



REPUBLIC OF KENYA

**PLAN OF ACTION FOR POPULATION
POLICY FOR NATIONAL DEVELOPMENT**

(2018-2022)



**National Council for Population and
Development THE NATIONAL TREASUR
AND PLANNING**

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Preface

Sessional Paper No. 3 of 2012 on the Population Policy for National Development (PPND) was formulated with the aim of contributing to Kenya's efforts to achieve its national and international development targets as articulated in various development frameworks including Kenya Vision 2030, 'Big 4' Agenda, 2017 Kenya Demographic Dividend Road Map, 2013 Addis Ababa Declaration on Population and Development, African Union Agenda 2063, and Sustainable Development Goals. The goal of the Policy is therefore to facilitate national development by matching the population growth rate with the available resources. This will be achieved through various interventions that will collectively contribute to a reduction in the population growth rate as well as fertility and mortality levels in the country.

The 2018-2022 Plan of Action (PoA) for the implementation of PPND succeeds the 2013-2017 PoA whose implementation registered some successes including the achievement and surpassing of national targets set for fertility level (which in 2014 was on average 3.9 children per woman against a target of 4), current contraceptive use for modern methods (which stood at 53 percent in 2014 against a target of 52 percent), life expectancy (which increased to 67 years by 2015 against a target of 59 years), and use of media channels by the public. However, various population and development challenges still persist. These challenges include; high rates of teenage pregnancies, maternal deaths, youthful population age structure, environmental degradation, climate change, unemployment especially among youth, and deepening poverty levels. This PoA therefore spells out the strategies and activities that need to be implemented during the plan period to achieve desired outputs, outcomes, and targets of the population programme.

Successful implementation of this PoA depends largely on the participation of all stakeholders. In this regard, the various stakeholders who are critical to the implementation of this plan have been identified and their respective roles outlined. These stakeholders are drawn both from the public and private sectors and include government institutions (executive and legislative) at both the national and county levels, Civil Society Organizations, ecumenical/faith based organisations (FBOs); institutions of higher learning, and mass media. During the plan period, NCPD will coordinate the stakeholders with the aim of ensuring that the population programme contributes to the wellbeing of all citizens of this nation.

Sam Kona

Chairman, National Council for Population and Development

June 2019.

Acknowledgements

During the 2018-2022 period, the implementation of the Population Policy for National Development will be undertaken through a multi-sectoral implementation of strategies and activities outlined in this Plan of Action. The development of this PoA was therefore undertaken through a consultative process that included a wide range of stakeholders involved in the implementation of the Government of Kenya's population programme.

The development of the initial drafts of this Plan was undertaken by NCPD officers under the guidance of the NCPD Director of Technical Services, Mr. Peter A. Nyakwara and the Deputy Director Programme Coordination, Mr. Nzomo Mulatya. This team was able to incorporate feedback from various stakeholders, including the NCPD Senior Management Team that led to the finalization of this Plan after three months of work. I thank this team for their effort in ensuring that this plan was finalized to the satisfaction of population programme partners and implementers.

Stakeholders, including development partners, were involved in reviewing and providing comments that were used to improve the PoA. NCPD appreciates the time and effort made by the stakeholders in ensuring that the PoA addresses the pertinent and priority population concerns in the country. It is my hope that all stakeholders will take up their assigned responsibilities and support the multi-sectoral implementation of this plan for the betterment of the life of all citizenry.

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Director General

National Council for Population and Development

June 2019

Abbreviations and Acronyms

BCC	Behaviour Change Communication
CB	Capacity Building
CBO	Community Based Organization
CPR	Contraceptive Prevalence Rate
CYP	Cost estimates per method in protecting a couple for one year
FBO	Faith Based Organization
FP	Family Planning
GoK	Government of Kenya
HF	Health Facility
HIV	Human Immuno Deficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
ITN	Insecticide Treated Mosquito Net
KDHS	Kenya Demographic and Health Survey
KEPI	Kenya Expanded Program on Immunization
KNBS	Kenya National Bureau of Statistics
LAPM	Long Acting Family Planning Methods
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MOH	Ministry of Health

MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MOPND&V2030	Ministry of Planning, National Development and Vision 2030
MOPW	Ministry of Public Works
MTP III	Medium Term Plan III for Kenya Vision 2030
NCPD	National Council for Population and Development
NGO	Non-Governmental Organization
PMTCT	Prevention of Mother to Child Transmission
pop	Population
PWD	Persons With Disabilities
RH	Reproductive Health
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SWAP	Sector Wide Approaches
TB	Tuberculosis
TFR	Total Fertility Rate
The Policy	Population Policy for National Development, 2012
U5MR	Under Five Mortality Rate
USAID	United States Agency for International Development

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Executive Summary

Sessional Paper No.3 of 2012 on Population Policy for National Development is the fourth generation of population policies adopted by the Government of Kenya. The first phase of implementation of this Policy was guided by the 2013-2017 Plan of Action under which several achievements were realized including the surpassing of targets set for fertility level, current contraceptive use, life expectancy, and use of media channels for population information by the public. For example, the contraceptive prevalence rate for modern family planning methods increased from 39 to 53 percent between 2009 and 2014 thereby surpassing the 2015 target that was set at 52 percent. Infant mortality in 2014 stood at 39 deaths per 1000 live births this being lower than the target of 45 deaths set for 2015. The under 5 mortality target set for 2015 was 67 deaths per 1000 live births. However, in 2014 the under 5 mortality was found to be 52 deaths per 1000 live births.

Despite the achievements made during the 2013-2017 period, various challenges still remain to be tackled in an effort to improve the lives of Kenyans. These include; teenage pregnancies, maternal deaths, youthful population age structure, environmental degradation, climate change, unemployment especially among the youth, and poverty. In addition to the challenges, new national and international development frameworks have come into place. These include; Medium Term Plan (MTP) III for the Kenya Vision 2030, “BIG 4” Agenda, SDGs, Africa Union Agenda 2063, 2013 Addis Ababa Declaration on Population and Development, and 2017 Kenya Demographic Dividend Road Map. This Plan of Action (PoA) therefore presents the strategies and activities that will be implemented to address the persistent and emerging population and development challenges while taking into consideration new development frameworks. The goal of this Plan is to provide a clear framework for the implementation of the initiatives necessary to achieve the goal and objectives of the PPND.

Four main strategies for the implementation of the PPND during the 2018-2022 period have been identified. These are;

- Advocacy for population and development issues including promoting integrated approaches e.g Population, Health and Environment (PHE) to foster sustainable development and mitigate the adverse effects of climate change;
- Public awareness and behavior change communication with special focus on the youth, adolescents and groups with special needs. This will be delivered through the following two sub-strategies:
 - Public awareness campaigns
 - Integration of life skills into the education curriculum, and support of youth and adolescents activities
- Improving access to and utilization of health services and information; and
- Improving institutional capacity for coordination, planning and management of population issues.

The above strategies are expected to lead to the following five outcomes for the population programme in Kenya;

- Improved policy environment on population issues
- Increased resources for population and related activities
- Transformed attitude of the general public in favor of adopting small family norms:
- Improved access, affordability and utilization of health services and information.
- Improved capacity for coordination, planning and management of population issues.

