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



National Coordinating Agency for Population and Development

NAKURU

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List of Abbreviations

ACK	Anglican Church of Kenya
AIDS	Acquired Immuno Deficiency Syndrome
ARV	Anti Retro Viral
DDC	District Development Committee
DDO	District Development Officer
DEC	District Executive Committee
DECO	District Environment Conservation Officer
DFO	District Forestry Officer
DHMT	District Health Management Team
DIDC	District Information and Documentation Center
DPHN	District Public Health Nurse
DPHO	District Public Health Officer
DPM	Directorate of Personnel Management
DPO	District Population Officer
DSDO	District Social Development Officer
DSO	District Statistical Officer
DSP	District Strategic Plan
DTDO	District Trade Development Officer
FBO	Faith Based Organization
FGM/FGC	Female Genital Mutilation/Cut
FP	Family Planning
FPAK	Family Planning Association of Kenya
HIV	Human Immuno Deficiency Virus
IEC	Information Education Communication
IGA	Income Generating Activities
KDHS	Kenya Demographic and Health Survey
KSPA	Kenya Service Provision Assessment
KWFT	Kenya Women Finance Trust
LA	Local Authorities
LT/MT/ST	Long Term, Medium Term, Short Term
MCH	Maternal and Child Health
MLHRD	Ministry of Labor and Human Resources Development
MOENR	Ministry of Environment and Natural Resources
MOEST	Ministry of Education Science and Technology
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MOL&S	Ministry of Lands and Settlement
MOVs	Means of Verification
MPND	Ministry of Planning and National Development
MYWO	Maendeleo Ya Wanawake Organization
NACC	National Aids Control Council
NASCOP	National Aids & STDs Control Programme
NCAPD	National Coordinating Agency for Population and Development
NGOs	Non Governmental Organizations
NPA	National Plan of Action
NPPSD	National Population Policy for Sustainable Development
OP	Office of the President
OVI	Objectively Verifiable Indicators
PHC	Primary Health Care
PLWHA	People Living with HIV/AIDS
PWD	People with Disabilities
RH	Reproductive Health
STI	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities and Threats
VCT	Voluntary Counseling and Testing

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 (DSSP).

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. The role of Mr. Karugu Ngatia in coordinating the overall 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 district 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.

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, Religious 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. As noted in the NPPSD, the successful undertaking of this task calls for joint effort, hard work and dedication from all stakeholders in the district

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NAKURU DISTRICT STRATEGIC PLAN 2005-2010

CHAPTER 1 BACKGROUND

The National Population Policy for Sustainable Development (NPPSD) was officially adopted by Parliament in May 2000. The policy supersedes the 1984 Sessional Paper No. 4 on population policy guidelines. The policy, apart from building on the achievements of the Population Policy Guidelines also addresses new and emerging issues like HIV/AIDS, gender, the youth, the elderly, persons with disabilities and the environment.

The NPPSD outlines 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 stakeholders in the population and health sector.

1.1 Justification of the district-specific Strategic Plan

In order to implement the NPPSD, it was found necessary to develop the National Plan of Action (NPA). The NPA gives direction to implementing agencies and donors on the needs of the population and how to monitor and evaluate on-going population projects and programmes.

The NPA is a document that spells out the activities to implement the NPPSD for the whole country. However, given the regional differentials, it was of necessity to develop District Strategic Plans to address specific population and development needs of various districts. Each district has peculiar problems and hence mechanisms to address these identified problems and needs should be different.

1.2 Methodology

The District Strategic Plan (DSP) for Nakuru District was developed through consensus building. First, a workshop was held for key persons in the District to come up with the content and format of the plan. Attending this workshop were officers from the Ministry of Planning and National Development (DDO, DSO, DPO) and Ministry of Health (DMOH, DPHN). It was agreed that the

DSP should address all the central issues identified in the NPPSD and use the NPA to develop the District implementation plan. The log frame approach was then used to develop monitoring and evaluation indicators for the identified activities.

In preparation for the development of strategic plans for the Rift Valley region, the first step was to hold a seminar to disseminate the National Plan of Action on which the DSPs were to be based. This involved stakeholders in the Population and Health from Nakuru, Baringo and Koibatek districts. The participants included DDO, DSO, DPO and MOH personnel from these districts. Background documents provided to the participants included the NPPSD, NPA, District Development Plans and RH strategy. During the workshop, presentations were made on the NPPSD, NPA, SWOT Analysis, strategic planning and monitoring and evaluation. The participants then formed district teams and undertook SWOT Analysis of the existing implementers of the population and health programmes and projects in their respective districts.

Later, the teams identified priority problems/issues that need to be addressed by various implementers of programmes. Activities to be undertaken to address the identified issues were then agreed upon by the workshop. The NCAPD secretariat, using the workshop outputs, later prepared a draft of DSP that was used to develop this document.

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. The second chapter provides a profile of district for issues pertinent to this Plan. The next four chapters focuses on broad themes of the Strategic Plan, that is; Population and Development, Gender Perspectives, Reproductive Health and HIV/AIDS. A strategy for monitoring and evaluating the implementation of this Plan is presented in the last chapter. The annexes provide the implementation plans of action and the monitoring and evaluation framework.

CHAPTER 2 DISTRICT PROFILE

Nakuru District is one of the 18 districts of the Rift Valley Province. It lies within the Great Rift Valley and borders eight other districts namely, Kericho, and Bomet to the West, Kiobatek and Laikipia to the North, Nyandarua to the East, Narok to the south West and Kajiado and Kiambu to the south. The District covers an area of 7,235.3 Sq Km and is located between longitudes 35° 28' and 35° 36' and latitudes 0° 12' and 1° 10' South.

The District has sixteen (16) administrative divisions, namely, Elburgon, Mauche, Lare, Nakuru Municipality, Bahati, Njoro, Mbogoi-ini, Naivasha, Gilgil, Molo, Keringet, Rongai, Olenguruone, Kuresoi, Kamara and Mau Narok.

Table 1: Projected Population and Population density by division.