Implementation of the identified strategies and activities that go with them will require additional resources to be mobilized. These resources will be realized through: strategic lobbying with the National Government to increase allocation for population issues; development partner's engagement through Memorandums of Understanding (MOUs) and strategic partnerships; private sector engagement through the Public-Private Partnerships and other potential funders. Total estimated cost to implement this Plan over the 2018-2022 period is Ksh 7.6 billion which translates to approximately Ksh 1.5 billion per annum.

Monitoring and evaluation of the implementation of this PoA will be undertaken during the Plan period. Field visits as well as quarterly and annual reports will be used to monitor the implementation progress. Mid and end term evaluations of the Plan implementation will be undertaken to determine the efficiency, effectiveness, and impact of the strategies used.

Given the multi-sectoral nature of population issues, a multi-sectoral approach will be used to implement this PoA. The various actors who are critical to the successful implementation of this Plan have been identified alongside the roles that they need to play. These actors are drawn from among government institutions (national and sub-national/county), development partners, Civil Society Organizations, community based organisations, faith based organisations, education, health, water, sanitation and hygiene, agriculture sector development networks, institutions of higher learning, and the mass media.

Chapter One - Introduction

1.1 Background

Kenya was the first sub-Saharan country to develop a Population policy in 1969. The Population Policy for National Development (Sessional Paper No.3 of 2012) is the fourth generation of population policies adopted by the Government of Kenya (GoK). It succeeds Sessional Paper No. 1 of 2000 on National Population Policy for Sustainable Development, No. 4 of 1984 on National Population Policy Guidelines, and the National Family Planning Program of 1967. The Policy is consistent with the recent national and international efforts in addressing population issues included in the following documents; Constitution of Kenya (2010), Medium Term Plan III for Kenya Vision 2030, the “BIG 4” Agenda, the International Conference on Population and Development (ICPD) Program of Action of 1994, the Sustainable Development Goals (SDGs) and the Africa Union (AU) Agenda 2063.

A lot has been achieved in implementing past population policies and managing population issues, however, a number of issues still persist. These include; unsustainable growth of the population against growing poverty, youth related issues, health issues, environmental concerns and rapid urbanization. The continued high rate of urbanization has led to problems such as increased informal settlements, urban poverty; poor living and sanitary conditions; inadequate services; and adverse impact on the environment.

A wide range of measures are outlined in this Plan of Action to meet the goal, objectives and targets of the Population Policy for National Development (PPND). The Policy envisions an integrated, multi-sectoral and multi-dimensional approach to implementation of population programmes.

The Policy is being implemented at a time when Kenya’s population is increasing at a rate of 2.9 percent. At this growth rate, Kenya’s population will double every 25 years. The total fertility rate (TFR), although it has declined over the years from 4.6 in 2008 to 3.9 in 2014, is still relatively high while the Contraceptive Prevalence Rate (CPR) has increased over the years from 46 percent in 2009 to 58 percent in 2014.

Infant and under five mortality declined from 52 and 74 deaths per 1000 live births in 2009 to 39 and 52 deaths respectively in 2014. The declining mortality among children and persistent high birth rates has resulted in a relatively large and increasing youthful population. This youthful population presents both opportunities and challenges. Investing in the education, health, skills development and employment prospects of young persons will help the country harness the potential of its youthful population while slowing down the powerful momentum of population growth. Failure to make these investments will increase unemployment, insecurity, high dependency ratio, substance abuse and other harmful practices as articulated in the population policy.

1.2 Key issues addressed by the Population Policy

The continuing and emerging population management issues articulated in the PPND include: population structure, poor integration of population concerns into development strategies; poverty; inadequate access to and utilization of health services including RH and FP especially for special needs

groups; persistent regional disparities in fertility, FP and mortality; managing an increasingly youthful and adolescent population; climate change; urbanization; gender imbalances; communicable and non-communicable diseases; retrogressive cultural practices that hinder population management; and weak coordination of population management initiatives in the country.

1.3 Framework and Key Elements of the Population Policy

The PPND provides an analytical framework on critical population issues. Critical population issues are categorised into: characteristics of Kenya's population; population program factors, and thematic areas.

- On the characteristics of Kenya's population, the Policy provides measures to deal with the rapid and unsustainable population growth; population structure; and the spatial distribution of the population;
- On population programme factors, the Policy discusses the challenges and policy measures related to: population advocacy; information, education and communication; and family planning service delivery; and
- On thematic areas, the Policy discusses the challenges and policy measures related to: population and socio-economic development; population and poverty reduction; population and environmental sustainability (including the nexus between population, health and environment also known as PHE); population, technology, research and development; sustainable development, population and education; gender equality, equity and empowerment of women; morbidity and mortality; and reproductive health and reproductive rights.

1.4 Population Policy Goal, Objectives and Targets

The overall goal of the Population Policy is: to attain high quality of life for the people of Kenya by aligning population growth with available national resources.

Policy objectives include to:

- i. Reduce the population growth rate in order to harmonize it with economic growth and social development as envisioned in the Kenya Vision 2030;
- ii. Reduce fertility and mortality rates thereby contributing to reduction of the high population growth rate and at the same time assist individuals and couples who desire to have children but are unable to conceive;
- iii. Provide information and education on population matters to the general public and particularly the youth to encourage small family norms;
- iv. Provide equitable and affordable quality reproductive health services including family planning;

- v. Contribute to the planning and implementation of socio-economic development programmes as a long- term measure to influence population dynamics with special focus on: poverty reduction; technology and research; the environment; education; health; and, gender equity, equality and empowerment of women; and
- vi. Mobilize resources through government budgetary allocation, international cooperation and public/private partnerships to ensure the sustainability of population programmes and effective impacts on the population dynamics.

1.5 Policy targets:

Table 1.1 shows the PPND targets for key demographic indicators for selected years between 2010 and 2050

Table 1.1: Targets for Key Demographic Indicators

Indicator	Base Year 2009	2010	2015	2020	2025	2030	2050
Population (Millions)	38.6	39.6	44.6	49.7	54.7	59.5	77.3
Labour Force (Millions)	20.7	21.4	25.5	29.9	34.1	38.6	53.1
Dependency Ratio	86.8	84.9	75	66.2	60.3	54,3	44.6
Crude birth rate (per 1000)	38	37	34	30	26	23	17
Crude death rate (per 1000)	13	13	11	10	9	8	7
Natural Growth Rate (%)	2.5	2.4	2,3	2.0	1.7	1.5	1.0
Median age (Years)	17	17	18	20	27	28	30
IMR (per 1000 live births)	52	51	45	38	31	25	11
U5MR (per 1000 live births)	74	73	67	62	55	48	34
MMR (per 100,000 live births)	448	473	400	350	250	200	120

Life expectancy at birth (years)	57	57	59	61	62	64	72
Total fertility rate (TFR)	4.6	4.5	4.0	3.4	3.0	2.6	2.1

During the implementation of the 2013 – 2017 plan of action for PPND, some demographic targets were achieved and even surpassed. In 2015, the crude birth rate for Kenya was 32 births per 1000 population. This was below the 2015 set target of 34 births per 1000 population indicating that this target was surpassed. The 2015 target for fertility was 4 children per woman. This target was achieved in 2014 when fertility was found to be 3.9 children per woman as reported by the Kenya Demographic and Health Survey (KDHS).

Overall, the 2018 crude death rate for Kenya was recorded at 5.6 deaths per 1000 population well below the 2020 target of 10 deaths. Infant mortality in 2014 stood at 39 deaths per 1000 live births this being lower than the 2015 target of 45 deaths. The under 5 mortality target set for 2015 was 67 deaths per 1000 live births. However, in 2014 the under 5 mortality was found to be 52 deaths per 1000 live births. In addition to this, the maternal mortality rate in 2014 was 362 deaths per 100,000 live births compared to the 2015 target of 400 deaths. The 2015 target of 59 years for life expectancy at birth was surpassed when it was estimated at 66.7 years by the Kenya Integrated Household and Budget Survey (KIHBS) in 2015/16.

Table 1.2: Targets for Media Channels (2009 – 2030)

	2009		2015		2020		2025		2030	
Channel	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Radio	71	69	80	80	90	85	95	92	99	97
TV	39	38	44	43	50	49	55	54	99	60
News Papers	40	34	44	40	51	45	56	48	60	51

According to Table 1.2, the use of radio and TV channels among men was expected to reach 80 and 44 percent in 2015 respectively. According to the 2014 KDHS, this target was surpassed when the proportion of men using radio and TV channels was found to be 85 and 59 percent respectively. However, among women, about 68 and 39 percent were found to be using radio and TV channels in 2014 compared to the 2015 target of 80 and 43 percent respectively. While the use of newspaper by

men increased slightly between 2009 and 2014, the use by women dropped from 34 to 17 percent according to 2014 KDHS.

Table 1.3: Family Planning Services Targets by 5 Year Periods

Indicator	2010	2015	2020	2025	2030	2050
Contraceptive prevalence rate (CPR) for modern methods (%)	40	52	58	64	70	75
New Family Planning acceptors (in thousands)	141.5	187.2	235.0	287.3	316.0	399.0
No of Family Planning users (in Millions)	2.2	3.4	4.4	5.5	6.7	9.0

According to the 2014 KDHS, the contraceptive prevalence rate for modern family planning methods increased from 39 to 53 percent between 2009 and 2014 thereby surpassing the 2015 target of 52 percent as shown in Table 1.3.

Data from the DHIS shows that in 2015 there were over 1.9 million new family planning acceptors this being much higher than the target of 187,200 new users as shown in Table 1.3. In 2018, the actual number of new users had risen to about 2.6 million implying that all set targets had been surpassed.

The results of the 2009 Kenya Population and Housing Census and the 2008/2009 Kenya Demographic and Health Survey were used to set targets for the indicators in Tables 1.1, 1.2, and 1.3. The 2019 Kenya Population and Housing Census and the 2020 Kenya Demographic and Health Survey findings will be used to review population policy targets for 2018-2022 Plan of Action and beyond.

Kenya's Vision 2030 Medium Term Plan III (MTP III 2018-2022) for the Population, Urbanization and Housing sector has set targets for the population sub-sector as indicated in the table 1.4 below:

Table 1.4 Population sub-sub-sector targets for Kenya's MTP III (2018-2022)

OUTCOME	INDICATOR	UNIT OF MEASUREMENT	BASELINE YEAR	BASELINE VALUE	TARGET					DATA SOURCE	RESPONSIBLE AGENCY	LINK TO INTERNATIONAL OBLIGATION (SDGS)
					Year 1	Year 2	Year 3	Year 4	Year 5			
SOCIAL PILLAR: INVESTING IN THE PEOPLE OF KENYA												
SECTOR: POPULATION, URBANIZATION AND HOUSING												
Outcome 1: Reduced population growth	Annual Population Growth rate	%	2017	2.9	2.7	2.6	2.4	2.3	2.2	Population Census/KNBS Population Projection Monographs	NCPD	SDG 3; Aspiration1 Agenda 2063; ICPD/ADDPD
	Total Fertility Rate	Children per woman	2017	3.8	3.8	3.7	3.6	3.6	3.5	KDHS/KNBS Population Projection Monographs	NCPD	SDG 3; Aspiration1 Agenda 2063; ICPD/ADDPD
	Total Population size	Number(millions)	2017	45.6	46.9	47.9	48.9	49.9	50.9	KDHS/KNBS Population Projection Monographs	NCPD	SDG 3; Aspiration1 Agenda 2063; ICPD/ADDPD
Outcome 2: Increased life expectancy	Life Expectancy at birth	Years of life	2017	61.4	61.9	62.0	62.7	63.0	63.2	Population Census/KNBS Population Projection Monographs	NCPD	SDG 3; Aspiration1 Agenda 2063; ICPD/ADDPD

Source: MED, 2018

These targets forms the outcome indicators for the implementation of the Population Policy for National Development for the realization of the goals and objectives of Kenya's Vision 2030. In addition, the achievements of the implementation of the population policy and programme will be measured against these targets during the annual reporting on the progress of implementation of MTP III.

1.6 Justification for the Plan of Action

The development of 2018-2022 plan of action for PPND is necessitated by the following factors;

- The timeframe for the implementation of the 2013-2017 plan of action has come to an end and therefore clarity on implementation of the population programme in the subsequent years is required.
- Most of the population issues highlighted in the population policy still require action in order to be fully addressed. In addition, a number of targets set out in the population policy are yet to be achieved while others have been achieved and even surpassed
- Since the development of the 2013-2017 Plan of Action, new national and international development frameworks have come into place. These include; MTP III for the Kenya Vision 2030, "BIG 4" Agenda, ICPD PoA, SDGs, Africa Union Agenda 2063, 2013 Addis Ababa Declaration on Population and Development, and 2017 Kenya Demographic Dividend Road Map.

Implementation of the population policy demands clarity on the strategies to be pursued, the initiatives to be undertaken, the resources required, the roles and responsibilities of the various actors who will be involved in the implementation process, and a clear results framework and mechanism that will be used to measure progress in the implementation of the Policy. This Plan of Action provides clarity on what needs to be done and all the elements necessary to make the process of implementation and its management effective and efficient. It also provides a basis for resource mobilization, coordination and synergies necessary for efficient implementation.

1.7 Goals and Objectives of the Plan of Action

The goal of this plan of action is to provide a clear framework for the implementation of the initiatives necessary to achieve the goal and objectives of the PPND.

Specific objectives of this plan of action are:

- Spell out strategies and initiatives necessary to implement the objectives and measures spelt out in the Policy;
- Provide a basis for resource mobilization for the implementation of the Policy;
- Provide a basis for effective coordination and synergies of action between the actors involved in the implementation of the Policy; and

- Provide a clear framework for monitoring, evaluation and effective management of the results intended by the Policy and implemented by the different actors.

1.8 Methodology

The development of the 2018-2022 plan of action began with a review of various relevant documents that would provide the information necessary for this Plan. These documents included; Population Policy for National Development, 2013 - 2017 Plan of Action, Kenya Service Provision Assessment reports, Kenya Demographic and Health Survey reports, and the 2015-2016 Kenya Integrated Budget and Household Survey report. The mentioned survey reports were used to gather information on the progress made in achieving the targets set out in the PPND.

A workshop to develop the draft 2018 – 2022 PoA was held in April 2019. Workshop participants were drawn from technical officers at NCPD. During this workshop, information gathered from the review of various documents were put together to develop the first complete draft of the PoA which was then reviewed and improved on.

In May 2019, the draft 2018 - 2022 PoA was shared with the NCPD Senior Management Team who reviewed and provided feedback on the document. This feedback was used to improve the document further before it was subjected to population programme stakeholders for further review and validation in June 2019. The document was then approved for use by the NCPD Board in June 2019.