DIVISION	AREA IN SQ KM	POPULATION	POPULATION DENSITY	LOCATION
Mauche	161	17,018	105	4
Lare	139	30,659	220	4
Elburgon	436	72,220	165	3
Nakuru municipality	262	255,715	974	4
Bahati	564	158,910	281	4
Njoro	313	87,489	279	4
Mbogoi -ini	386	65,803	170	3
Naivasha	1,782	175,457	98	8
Gilgil	1,055	101,649	96	4
Molo	58	35,312	599	2
Keringet	492	66,193	134	9
Rongai	744	85,630	115	5
Olenguruone	172	35,417	205	6
Kuresoi	285	45,251	159	4
Kamara	201	46,752	232	3
Mau - Narok	185	33,079	179	2
Total	7,242.3	1,312,554	181	69

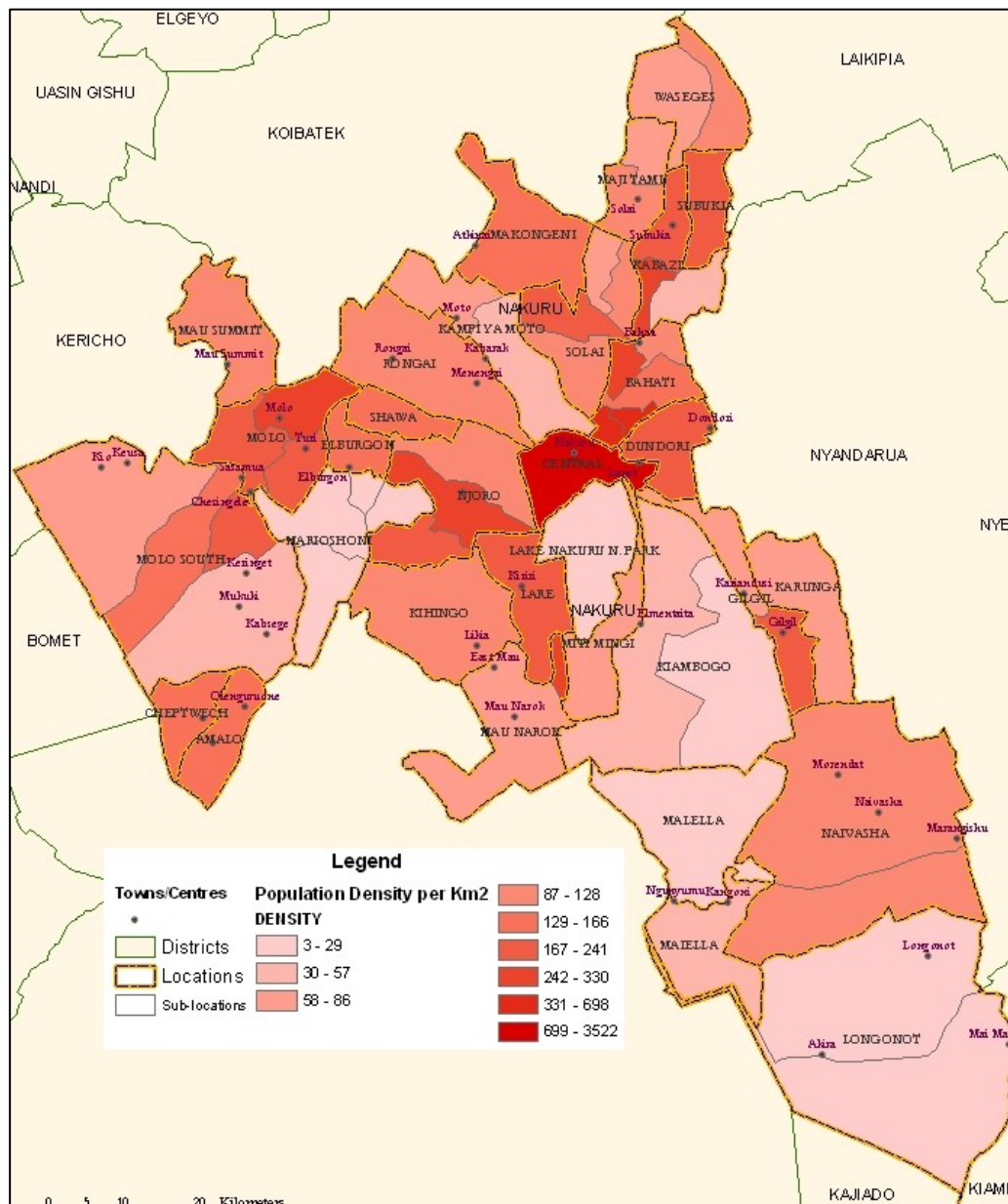
Source: District Statistics Office, Nakuru, 2001

Nakuru is the most populated districts in Kenya, having a density of 181 persons per km² as shown in above 1 above. Nakuru Municipality is the most densely populated division, where most of the people live in divisions like Kaptembwo, Langalanga, Ponda Mali and Mwariki. The town has been

growing at a very high rate while provision of basic facilities has not expanded at the same rate to serve the population.

Molo Division has a density of 607 persons per km². Most of the people live in Molo Town, which has recorded the highest urban growth rate in the last ten years. The sparsely populated areas in Nakuru are Gilgil and Naivasha Divisions. These are the marginal areas of the district and most of the people are found in the urban areas. These two divisions have the largest ranches in the district.

Map 1: Location, Administrative Areas and Population Density Pattern



2.1 Demographic and Population Profile

In 1999 the population of Nakuru district was 1,187,039 and was experiencing an average growth rate of 3.4 % per annum, which is above the national average of 2.4%. The population of the district is projected to reach 1,604,805 by 2008. Nakuru has an almost equal number of males and females. In 1999 there were 662, 009 males and Females 650,546 giving a sex ratio of 98:100. The district has a youthful population. The dependency ratio is 100:91.

The district has a population density of 164 people per sq Km². Molo, Bahati and Njoro are the most highly densely populated rural divisions. Table 2 below summarizes some of the demographic indicators while table 3 provides the age/sex projections for the period 2000 and for plan period 2050 to 2010.

Table 2. Demographic indicators

POPULATION	1,312,555
NUMBER OF MALES	662,009
NUMBER OF FEMALES	650,546
FEMALE/MALE SEX RATIO	98:100
NUMBER OF YOUTHFUL POPULATION (15 - 25) YEARS	325,163
PRIMARY SCHOOL POPULATION (6 - 13) YEARS	288,278
SECONDARY SCHOOL POPULATION (14 - 17) YEARS	125,274
LABOUR FORCE (15 - 64) YEARS	703,234
DEPENDENCY RATIO	100:91
POPULATION GROWTH RATE	3.4%
RURAL POPULATION AT START OF PLAN PERIOD 2002	696,165
URBAN POPULATION AT START OF PLAN PERIOD 2002	616,389

Source: District Statistic Offices, Nakuru, 2001

An analysis of the population reveals that the population is largely youthful with about 54.8% of the population less than 20 years and about 74.4% of the population less than 30 years. The implication of a youthful population is that it will exert pressure on the district to provide facilities and services to meet their schools and college need. For those who have completed school there will be pressure to provide gainful employment opportunities for them.