1.9 Organization of the Action Plan

Chapter Two spells out the strategies, outcomes and initiatives necessary to implement the Policy.

Chapter Three provides estimates of the additional resources required to achieve Policy objectives and how these resources will be mobilized.

Chapter Four provides the monitoring and evaluation framework and mechanisms; and

Chapter Five provides the institutional arrangements necessary for the effective implementation of the Policy.

Appendices provide tables and data with more details on the Plan:

Appendix I presents the implementation matrix;

Appendix II presents the monitoring and evaluation plan;

Appendix III presents the documents reviewed during the development of this Plan of Action.

Chapter Two - Strategies and Outcomes

Strategies and expected outcomes (outputs and activities) are derived directly from the Population Policy for National Development, 2012 (PPND). The PPND and this Plan of Action are linked through the population issues and measures spelt out in the PPND and the proposed strategies in this PoA which will be implemented to achieve the population policy goals and objectives. Reference to the PPND is advised for a clear linkage and understanding of how this Plan satisfies the requirements of and supports the implementation of the PPND. The four identified strategies for achieving the goal and objectives of the PPND are:

- Advocacy for population and development issues;
- Public awareness and behavior change communication with special focus on the youth, adolescents and groups with special needs. This will be delivered through the following two sub-strategies:
 - Public awareness campaigns;
 - Integration of life skills into the education curriculum, and support of youth and adolescents activities;
- Improving access to and utilization of health services and information; and
- Improving institutional capacity for coordination, planning and management of population issues.

2.1 Advocacy for Population and Development Issues

Understanding population issues and how they affect health, environment and overall quality of life of citizens is necessary for policy makers, politicians, opinion leaders and the private sector at both national and county levels. This will help them to effectively play their various leadership roles in the management of population issues. When leaders understand population issues they influence decision-making in the planning and resource allocation at all levels. The leaders will be in a position to use their various platforms to raise understanding of the population issues and hence influence the general public towards positive behavior and attitudes in line with the PPND. The implementation of Advocacy and Public Education Strategy (APES) is crucial in the realization of the advocacy efforts.

The intended results of advocacy for population and development issues are improved policy environment and increased allocation of resources for population related activities. Specific activities include advocating with Parliament, The National Treasury, County Assemblies and County Governments for increased government support for population programme and improved policy environment. In addition, advocacy will be undertaken with development partners for increased support for population activities and the private sector for increased participation in and support of population activities.

Outcome 1: Improved policy environment on population issues

The expected outputs of this outcome include the following:

- Advocacy forums for promotion of population, health and environment approaches as a means of achieving sustainable development and mitigating the adverse effects of climate change conducted;
- A public private partnership (PPP) framework for engagement of the private sector in the population programme within the context of the PPP Act developed.
- Advocacy forums for implementation of policies on ageing and vulnerable groups including the establishment of social security and health insurance conducted;
- Advocacy forums for implementation of policies for Persons With Disabilities (PWDs) especially those related to improved infrastructure conducted;
- Advocacy forums for implementation of Constitutional provisions and government policy on gender and women empowerment conducted; and
- Advocacy forums for implementation of education policies on school retention, return to school, and technical vocational education and training (TVET) conducted.

Outcome 2: Increased resources for population and related activities

The activity to support this outcome is advocating with leaders and key policy makers at all levels and with the development partners and the private sector. Outputs include the following:

- Advocacy forums with leaders and key policy makers for increased resources for reproductive health and family planning (RH/FP) services and commodities conducted;
- Advocacy forums with leaders and key policy makers for increased resources for improved infrastructure, facilities and capacity for provision of RH/FP services with particular attention to the youth and adolescents, underserved areas such as hard to reach areas, informal settlements dwellers and special groups (e.g. people with disabilities) conducted;
- Advocacy forums with leaders and key policy makers for increased resources for youth programs to build their potential while reducing harmful practices such as drug and substance abuse, child marriage and FGC conducted; and
- Advocacy forums with leaders and key policy makers for increased resources for population research and monitoring and evaluation conducted.

2.2 Public awareness and social behaviour change communication (SBCC) on population issues

Basic understanding of the relationship between manageable family sizes and the available resources would enable the populace to make informed choices. Similarly, understanding of the impact of population activities on the environment will create awareness about environmental sustainability.

Raising public awareness on population issues will be achieved through extensive information, education and communication (IEC) and social behavior change programmes using a variety of means including mass media, folk media and public awareness campaigns. The messages should focus on the adolescents and the youth; hard to reach population segments; the poor in informal settlements; elderly; special groups including persons with disabilities and communities with retrogressive practices. Men will also be targeted to achieve their increased participation and support for reproductive health and family planning (RH/FP) and integrated sustainable development approaches.

Other issues to be addressed include maternal, neonatal and child health (MNCH); use of health facilities during pregnancy and delivery; child immunization and integrated management of childhood illnesses (IMCI). Messages on the management of diseases such as TB, malaria and HIV/AIDS should be integrated into the campaign. The elderly within the communities will be trained and leveraged to participate in the education of their communities on population issues. Communities will be used as important change agents for communicating RH/FP messages.

Outcome 3: Transformed attitude of the general public in favor of adopting small family norms:

Outputs and activities to achieve this outcome include the following:

- The public is educated through public awareness campaigns. Activities relate to the full implementation of the Advocacy and Public Education Strategy and include IEC / SBCC / public awareness campaigns and family life education using the following means:
 - Mass media: radio and TV programs, newspapers articles and adverts, folk media and social media platforms (Instagram, twitter, Facebook)
 - Pamphlets, posters, calendars, T-shirts, umbrellas caps, sun visors, reflector jacket etc.; and
 - Road shows, songs, drama; music, barazas, school career days
- Life skills integrated into adolescent and youth friendly activities and activities including drama and music festivals; sporting activities; and cultural events.

2.3 Improve access to and utilization of health services and information

A critical focus of the Population Policy for National Development, 2012 (PPND) is the improved access, affordability and utilization of reproductive health and family planning (RH/FP) services and information. Special attention will be given to provision of adolescent and youth friendly services; and providing access to persons with disabilities and other special groups such as those in hard to reach places and the poor living in informal settlements.. The services will enable these groups to plan their families according to their choices.

The Policy also emphasizes improving access and utilization of child and maternal health services to further reduce child and maternal morbidity and mortality. These services include: immunization and management of childhood illnesses (IMCI); the care of mothers during pregnancy, delivery and in cases where complications occur that require emergency obstetric and neonatal care and treatment

(EmONC); and care of those affected by harmful practices e.g. female genital cutting (FGC) and/or sexual and gender based violence (SGBV).

These services will integrate the management of communicable and non-communicable diseases (NCDs) to reduce morbidity and mortality related to these diseases and ensures improvement on the quality of life of citizens.

To improve access for hard to reach populations, advocacy for provision of stipends by county governments from their costed FP/RH implementation plan budgets to Community Health Volunteers will be intensified.

Outcome 4: Improved access, affordability and utilization of health services and information.

Outputs to achieve this outcome include the following:

- Adolescent and youth friendly sexual reproductive health services and information provided in all health facilities and youth empowerment centers;
- Disability Act to improve PWDs access to health facilities for provision of reproductive health and family planning services implemented;
- Expanded maternal health services including: antenatal, delivery; emergency obstetric; and postnatal care provided;
- Expanded immunization services and integrated management of childhood illnesses provided including the use of mobile immunization clinics for hard to reach areas;
- TB, malaria and HIV services integrated;
- Treatment and care for those affected by harmful practices and/or sexual and gender-based violence provided; and
- Community based strategy for distribution of family planning commodities and information implemented.

2.4 Improve institutional capacity for coordination, planning and management of population issues

The NCPD is mandated to coordinate the population programme and collaborates with key stakeholders in the implementation of the Population Policy for National Development (PPND). In addition, the Council reviews research, monitoring and evaluation data; and influences appropriate interventions in line with the Policy.

Enhanced capacity is required for the following:

- Integration of integrated population, health and environment issues into development planning and budgeting at national and county levels;
- Health institutions (both state and non-state actors) to provide improved reproductive health and family planning services, youth friendly/responsive sexual reproductive health and family

planning services, and maternal, neonatal and child health services by trained service providers; to institutions that deal with children and adolescents in difficult circumstances and;

- Institutions to fully implement national ASRH and Youth policies and address adolescent and youth issues including drug and substance abuse and other harmful practices.

A key ingredient in the effective implementation of the Policy is quality data and information on population issues. This will be achieved through population related research and effective monitoring and evaluation mechanisms. The KDHS includes county disaggregated data to provide county authorities with population and related information to use in planning and budgeting at that level. Health Facility Assessments will provide data on availability and quality of healthcare services at both national and county levels.

Monitoring of implementation of population policy and programme will be carried out on a regular basis to inform decision making at all levels. This will be the responsibility of all the key actors who will be expected to provide information in a prescribed format to NCPD. Midterm and end term evaluations will be carried out to assess impacts emanating from various population projects/programme interventions. The following are the expected outcomes, outputs and activities for this area.

Outcome 5: Improved capacity for coordination, planning and management of population issues.

Outputs and activities to achieve this outcome include the following:

- Capacity is developed for:
 - Stakeholders at national and county levels for the planning and coordination of population activities;
 - Health workers on SRHR service provision;
 - Institutions and stakeholders dealing with children and adolescents in difficult circumstances; and
 - Institutions and stakeholders implementing national ASRH and Youth Policies.
- Quality population data and information generated through research. Activities include:
 - Implement research agenda on population and development;
 - Conduct and disseminate findings of various population and development related surveys.
 - Carry out in-depth analysis of existing research findings and disseminate.
- Monitoring and evaluation reports produced. Activities in this area include:
 - Regular monitoring;
 - Midterm evaluation; and
 - End term evaluation.

Chapter Three - Resource Mobilization and Requirements

For successful implementation of the Population Policy for National Development, availability of adequate resources to undertake the proposed strategies is critical. Appendix I provides the implementation matrix with estimates of the resources required to implement the Policy.

3.1 Resource Requirements

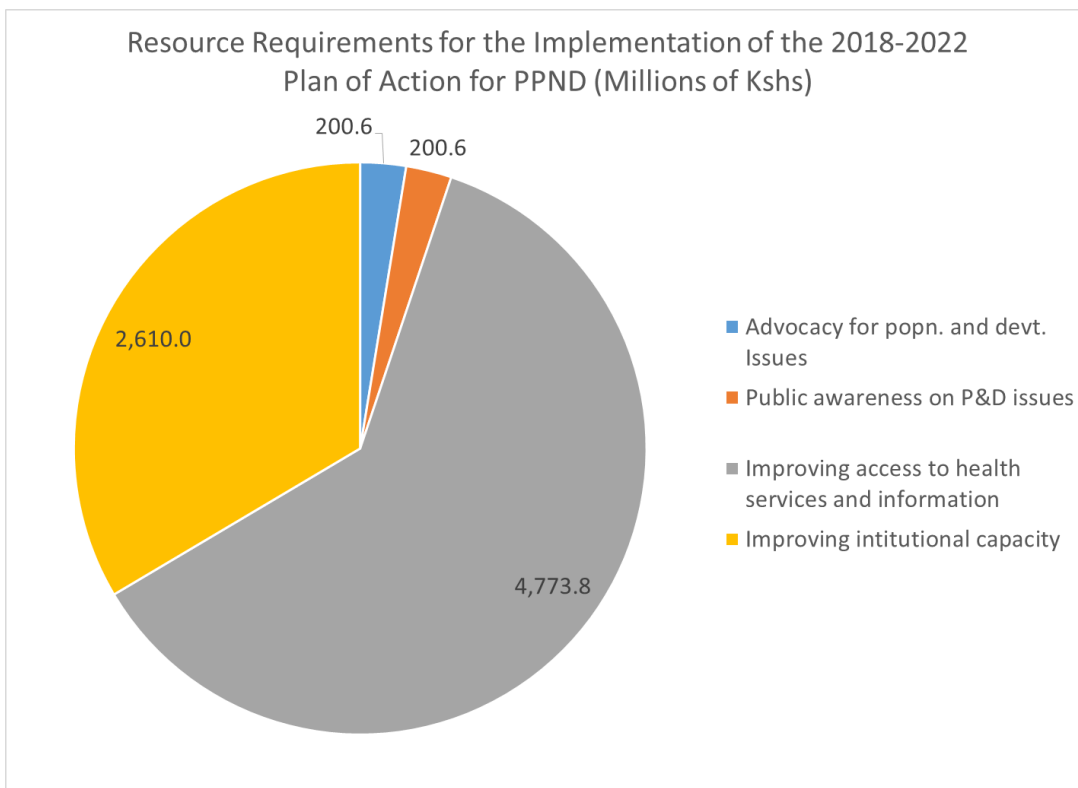
Total estimated cost to implement the Policy over the 2018-2022 period is Ksh 7.6 billion which translates to approximately Ksh 1.5 billion per annum. The estimated costs for advocacy for population and development issues for the next five years is Kshs.200.6 Million. This includes advocacy forums for implementation of various policies to enable an improved policy environment on population issues. Further, it includes advocacy forums with leaders and key policy makers at all levels, tertiary academic institutions, development partners, and the private sector (including corporations and foundations) for increased resources for population and related activities.

Public awareness and behavior change communication on population issues is estimated to cost Kshs. 29.4 Million over the plan period. This involves public awareness campaigns using various channels including TV and radio programmes, print and electronic media including social media messages and dissemination of IEC materials. The message will be directed towards the general public as well as special interest groups including adolescents, youth and persons with disabilities.

The estimated costs for improving access to health services and information is Kshs. 4,773.75 Million. This includes upscaling youth friendly reproductive health services and information, expanding maternal health and children services, integration of TB, malaria and HIV services among others.

Improving institutional capacity for coordination, planning and management of population issues estimated costs is Kshs. 2,610 Million. This involves building capacity on planning and management on population issues, undertaking research and surveys to provide reliable data and monitoring and evaluation of the Population Policy.

Figure 3.1: Resource Requirements for the 2018-2022 Plan of Action



3.2 Resource mobilization strategies

Population issues have over the years received inadequate funding in the national development agenda due to low prioritization partly because of lack of understanding by policy makers on the impact of rapid population growth on economic development. There is need therefore to bridge the gap between resource requirements for implementation of PPND and resource allocation by Government and development partners. The resource shortfalls will be realized through: strategic lobbying with the National Government to increase allocation for population issues; development partner’s engagement through Memorandums of Understanding (MOUs) and strategic partnerships; private sector engagement through strategic Public-Private Partnerships, and other potential funders to support the country’s population programme.