Table 3: Age/Sex Population Projections over Plan Period

Ages	2000		2005		2006		2007		2008		2009		2010	
	Males	Fem	Males	Fem	Males	Fem	Males	Fem	Males	Fem	Males	Fem	Males	Fem
0-4	104229	100139	109605	104531	110338	105036	111026	105481	111669	105866	112265	106185	112810	106438
5-9	96627	93435	106313	102935	108066	104652	109826	106373	111591	108098	113361	109826	115136	111555
10-14	88221	86068	101466	99826	104072	102563	106727	105359	109433	108215	112190	111131	114997	114108
15-19	75793	75385	88841	89154	91461	91948	94140	94812	96880	97748	99680	100757	102543	103839
20-24	59844	62735	70641	74005	72823	76287	75056	78626	77343	81022	79682	83476	82076	85989
25-29	48020	50682	56720	60185	58478	62120	60279	64106	62122	66142	64009	68230	65940	70370
30-34	36430	36906	42355	44579	43535	46162	44740	47789	45971	49462	47227	51182	48510	52949
35-39	28565	28215	32949	34085	33814	35297	34697	36542	35597	37822	36514	39138	37449	40490
40-44	22032	21009	25240	24684	25868	25426	26507	26185	27158	26963	27821	27758	28495	28573
45-49	17204	16110	19653	18781	20131	19316	20617	19862	21111	20421	21614	20992	22126	21576
50-54	13145	12241	15176	14510	15577	14972	15986	15445	16403	15930	16829	16428	17263	16938
55-59	10000	9487	11402	11135	11674	11467	11952	11807	12234	12155	12520	12511	12812	12875
60-64	7003	7254	7475	8071	7550	8222	7623	8375	7693	8529	7762	8684	7829	8841
65-69	5318	5648	5617	6233	5661	6339	5702	6446	5741	6553	5778	6660	5813	6767
70-74	4142	4342	4516	4894	4582	4999	4647	5105	4713	5213	4778	5323	4843	5433
75-79	3477	3337	4171	4053	4313	4201	4459	4354	4609	4511	4762	4672	4919	4838
80+	12513	11476	18090	16328	19304	17389	20562	18492	21865	19636	23214	20823	24611	22054
	632563	624469	720232	717990	737247	736396	754547	755160	772133	774285	790006	793775	808169	813633

Source: Kenya Population and Housing Census

Through the effect of HIV/AIDs pandemic taking its toll, the population of the age groups might dramatically change in the years to come and therefore altering the projected figures. This means that the much needed development resources for the Plan might have to be re-directed to the fight against the scourge.

2.2 Welfare Indicators

2.2.1 Education

Nakuru district has a total of 1,219 Pre-Primary schools, 558 Primary Schools, and 140 Secondary schools. Drop out rates for primary school is 38% for females 38% for males while in secondary schools it increases to 49.1% and 54.8% respectively. The pupil teacher ratio is 1:35 in primary schools and 1: 16 in secondary schools. Enrolment of boys in Pre-Primary, Primary, and Secondary Schools is higher than that of girls

The population of primary school going children is projected to increase from 288,278 in 2002 to 352,465 in year 2008. This represents a increase of 64,187 Or 22.3%. This will necessitate investments in educational facilities and services. For the secondary going children population is projected to increase from 125,274 in 2002 to 153,167 an increase of about 22.3%.

2.2.2 Labour Force

According to 2002 estimates, the district had a labour force of 703,234 people. It is projected to increase to 859,802 persons in 2008. This implies that during this period some 153,368 persons would be added to the labour force. This calls for the creation of job opportunities to match growth. According to 1999 Housing Census 175,625 people were unemployed which unemployment in Nakuru district was about 22%. Most of the unemployed are young people who have moved to the urban centres.

2.2.3 Poverty Analysis

According to the Welfare Monitoring Survey of 1997, absolute poverty was about 45% for rural population and 41.06% for urban population. Food poverty was 42.1% for the rural population while for urban population it was around 21.38%.

The causes of poverty in Nakuru include unemployment, landlessness, lack of water, insecurity, lack of basic services such as health, education and lack of credit facilities. Women and children, unemployed an elderly people form segments of the most affected members of the society. It should be noted that land crashes have played a major role in the current state of poverty by creating tension, insecurity, forced migration and destruction of life and property and wastage of time, which would otherwise been directed towards productive activities. HIV/AIDs pandemic has also contributed significantly to high levels of poverty in the district. Female-headed household are particularly affected by poverty in the district.

Table 4: Socio-Economic Indicators

Total number of Households	327,797 (2002)
Average Households size	4
Number of female headed households	79,241
Number of disabled	40,500
Children needing special protection	1,329
Absolute Poverty (Rural & Urban)	45% (313,275)
Income from Agriculture	48%
Income from Rural Self employment	8%
Wage employment	19%
Urban self-employment	23%
Number of unemployed	194,195 (15%)

Source: Nakuru District Offices, 2002

2.2.4 Health

Nakuru District has 15 hospitals and 279 other health facilities that are spread all over the district. The doctor to patient ratio is 1:31,251 and average distance to the nearest health facility is 8 kilometres.

The most prevalent diseases in the district are Malaria, Upper Respiratory-Tract Infections, Malaria and Skin Diseases. Thus programmes of Primary Health Care (PHC); and STI/STD including HIV/AIDS should be put in place.

HIV/AIDs prevalence in the district has showed increasing trend, reaching the peak in 1998, before it started showing signs of decline. The declining trend in HIV/AIDs prevalence could be attributed to the fact that Nakuru has been one of the HIV/AIDs pilot campaign district. The other possible explanation for the declining trend could be the initial stages that are early 1990s, most of the patients used to come to the Provincial General Hospital – while the patients were not necessary from Nakuru District. The Government through the campaign encourages patients to be transferred to their nearby health facilities and also to go for home-based treatment. This factors combined could have accounted for the decline but the prevalence rate of 18% recorded in 2000 is still high especially if translated in terms of figures given the fact that the population of the district is about 1.2 million people.