Chapter Four - Monitoring, Evaluation and Research Frameworks

The monitoring and evaluation (M&E) Plan enables tracking of the progress of the programmes and projects in the implementation matrix and facilitates evidence based decision making. The Plan will act as a guide on information to be collected, when M&E will be done, and assigns responsibility for each activity. The Plan will be presented to all key stakeholders at the national and county levels to ensure a shared understanding of the expected achievements and how progress will be measured.

4.1 Monitoring

The following are the tools that will be used for purposes of monitoring the implementation of the Policy

- **Quarterly reports:** These reports will be prepared and reviewed during the Quarterly Technical Committee meetings.
- **Annual reports:** These reports will be prepared to assess progress on the implementation of the Plan and will become the basis for discussion at various Stakeholder Forums.
- **Field monitoring visits:** Joint monitoring visits by NCPD staff and population sector stakeholders will be conducted regularly to assess the performance of projects/programmes against set targets.

4.2 Evaluation

Evaluation will be carried out to assess the impact, effectiveness, efficiency and sustainability of programmes and projects implemented. Mid-term and end-term evaluations will be carried out to assess the actual benefits of the programmes and projects and determine the extent to which the intended objectives have been realized. In addition, constraints inherent in the implementation phase will be identified and recommendations provided for improving project implementation as well as formulation of the succeeding Plan of Action.

Ad hoc evaluations may also be carried out in case of unexplained but significant variation in performance of any critical area, whether positive or negative. This may be used to inform decisions or interventions in the area concerned and provide useful lessons on implementation. Evaluations may also be conducted by specific agencies on their specific programme areas.

4.3 Research on Population Issues

Research will be an important component in the management of population issues. Collaborations with universities and other credible research institutions to undertake research will be enhanced and efforts will be made to ensure that resources are available for this purpose. NCPD, with input from key stakeholders, has developed a Research Agenda which highlights population and development issues that require research and its implementation is underway.

4.4 Financing Monitoring & Evaluation Activities

Monitoring, evaluation and research activities will be financed through budgeted provisions within the programmes and projects implemented by respective agencies. NCPD will maintain a lead role in coordination, mobilization of resources and establishment of partnerships for M&E and research activities.

4.5 Responsibility and Accountability

It is the ultimate responsibility of NCPD to ensure that proper monitoring and evaluation of the Plan is undertaken and the results used to inform decision making and formulation of subsequent Plans. The Council will ensure that monitoring and evaluation is in- built in the respective programmes and projects. On the other hand, key implementing agencies will be responsible to ensure that M&E and research activities in respect of their programmes and projects are carried out as planned.

4.6 Risk Management

A summary of the range and types of risks anticipated during the course of implementation of the Plan have been identified. Corresponding mitigation strategies have also been provided to ensure the risks are managed to an acceptable level. The NCPD and key implementing agencies will monitor and assess these risks on an ongoing basis and identify new risks. Table 4.1 presents the risks identified during the formulation of this Plan:

Table 4.1: Risk Management Matrix

Risk	Risk level	Risk mitigation measure
Changes in leadership at various levels (national, county, community) and institutions	High	Early induction of new leadership at all levels on the need to manage population issues
Resources will not be available	High	Sustained effort involving key stakeholders to advocate and mobilize resources from the government, partners and other sources
Competing priorities including natural disasters, droughts and famine	High	High level effort and sustained advocacy at national, county and community level to keep population issues relevant and show the links between population, health and environment (PHE)
Dependence on donor funding	High	Advocate for increased allocation from the Exchequer, national and county governments,

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		FBOs and the private sector
Global paradigm shift from population issues	Medium	Flexibility and adaptability to ensure population issues continue receiving attention
Low level of attention given to mainstreaming population issues in government	High	Advocate for mainstreaming of integrated population, health and environment (PHE) issues in all aspects of planning and resource allocation at all levels
High expectation to solve all population related issues	Medium	Continuous communication and information dissemination
Conflicting messages from politicians and the media on population issues	High	Continuous advocacy and information dissemination at all levels

Chapter Five - Institutional Arrangements

For the effective implementation of this plan of action (PoA), all actors in the population sector must be identified and their respective roles defined. This chapter presents the various actors and their respective roles.

5.1 NCPD

As the lead organization in population matters, NCPD is charged with the following responsibilities:

- i. Analyzing multi-sectoral population issues and developing population-related policies
- ii. Providing leadership and coordinating and mobilizing support for population programs
- iii. Tracking and assessing the impact of population programs and making policy recommendations based on the assessment results
- iv. Assisting stakeholders and partners in the integration of priority population interventions
- v. Advocating for political and other support to address population issues
- vi. Judiciously work towards achieving the main objectives of the Population Policy, which include to:
 - a. Enhance awareness on population issues (fertility, mortality, migration);
 - b. Improve knowledge and information base on population issues;
 - c. Improve policy framework and environment for population issues;
 - d. Increase resources for population related programmes; and
 - e. Enhance capacity for programme planning, coordination, monitoring and evaluation.

To be consistent with the implementation of Vision 2030, this Plan of Action will be implemented during the period 2018 – 2022 in line with the Medium Term Plan III.

5.2 Government Ministries, Departments and Agencies

In order to implement the policy effectively, government ministries, departments and agencies (MDAs) at both national and county levels are expected to play their respective roles regarding population concerns in accordance with their mandates. NCPD will be required to assist all implementing partners to identify their roles in the implementation of the Population Policy through the inter-Ministerial Steering Committees.

The roles of government ministries, departments and agencies are as shown in Table 5.2.

Table 5.1: Role of Government Ministries, Departments and Agencies

Ministry/ Department/ Agency	Roles
National Treasury and Planning	<ul style="list-style-type: none"> i. Mobilize both local and international resources to support population programmes and activities ii. Allocate adequate financial resources to population and RH programmes iii. Incorporate the Population Policy into national and county development plans and frameworks iv. Develop guidelines to incorporate population and development variables into the planning process v. Monitor and evaluate planning activities in various sectors to ensure population variables are fully integrated
Ministry of Interior and Coordination of National Government	<ul style="list-style-type: none"> i. Advocate for behavior change for adoption of small family norm and family planning at community level (chiefs barazas) ii. Provision of vital information on civil registration (births, deaths, marriages) iii. Provision of information on refugees and other migrants iv. Maintain a database on population in the Diaspora v. Maintain a comprehensive national population register for enhanced security and social economic Development through the Integrated Population Registration System (IPRS)
Ministry of Lands and Physical Planning	<ul style="list-style-type: none"> i. Integrate population issues in the National Land Policy and land use management
Ministry of Health	<ul style="list-style-type: none"> i. Coordinate implementation, monitoring, evaluation and learning of RH policies and programmes ii. Provide RH and FP services at all levels of service delivery iii. Strengthen RH and FP education programmes iv. Collaborate with other public (MoH, MoE, Gender Commission, Children's department, Directorate of Youth) and private and FBO institutions in the provision of RH services ; v. Facilitate men's involvement in RH/FP; sensitise male FP champions to reach their peers with messages on SRHR, the benefits of healthy timing and spacing of pregnancy, the small family norm etc

<p>Ministry of Public Service, Youth and Gender Affairs</p>	<ul style="list-style-type: none"> i. Monitor implementation of the 30% affirmative action on employment and promotion to improve female participation in decision making ii. Implement policies/plans of action related to gender, youth and inclusion iii. Mainstream gender, youth and inclusion issues in all sectors iv. Sensitize men, women and youth on their RH rights
<p>Ministry of Transport, Infrastructure, Housing and Urban Development</p>	<ul style="list-style-type: none"> i. Monitor trends in demand and supply for housing taking into account population trends ii. Provide affordable and quality housing to growing population iii. Design medium to long term plans for development of intermediate towns to curb rural–urban migration iv. Upgrade slums to improve service provision infrastructure
<p>Ministry of Information, Communication and Technology (ICT)</p>	<ul style="list-style-type: none"> i. Increase coverage of population related issues in the media ii. Incorporate population and development issues into training programmes iii. Strengthen media facilities for better population Information Education and Communication (IEC) using social media platforms
<p>Ministry of Environment and Natural Resources</p>	<ul style="list-style-type: none"> i. Integrate population, health and environment (PHE) issues into environment and natural resource conservation and protection efforts ii. Ensure provision of safe water to the population to reduce morbidity and mortality iii. Provide Population Health and Environment education (PHE) for sustainability iv. Provide guidelines on effective use of water and soil conservation for sustainability

<p>Ministry of Education</p>	<ul style="list-style-type: none"> i. Introduce population and life skills education in curricula for formal and non-formal education systems (primary, secondary, and training institutions) ii. Implement back-to-school policy for school girls who become pregnant, and address factors leading to school dropouts in collaboration with parents, teachers associations (PTAs), communities and students; iii. Strengthen literacy programmes for improved uptake of FP services iv. Support education in non-formal schools especially marginalized and hard to reach areas v. Promote population research in the national research agenda vi. Support population and development research vii. Promote and support evidence based research in population, health and environment (PHE) to achieve sustainable development viii. Enhance effective use of existing and development of new talents especially in RH technology?
<p>Ministry of Sports, Culture and Arts</p>	<ul style="list-style-type: none"> i. Use sports to advocate for adoption of the small family norm and the concept of healthy timing and spacing of pregnancy/family planning ii. Integrate population issues into sports, cultural festivals and arts iii. Identify and sensitise respected, credible sports, music or drama artistes as champions/advocates of FP/RH, the small family norm
<p>Ministry of Labor and Social Protection</p>	<ul style="list-style-type: none"> i. Promote implementation of labor legislation in private and public sectors and monitor gender disparities in employment to increase individual and family income ii. Promote employment opportunities for youth, PWDs and other vulnerable groups ensuring gender equality iii. Establish mechanisms to strengthen collection and reporting of data concerning employment and underemployment to determine their geographic impact iv. Promote welfare of older persons and other vulnerable groups v. Provide appropriate services to children and adolescents in need of care and protection vi. Respond to cases of child abuse, neglect, and exploitation
<p>Ministry of Agriculture, Livestock and Fisheries</p>	<ul style="list-style-type: none"> i. Integrate population, health, family planning, and environment issues into agricultural extension programmes and services. ii. Increase efforts to enhance food production and guarantee food security. iii. Promote women’s participation in rural development programmes and natural resource management

<p>Ministry of Tourism</p>	<ul style="list-style-type: none"> i. Integrate population, health and environment (PHE) issues in tourist attraction sites to reduce population pressure in those areas e.g. coastal areas, lakeshores, game parks, forests ii. Support community based organizations to implement integrated Population, Health and Environment projects with model households that advocate for, and practice sustainable development including FP/RH, small family norm; male involvement in SRHR, water and sanitation (WASH); Income Generating Activities (IGAs); Natural Resource Management (NRM); Tree planting; Bee keeping/ Fish farming; dish racks, cattle/goat/sheep pens, children's education etc.,; Maintain tourist attraction sites etc.
<p>National Council for Persons with Disabilities</p>	<ul style="list-style-type: none"> i. Formulate and develop measures and policies designed to achieve equal opportunities for Persons With Disabilities ii. Promote rehabilitation of PWDs within their own communities and social environment iii. Registering persons with disabilities and institutions and facilitating linkages to organizations that give services to PWDs iv. Raising public awareness on Disability
<p>National Authority for the Campaign Against Alcohol and Drug Abuse</p>	<ul style="list-style-type: none"> i. Carry out public education on alcohol and drug use/abuse ii. Provide and facilitate the development and operation of rehabilitation facilities, programs and standards for persons with substance use disorders iii. Formulation of national policies, laws and plans of action on control of alcohol and drug abuse
<p>Kenya National Bureau of Statistics (KNBS)</p>	<ul style="list-style-type: none"> i. Generate population and development data and information through surveys and censuses ii. Commission surveys to address data and information gaps on population and development issues iii. Collaborate with NCPD to develop indicators for monitoring and evaluation of the population policy implementation
<p>National AIDS Control Council (NACC)</p>	<ul style="list-style-type: none"> i. Provide data and information on impact of HIV/AIDS on population dynamics ii. Integrate population education messages into HIV/AIDS IEC materials to leverage the application of the scarce and dwindling resources
<p>National Environment Management Authority (NEMA)</p>	<ul style="list-style-type: none"> i. Integrate population issues into environmental planning and resource management

<p>National Gender and Equality Commission (NGEC)</p>	<ul style="list-style-type: none"> i. Promote the participation of both men and women in decision making at all levels including Reproductive Health matters and Family Planning ii. Improve the policy environment for mainstreaming gender and reproductive health rights, and inclusion in population and reproductive health programs iii. Advocate for availability and access to quality treatment, care and rehabilitative services for victims or persons affected by harmful practices and/or violence iv. Advocate for gender equity, equality, inclusion and women’s empowerment
<p>National Council for Children Services</p>	<ul style="list-style-type: none"> i. General supervision and control of the planning, financing and coordination of child rights and welfare activities
<p>The National Assembly, Senate, and County Assemblies</p>	<ul style="list-style-type: none"> i. Support the implementation of the Population Policy through enacting relevant legislation, allocation of resources, and championing population issues ii. Include advocacy and funding for population issues in their agenda
<p>Commission on Revenue Allocation</p>	<ul style="list-style-type: none"> i. Appropriate use of population data for revenue allocation to ensure equal per capita transfers to all counties
<p>Controller of Budget</p>	<ul style="list-style-type: none"> i. Oversee implementation of the budgets that incorporate population activities of the National and County Governments

5.3 Other Institutions

The roles of other institutions relevant to the population sector are shown in Table 5.3.

Table 5.2: Roles of Other Institutions

Institution	Roles
Universities / Colleges	<ul style="list-style-type: none"> i. Provide training on population and development ii. Carry out research and provide advisory services on population, health and development
NGOs / CBOs	<ul style="list-style-type: none"> i. Supplement Government efforts in the formulation, financing, implementation, monitoring and evaluating of population projects
Political Parties	<ul style="list-style-type: none"> i. Support fully the integration of population issues into their social and development agendas ii. Sensitize the public on population issues including integrated population, health and environment (PHE) approaches to foster sustainable development. iii. Mobilize support for population programmes
FBOs	<ul style="list-style-type: none"> i. Provide moral and spiritual guidance in the implementation of the population policy and programme ii. Provide RH/FP services consistent with their beliefs.
Mass Media	<ul style="list-style-type: none"> i. Produce and serialize programmes, documentaries and features on population, reproductive health, environment and development ii. Promote awareness on population issues, policies and programmes iii. Promote the use of reproductive health services iv. Inform and educate the public about population issues/problems (e.g., reproductive health, gender-based violence, sexual abuse, HIV/AIDS, abandonment of children).