The impact of the scourge has been felt at all levels of the district's economic and social circles. Already Nakuru Town has more than 15 children homes and majority of the children are HIV/AIDs orphans. This is one of the major challenge facing the major urban centres of Nakuru District, while at village level orphans are been taken care of by the old, while some of the young people are forced to take care of the their siblings. This has increased the dependency ratio and impacted much more negatively on the labour force. The table below summaries some of the health indicators in Nakuru District.

Table 5. Health Indicators

Crude Birth Rate (CBR)	18/1000
Crude Death Rate (CDR)	7/1000
Life Expectancy	57 years both sexes
Under 5 Mortality Rate	67.8/1000
Infant Mortality Rate (IMR)	50.3/1000
Total Fertility Rate	5.3 per 1000
Maternal Mortality Ratio	
Percentage of women using contraceptives (CPR)	
Percentage Birth weight < 2500gm	
Wasting Rates (< 5 years)	
Stunting Rate (< 5 years)	
Under weight	
Immunization Coverage	
HIV Prevalence Rate	13% (2001)
Doctor/Patient Ratio	
Total Bed Space	

Source: Ministry of Health Nakuru, 2001

Table 5 reveals that life expectancy in the district is 57 years, which is just slightly above the National life expectancy at birth of 55 years. The under five mortality, is 67.8 per 1000 while infant mortality is 50.3 per 1000. The crude death rate is low at 7 per 1000 deaths but the crude birth rate is 18 per 1000 with a Total Fertility Rate of 5.3.

CHAPTER 3 POPULATION AND DEVELOPMENT

The Population of Nakuru District is estimated to be 1,312,555 (2002) with a growth rate of 3.4% per annum. By the year 2008 this population expected to increase to 1,604,805. Clearly the high population growth rate has serious effect on social and economic development. This is manifested in increased unemployment, high dependency ratio, increased demand for health services, increased demand for agricultural land, more need for fuel and forest products, over-crowding in educational facilities, more demand for better housing, high levels in poverty indices.

If viewed against the limited resources, clearly population growth is a major challenge of the district. It means that development must outstrip population growth rate, otherwise the present rate of poverty, which stands at 45%, is likely to worsen. 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. The district's food crop production is extensive and the district has potential for food self – sufficiency. Poor farming practices coupled with lack of concern about forest conservation in the district has resulted in soil erosion and environmental degradation.

3.1 Main Issues/Problems

Rapid population growth has resulted in high population especially that of youth. Land has been fragmented into uneconomic holdings leading to environmental degradation. Other problems related to increasing street children and families. All these developments have taken place in an environment of insufficient integration of population and environmental concerns in the development process

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

- **Population and development.** The issue here is weak integration of population concerns into development planning.
- **Population and environment.** Environment conservation has been one of the major constraints facing Nakuru. The effects of population and environment in the district include high incidence of deforestation, environmental degradation and Poor waste disposal methods
- **Youth and Children.** High unemployment rate, high rate of school drop out, high rate of early marriages and pregnancies and high rate of HIV/AIDs prevalence are the major concerns affecting youth and children. Children have no rights to protection, whereas the number of orphans is on the increase.
- **Family.** The following issues affect families in Nakuru 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.** Problems facing elderly people and people with disabilities include increased poverty, 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

In the district the following institutions/NGOs/CBOs/Ministries were identified as best suited to undertake programmes to address the population and development issues raised above; Ministry of Planning and National Development, Ministry of Home Affairs (DSDO), Ministry of Health, Ministry of Education, Science and Technology, Ministry of Environment, Local Community and **some NGOs** – (FIDA, MYWO etc).

The following below outlines the results of the SWOT analysis by each main issue/problem;

1. Integration of Population variables in development process				
INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Planning and National Development	<ul style="list-style-type: none"> - Well trained personnel in development planning issues - Existing policy guidelines, - D.I.D.C established 	<ul style="list-style-type: none"> - Inadequate personnel - Inadequate infrastructure - Low staff morale 	<ul style="list-style-type: none"> - Government support - Networking with other development agencies 	<ul style="list-style-type: none"> - Staff attrition - Over dependence on donor funding
2. Population and Environment				
INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Environment and Natural Resources, OP	<ul style="list-style-type: none"> - Trained personnel - Community participation 	<ul style="list-style-type: none"> - Inadequate staff - Inadequate funds - Low staff morale - Wanting logistics 	<ul style="list-style-type: none"> - Donor support - Networking - Government support 	<ul style="list-style-type: none"> - Discontinuous community participation - Closure of sugar factories leading to unemployment
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 - Favoured 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. Children and Youth				
INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Education	<ul style="list-style-type: none"> - Well trained personnel - Wide coverage - Equal opportunities for both boys/ girls 	<ul style="list-style-type: none"> - Inadequate personnel - Inadequate transport - Low morale 	<ul style="list-style-type: none"> - Government support - Donor support - Networking with other agencies 	<ul style="list-style-type: none"> - High staff turnover - Deaths
Local Community	<ul style="list-style-type: none"> - Problem ownership - Proximity to children and the youth 	<ul style="list-style-type: none"> - Poor coordination - Inadequate funds - Lack of adequate trained personnel 	<ul style="list-style-type: none"> - Government and donor support - Networking with agencies particularly the religious organizations. 	<ul style="list-style-type: none"> - Poverty - General adult illiteracy
Ministry of Home Affairs, Children's Department	<ul style="list-style-type: none"> - Well trained personnel - Networking capability 	<ul style="list-style-type: none"> - Inadequate personnel - Transport problems 	<ul style="list-style-type: none"> - Government support - Donor support 	<ul style="list-style-type: none"> - Low staff morale - Staff turnover
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)

The following outputs were identified as key to addressing issues/problems affecting population and development in the district:

- Institutions and their capacity to integrate population and development process will be identified and strengthened at all levels.
- Balance between Environment, Population, and development enhanced.

For problems affecting the elderly and People with disabilities (PWD's) that include abandonment of the elderly and PWDs, poverty, lack of shelter and inaccessibility to health care services, the following outputs were proposed:

- Increased shelter and health care for elderly and PWDs
- Reduced poverty among people

On family, issues that included instability in marriages, high incidences of single parenthood, wife inheritance, orphanhood and widowhood were identified as affecting families in Nakuru District. Outputs to address the above problems include:

- Reduced incidences in instability in marriage
- Reduced incidences of single parenthood
- Reduced instances that cause orphanhood, widowhood
- Reduced incidents of wife inheritance

With regard to youth and children, problems identified include high rates of unemployment, school dropouts, early marriages and teenage pregnancies. The above problems have contributed to high HIV/AIDs prevalence in the district. Outputs proposed to address the above problems include:

- Reduced unemployment rate
- Reduce the rate of school dropouts
- Reduced incidences of early marriages and pregnancies
- Reduced prevalence and incidences of HIV/AIDs

To achieved the above outputs several activities have been suggested, and are outlined in ***Annex I***.

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 Nakuru District the following issues related to gender were identified:

- Low participation and representation of women at all levels of development is considered to be an issue that impacts negatively on development in the district.
- Other issues includes; lack of property ownership, inadequate representation of women at all levels of decision making and high dropout rate for girls than boys at all levels of education.

4.1 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 above institutions identified as best suited to address gender concerns in the district revealed the following:

Gender Perspective in Development				
INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Home Affairs (DSDO), MOEST, MOH and OP	<ul style="list-style-type: none"> - Well trained personnel - Wide coverage 	<ul style="list-style-type: none"> - Inadequate staffing - Inadequate transport - Low staff morale 	<ul style="list-style-type: none"> - Donor support - Regular in-service training - Networking /collaboration 	<ul style="list-style-type: none"> - Retrogressive cultural practices/beliefs (unequal opportunities for both boys and girls) - Attrition.
NGOs (FPAK, MYWO) and Churches	<ul style="list-style-type: none"> - Focused programming on gender issues - Well trained personnel - Pragmatic logistics 	<ul style="list-style-type: none"> - Staff turnover (NGOs) - Inadequate coverage - Unreliable community programme ownership 	<ul style="list-style-type: none"> Networking/collaboration - Donor support - Political goodwill 	<ul style="list-style-type: none"> - Dwindling funds hence sustainability problems.

4.2 Proposed Programmes (Outputs)

To address gender issues in Nakuru district, Programmes that reduce gender in equality will be implemented. These will include efforts to retain girl child in school, generally improving women’s education and gender sensitization with a view to creating wider understanding of gender issues among the society and leaders. Activities to be implemented and the output to be achieved are presented 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 Nakuru district different aspects of provision of reproductive health services were found to be wanting.

5.1 Main Issues/Problems Related To Reproductive Health (RH)

Despite Nakuru District having 394 health facilities, several problems affecting reproductive were highlighted. These include:

- Unmet reproductive health services
- High infection rates of STIs and HIV/AIDs

5.2 Analysis of Institutions involved in RH Issues

In the district, Ministry of Health (MOH), Ministry of Education, NGO's (CCF, MYWO, SWAK, FHI, and FPAK) and Religious Organizations were identified as potential institutions that can address all issues related to reproductive health. Their SWOT analysis revealed the situation presented in the matrix next page.

Reproductive Health (RH)				
<i>Institution</i>	<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
Ministry of Health and the Ministry of Education	<ul style="list-style-type: none"> - Well trained personnel - Wide coverage - Existence of logistics and equipment 	Understaffing <ul style="list-style-type: none"> - Low staff morale - Inadequate medical supplies 	Networking/collaboration <ul style="list-style-type: none"> - Donor support - Community participation 	Retrenchment/deaths <ul style="list-style-type: none"> - High staff turnover
NGOs - (CCF, MYWO, SWAK, FHI, and FPAK) & Religious Organizations	<ul style="list-style-type: none"> -Networking with CBDs Supplements services by MOH - Strong programme management 	<ul style="list-style-type: none"> - Community ownership - Cost recovery (expensive venture) Sustainability 	Networking/collaboration <ul style="list-style-type: none"> - Donor support - Government support - Community participation 	<ul style="list-style-type: none"> - Dwindling funds - Duplication of effort

5.3 Proposed Programmes (Outputs)

Various outputs were identified in this Plan that needs to be achieved if reproductive health needs of Nakuru district that include the unmet need of reproductive health and high STI/HIV/AIDs infection rates are to be addressed.

The propose outputs include:

- Increased quality reproductive health services
- Improved access to appropriate health information
- Reduced infection of STIs and HIV/AIDs
- Increased utilization of reproductive health services.

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

CHAPTER 6 STI/HIV/AIDS

One of the RH concerns that have continued to affect a large population of Kenyans in their reproductive ages is STI/HIV/AIDS. In Nakuru District HIV prevalence is of great concern. In year 2000, HIV prevalence rate was reported to be 18% which is much higher than the national prevalence of 14% reported in the same period. The impact of the scourge has been felt at all levels of the district's economic and social circles. Already Nakuru Town has more than 15 children homes and majority of the children are HIV/AIDS orphans. This is one of the major challenge facing the major urban centres of Nakuru District, while at village level orphans are been taken care of by the old, while some of the young people are forced to take care of the their siblings.

6.1 Main Issues/Problems

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

- High incidence of STDs and HIV/AIDS
- Slow behavioural change
- Inadequate care and support for the infected and affected

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

The Ministry of Health, NACC and religious organizations (like ACK) were identified as major institutions that can spearhead the fight against HIV/AIDS. A SWOT analysis on MOH and the NACC resulted in the matrix presented in the next page.

STI/HIV/AIDs				
INSTITUTION	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ministry of Health and NACC	<ul style="list-style-type: none"> - Trained personnel - Wide coverage Favored by the donors - Existence of infrastructure 	<ul style="list-style-type: none"> Understaffing - Inadequate logistics - Lack of testing kits - Low staff morale (MOH) 	<ul style="list-style-type: none"> - Government and donor support - Networking/collaboration - Community participation 	<ul style="list-style-type: none"> - Staff attrition - Dwindling funds Retrogressive cultural practices.
NGOs and Religious Organizations	<ul style="list-style-type: none"> - Networking with CBDs - Supplements services by MOH - Strong programme management 	<ul style="list-style-type: none"> - Community ownership - Cost recovery (expensive venture) -Sustainability 	<ul style="list-style-type: none"> - Networking/collaboration - Donor support - Government support - Community participation 	<ul style="list-style-type: none"> - Dwindling funds - Duplication of effort

6.3 Proposed Programmes (Outputs)

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

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

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 DPA, 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 DPA will utilize the National sampled surveys (KDHS and KSPA) to evaluate their programmes. The individual projects will do their own internal and external evaluation.

The results will be used to modify the planned activities or to recommend for extension of the programmes.

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

The Monitoring and Evaluation framework for the planned activities are shown in **Annexes V to VIII**

ANNEXES I - IV: DISTRICT 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	RESOURCE/ INPUTS
Institutions and their capacities to integrate population issues into development identified and strengthened at all levels	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
Reduced use of wood fuel	Sensitize the community on planting of trees.	Short Term Continuous	DFO Community	Funds Personnel
	Teach community on the use of energy saving Jikos	Medium Term	Home Economic Department (Ministry of Agriculture)	Funds Personnel
	Establish more tree nurseries	Short Term Continuous	DFO Local Authorities Community	Funds Personnel
Increased levels of sanitation	Discourage digging of pit latrines near River Banks	Short Term Continuous	MOH Ministry of Water Resources Ministry of Local Government	Funds Personnel
	Provide sewerage system in major urban centers	Long Term	Local authorities MOH	Funds
Improved urban planning process	Set up proper urban planning systems	Medium Term	MOL & S Local authorities OP	Funds

3. Youth and Children

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Reduced unemployment rate	Sensitize the youth and, community on self employment through local Barazas and local media	Short Term	DSDO DDO OP	Logistics Transport Personnel
	Mobilize the youth into viable groups	Short Term	DSDO	Logistics
	Train the youth on the entrepreneurship skills	Short Term, Continuous	DSDO DTDO WEDCO	Funds
	Mobilize funds locally and internationally.	Long Term	DSDO DC's Office	Funds
School drop out rate reduced	Strengthen bursary funds	Short Term, Continuous	MOE Communities	Funds Personnel
	Set up IGA's in schools	Short Term Continuous	MOE ANPPCAN Community	Funds

	Train head teachers on financial management	Long Term, Continuous	MOE	Funds Personnel
	Support & strengthen school feeding program	Long Term, Continuous	MOE, ICS, Community	Funds Personnel
	Provide non-formal education.	Long Term, Continuous	MLHRD Labour	Funds Personnel
Reduced teenage pregnancies	Guide and counsel school going children	Short Term, Continuous	MOE, MOH Community, OP	Funds Personnel
	Provide RH services to those who need them.	Long Term, Continuous	MOH, FPAK	Funds
Reduced incidence of drug abuse	Establish guidance and counseling centres for the youth	Short Term	DSDO, Community, Churches	Funds Logistics
	Establish youth clubs	Short Term, Continuous	MOE, DSDO	Funds Logistics

4. Family

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/INPUT
Reduced rate of polygamy	Sensitize community against polygamy	Long Term Continuous	OP Community leaders Churches	Personnel
Reduced levels of poverty	Sensitize the community on how to address poverty	Short Term	DSDO Financing Institutions	Funds Logistics
	Set up IGA's	Medium Term Continuous	"	"
Reduced prevalence of child/elderly headed families	Sensitize the community on the right of the child.	Short Term Continuous	DSDO, OP, Churches	Funds
	Promote income generating activities	Short Term Continuous	DSDO, Churches	Personnel Funds
Reduced rate of divorce or separation	Counsel and sensitize communities on family values	Short Term Continuous	Churches	Personnel
Reduced prevalence of children born out of wedlock	Promote moral values of the society	Long Term Continuous	Churches	Personnel
	Promote education, Guidance and counseling session at community level	Long Term Continuous	MOE, Churches	Personnel

5. The Elderly and People with Disabilities

Enhance socio economic participation of PWDs	Involve PWDs in development initiatives at community level.	Short Term Continuous	DSDO	Funds
	Support PWD's with finances to start up projects.	Medium Term Continuous	NGOs DSDO	Funds

ANNEX II: GENDER PERSPECTIVE

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Reduced biasness in property sharing	Sensitize the community on ownership of property	ST Continuous	OP Maendeleo ya Wanawake, DSDO	Funds
Balanced distribution of domestic labours	Sensitize the community on distribution of labour	ST Continuous	DSDO Catholic Church ACK Church	Funds
Equal participation and representation of both men and women enhanced	Sensitize women and men at grass root levels on civic education	Long Term	C.DN- PJR	Funds and personnel
	Organize training programs on entrepreneurial skills	Long Term	C.DN-PJR	Funds, Personnel
	Lobby for repeal of laws that are gender sensitive	Long Term

ANNEX III: REPRODUCTIVE HEALTH

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Increased immunization coverage	Establish and strengthen mobile outreach centres	LT Continuous	MOH Community World Vision	Funds Personnel
	Sensitize the community on immunization	ST Continuous	MOH Community World Vision	Funds Personnel
Increased births attended to by qualified service providers	Train service providers on client/service provider relationship (attitude)	LT Continuous	MOH World Vision	Funds Personnel
	Sensitize the community on the importance of trained TBAs	LT Continuous	MOH Community	Funds

	Monitor trained TBAs	LT Continuous	MOH	Funds
Increased family planning acceptance	Sensitize the community on the importance of a small family	LT Continuous	MOH	Funds
	Provide health education on family planning methods and concepts	ST Continuous	MOH	Logistics Funds
	Recruit and train CBD agents to provide Family Planning services	ST Continuous	MOH	Logistics Funds
	Train SDP providers to provide full range of family planning services	ST Continuous	MOH FPAK	Funds Logistics
	Develop and distribute IEC materials on FP	ST Continuous	MOH FPAK	Funds

ANNEX IV: STI/HIV/AIDS

OUTPUT	ACTIVITIES	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Decreased STI/HIV/ infection rate	Sensitize communities on VCT	ST Continuous	MOH	Funds
	Set up VCT centres	ST	MOH WVK	Personnel Funds
	Promote condom use	ST	MOH	Funds
	Promote peer education for the youth	ST	MOH FPAK MOE	Funds Logistics
Support care for the affected and infected Established	Promote home based care by training CORPS	ST	MOH FPAK WVK CORPS	Funds
ARV drugs availed	Advocate and Lobby for support and distribution of drugs to the infected	ST	MOH	Funds

**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	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/INPUT
Population variables integrated into district development process	Train stakeholders to integrate population variables into district development process.	No. of Trainings held No. of seminars held	Training reports Seminars reports	Long Term Continuous	MPND	Funds, equipments
	Conduct a needs assessment on institutions dealing with population, environment and development programmes in the district.	Number of institutions involved in needs assessment	Training Records	Short Term	MPND	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 and types of equipment provided	Reports	Short Term	MPND	Personnel Transport Funds

2. Population and Environment

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Reduced use of wood and fuel	Sensitize the community on planting of trees.	No. of barazas held No. of people reached	Reports	ST Continuous	DFO Community Tobacco farms	Funds Personnel
	Teach community on the use of energy saving jikos	No. of seminars held No. of participants attending	Reports	MT Continuous	Home Economic Department (Ministry of Agriculture)	Funds Personnel
	Establish tree nurseries	No. of trees nurseries started	Reports	ST Continuous	DFO Local Authorities Community Tobacco farms (BAT)	Funds Personnel
Increased levels of sanitation	Sensitize community not to construct pit latrines near riverbanks.	No. of Barazas held No. of persons reached	Reports Records	ST Continuous	MOH Ministry of Water Resources Ministry of Local Government	Funds Personnel
	Provide sewerage system in major urban centers	No. of sewerage's provided	Personnel Report.	LT	Local authorities MOH	Funds
Improved urban planning	Set up an effective planning process	No. of Plans approved	Records	MT	MOL & S Local authorities OP	Funds

3. Youth and Children

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCE / INPUT
Reduced unemployment rates	Sensitize the youth and community on self employment through barazas and media (print and electronic)	No. of barazas held No. of advertisements on local media aired	Reports Copies of advert	ST	DSDO DDO OP	Logistics Transport Personnel
	Mobilize the youth into groups	No. of Youth groups established No. of youth reached	Records List of attendants	ST	DSDO	Logistics
	Train youth on the entrepreneurship spirits	No. of seminars/workshop held	Training reports	ST	DSDO DTDO WEDCO	Funds
	Mobilize funds locally and internationally	No. of proposals written and forward to donors	Copies of proposal	LT	DSDO DC's Office	Funds

School drop out rate reduced.	Strengthen bursary funds through Harambees and community contribution.	No. of Harambees held Amount of funds raised	Financial reports Lists of beneficiaries	ST Continuous	MOE Communities	Funds Personnel
	Set up of IGAs in schools to reduce levies paid by parents	No. of school drop outs reduced No. of IGAs started in schools No. of schools with IGAs	School Records Inventory	ST Continuous	MOE ANPPCAN Community	Funds
	Improved management of schools to attain better performance through close supervision	No. of inspection/supervision undertaken	Inspection report Performance records	LT Continuous	MOE	Funds Personnel
	Start school feeding programmes in primary schools	No. of schools with feeding programme	Report Records	LT Continuous	MOE (ICS) Community	Funds Personnel
	Provide non-formal education to school drop-outs	No. of drop-outs attending non-formal education	Records	LT Continuous	MLHRD Labour	Funds Personnel

Reduced adolescent pregnancy rate	Guide and counsel the youth	No. of youth counseled	Counseling report	ST Continuous	MOE, MOH Community Catholic Church ACK Church OP	Funds Personnel
	Provide RH services to the youths.	No of facilities providing RH services No. of youths seeking RH services	SDP Inventory Records	LT Continuous	MOH FPAK	Funds
Reduced incidence of Drug abuse	Promote guidance and counseling for the youth	No. of youths counseled	Counseling report	ST Continuous	DSDO Community Catholic Church ACK Church	Funds Logistics
	Establish youth clubs	No. of youth clubs/groups established	Registration certificate records.	ST Continuous	MOE DSDO	Funds Logistic

4. Family

<i>OUTPUT</i>	<i>ACTIVITIES</i>	<i>OVI'S</i>	<i>MOV'S</i>	<i>TIME FRAME</i>	<i>RESPONSIBLE PARTY</i>	<i>RESOURCE S /INPUTS</i>
Reduced Polygamy rates.	Sensitize the community against polygamy through barazas, church meetings tc	No. of Barazas held No. of church meetings held	Report List of participants	L.T Continuous	OP, Community leaders, Churches	Personal
Reduced levels of poverty	Sensitize the community on self employment through Barazas and workshops	No. of Barazas held No. of workshops held	Reports List of participants	ST	DSDO Financial Institution (WEDCO,ADT, KWFT)	Funds Logistics
	Promote (IGA's) for self employment	No. of self help projects started (IGAS)	Reports	MT Continuous	DSDO, Financial Institution (WEDCO,ADT, KWFT)	Funds Logistics
Reduced prevalence rates of child/elderly headed family	Sensitive the community on the rights of the child through Barazas and church meetings	No. of Barazas held No. of church meetings held No. of participants attending	Reports List of participants	ST Continuous	DSDO OP CPK Church	Funds
	Promote income generating activities	No. of IGAs established No. of people involved	Reports	ST Continuous	DSDO	Personal Funds

Reduced rate of divorce and separation	Counsel and sensitize the community on family values through community groups and individuals	No. of barazas, held No. of couple family counseled	Reports	ST Continuous	Catholic Church ACK Church	Personal
	Promote moral values to society through churches	No. of Church meetings held	Reports	LT Continuous	Catholic Church ACK Church	Personal
Reduced prevalence of children born out of wedlock	Provide education, guidance and counseling through church meetings and barazas	No. of church meetings held No. of barazas held	Church reports Reports	LT Continuous	MOE Catholic Church ACK Church	Personal

5. The Elderly and People with Disabilities

<i>OUTPUT</i>	<i>ACTIVITIES</i>	<i>OVI'S</i>	<i>MOV'S</i>	<i>TIME FRAME</i>	<i>RESPONSIBLE PARTY</i>	<i>RESOURCES/ INPUT</i>
Enhance Socio - Economic participation	Involve PWD's in development initiatives and IGAs	No. of IGAs started	Reports	ST	DSDO	Funds
		No. PWD's benefiting	Records	Continuous		
	Provide financial support for PWD's	No. of PWDs financed	Reports Records	MT Continuous	NGO's DSDO	Funds

ANNEX VI: GENDER PERSPECTIVE

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCES / INPUT
Reduced incidences in property sharing	Sensitize community through Barazas/groups on property sharing	No. of Barazas held No. of persons reached	Reports Records	ST Continuous	OP MYWO DSDO	Funds
Unequal distribution of domestic labour	Sensitize community through Barazas and groups on unequal labour.	No. of Barazas held No. of persons reached	Reports Records	ST Continuous	DSDO Catholic Church ACK	Funds

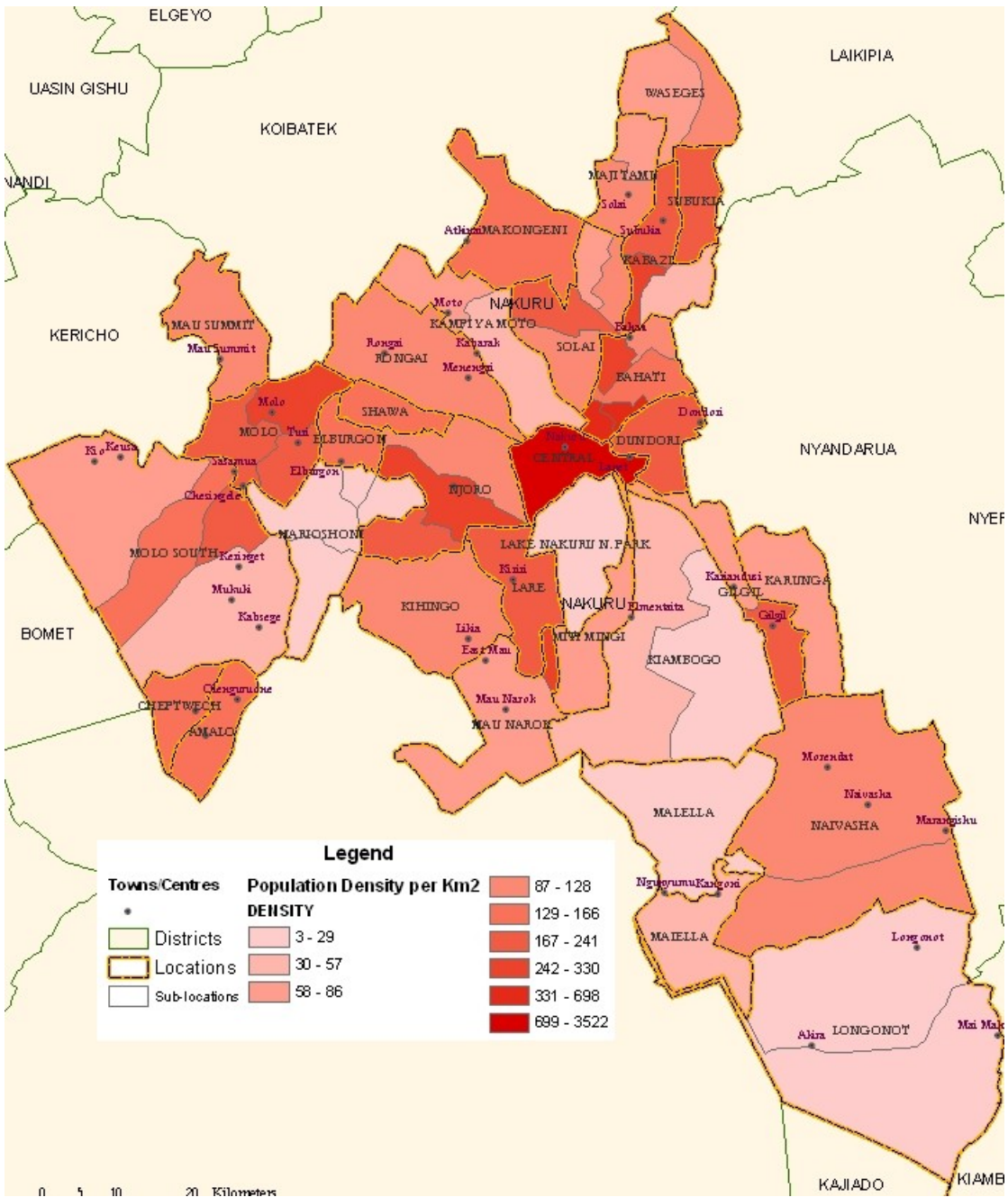
ANNEX VII: REPRODUCTIVE HEALTH

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Increased Immunization coverage	Establish and strengthen mobile clinics and outreach centres	No. of mobile clinics established No. of children immunized	Reports Facility Records	LT Continuous	MOH Community World Vision	Funds Personnel
	Sensitize the community on immunization through Baraza	No. of Barazas held No. of persons reached	Reports	ST Continuous	MOH Community World Vision	Funds Personnel
Increased number of births attended to by qualified S.Ps	Train service providers on clients/SP relationship (altitude)	No. of workshops and seminars held No. of service providers trained	Workshop reports Records	LT Continuous	MOH World Vision	Funds Personnel
	Sensitize the community on the importance of trained TBAs through Barazas	No. of Barazas held No. of persons attending	Reports	LT Continuous	MOH Community	Funds

Increased Family Planning acceptance	Sensitize the community through Barazas, Groups	No. of Barazas held No. of Seminars held	Reports List of Groups	LT Continuous	MOH	Funds
	Provide Health education on family planning methods and concepts.	No. of seminars held on family planning	Training report and records	ST Continuous	MOH	Logistics Funds
	Recruit and train the CBD agents	No. of seminars held No of trained persons	Reports Records	ST Continuous	MOH	Logistics Funds
	Train SDP providers to provide full range of family planning services	No. of seminar held	Reports Records	ST Continuous	MOH FPAK	Logistics Funds
	Develop and Distribute IEC material	No. and type of IEC materials developed	Inventory	ST	MOH	Funds
		No. and type of IEC materials distributed	Copies of IEC materials developed	Continuous	FPAK	

ANNEX VIII: STI/HIV/AIDS

OUTPUT	ACTIVITIES	OVI'S	MOV'S	TIME FRAME	RESPONSIBLE PARTY	RESOURCES/ INPUT
Decrease STI/HIV infection rate	Sensitize community on VCT through Barazas	No. of Barazas held No. of persons reached	Reports	ST Continuous	MOH	Funds
	Set up VCT centres	No of VCT centres established	Reports Facility Inventory	ST	MOH WVK	Personnel Funds
	Promote condom use	No. of Condoms distributed	Reports	ST	MOH	Funds
	Promote peer education for youth	No. of youth enrolled in peer education	Peer Education report	ST	MOH FPAK MOE	Funds Logistics
Established support care	Promote home based care by training corps	No. of Corps recruited No. of Corps trained	Reports Records	ST	MOH FPAK World Vision CORPS	Funds
Availed ARV drugs.	Advocate Lobby for ARV drugs to be supplied.	No. of Advocacy meetings held Number of organizations involved.	Reports Records	ST	MOH	Funds



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