Appendix I: Implementation Matrix

Strategy 1	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsibility
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
Advocacy for population and development issues	Improved policy environment on population issues	Develop framework for engaging private sector	PPP Framework in the context of PPP Act developed	PPP Framework	1	0	1	0	0	0	0	3	0	0	0	NCPD
		Hold advocacy forums on implementation of policy on ageing and vulnerable groups	Advocacy forums for implementation of policies on ageing and vulnerable groups conducted	No. of forums	108	24	24	24	24	12	12	12	12	12	10.5	NCPD NHIF State Department for Social Protection
		Hold advocacy forums on implementation of policies for PWDs	Advocacy forums for implementation of Policy for Persons With Disabilities (PWDs) conducted	No. of forums	10	2	2	2	2	1	1	1	1	1	0.5	NCPD National Council for Persons with Disabilities

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		Hold advocacy forums on implementation of constitutional provisions and government policy on gender and women empowerment	Advocacy forums for implementation of Constitutional provisions and government policy on gender and women empowerment conducted	No. of forums	10	2	2	2	2	2	1	1	1	1	1	0.5	NCPD National Gender and Equality Commission
		Hold advocacy forums on the implementation of education policies on school retention, return to school, and technical vocational education and training (TVET)	Advocacy forums for implementation of education policies on school retention, return to school, and technical vocational education and training (TVET) conducted	No. of forums	215	54	52	54	52	3	20.2	20.7	20.2	18.7	0.1	NCPD MOEST Directorate of Quality Assurance and Standards	

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	Increased resources for population and related activities	Hold advocacy round table meetings for increased resources for reproductive health and family planning services and commodities	Advocacy forums with leaders and key policy makers for increased resources for reproductive health and family planning services and commodities conducted	No of Round Table meetings	16	4	4	4	4	0	0.4	0.4	0.4	0.4	0	NCPD MOH
		Hold advocacy meetings for increased resources for improved infrastructure, facilities and capacity for provision of reproductive health and family planning services	Advocacy forums with leaders and key policy makers for increased resources for improved infrastructure, facilities and capacity for provision of reproductive health and family planning services conducted	No of Round Table meetings	8	2	2	2	2	0	0.2	0.2	0.2	0.2	0	NCPD MOH The Treasury

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		Hold advocacy forums for increased resources for youth programs	Advocacy forums with leaders and key policy makers for increased resources for youth programs conducted	No of forums	94	24	23	24	23	0	12	11.5	12	11.5	0	NCPD NACADA National Gender and Equality Commission
		Hold advocacy meetings for increased resources for population research and monitoring and evaluation	Advocacy forums with leaders and key policy makers for increased resources for population research and monitoring and evaluation conducted	No of Round Table meetings	8	2	2	2	2	0	0.2	0.2	0.2	0.2	0	NCPD

Strategy 2	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsibility
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
Public awareness and social behaviour change communication on population issues increased	Transformed attitude in the general public in favour of adopting small family norms	Conduct public awareness campaigns on population and development using various channels	Public awareness campaigns on population and development conducted	No of TV programmes	10	-	2	2	3	3	-	0.5	0.5	0.5	0.5	NCPD
				No of Radio Programmes	10	-	2	2	3	3	-	0.5	0.5	0.5	0.5	NCPD
				No of newspaper articles	20	-	4	5	6	5	-	0.1	0.1	0.1	0.1	NCPD
				No of Social media messages	500	100	100	100	100	100	-	0.1	0.1	0.1	0.1	NCPD
				No of vehicles branded	10	-	4	2	2	2	-	1	1	1	1	NCPD

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				No of public barazas	120	22	22	22	22	22	2.2	2.2	2.2	2.2	2.2	NCPD
				No. of pamphlets	800	-	200	200	200	200	-	0.3	0.3	0.3	0.3	NCPD
				No of posters	1,000	-	250	250	250	250	-	0.3	0.3	0.3	0.3	NCPD
				No of Calendars	600	-	150	150	150	150	-	0.3	0.3	0.3	0.3	NCPD
				No of T-shirts/Shorts/Blouses	500	-	125	125	125	125	-	0.3	0.3	0.3	0.3	NCPD
				No of Billboards	2	-	1	-	-	1	-	1	-	-	1	NCPD
				No of Sun visors	2,000	-	500	500	500	500	-	0.3	0.3	0.3	0.3	NCPD

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				No of Lessos	1000	-	250	250	250	250	-	0.2	0.2	0.2	0.2	NCPD
				No of Umbrellas	500	-	100	100	100	100	-	0.2	0.2	0.2	0.2	NCPD
		Integrate life skills into adolescent and youth friendly activities and pre-occupations	Life skills integrated into adolescent and youth friendly activities and pre-occupations	% - age of Youth Empowerment Centres where life skills have been integrated	100%	-	10	20	30	40	-	5	5	5	5	NCPD MoE MoH MoPSYGA

Strategy 3	Expected Outcome	Activities	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsibility
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
Improve access to and utilization of health services and information	Improved access, affordability and utilization of health services and information	Scale up availability and access of Adolescent and Youth Friendly Services	Adolescent & Youth friendly SRH services and information provided in all HF and YEC	%-age of HFs with AYFS	50	20	25	30	35	40	100	100	100	100	100	MoH
		Scale up availability and access of Adolescent and Youth Friendly Services	Adolescent & Youth friendly SRH services and information provided in all HF and YEC	%-age of YEC with AYFS	50	30	35	40	45	50	10	10	10	10	10	MoH, MoPYGA

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		Improve PWDs' access to RH and FP services	Disability Act to improve PWDs access to SRH & FP services implemented	%-age of HFs with facilities for PWDs	30	10	15	20	25	30	50	50	50	50	50	MoH, NCPWD	
		Increase the range of maternal health services available in HFs	Expanded maternal health services provided	%-age of HFs with antenatal care services	90	75	80	85	88	90	45	45	45	20	20	MoH	
				%-age of HFs with delivery care services	60	40	45	50	55	60	200	200	200	200	200	200	MoH
				%-age of HFs with Obstetric care services	35	15	20	25	30	35	300	300	300	300	300	300	MoH
				%-age of HFs with Postnatal care services	80	65	70	75	78	80	30	30	30	15	15	15	MoH
				%-age of HFs with STIs managed	100	94	95	96	97	98	15	15	15	15	15	15	MoH
		Expand the range of child	Expanded immunization services and	%-age of HFs providing child treatment services	100	97	97	98	98	100	25	25	25	25	25	MoH	

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		treatment and immunization services available in HFs	treatment of childhood illnesses provided	%-age of HFs providing child immunization services	82	70	73	76	79	82	15	15	15	15	15	MoH
		Integrate TB, malaria and HIV services	TB, malaria and HIV services integrated	%-age of HFs with TB, Malaria and HIV integrated into other services												MoH
		Provide treatment and care for those affected by harmful practices	Treatment and care for those affected by harmful practices and/or violence provided	Number of counties with specialized treatment and care centres	20	4	4	4	4	4	180	180	180	180	180	MoH
		Implement the Community strategy for distribution of FP commodities	Community based strategy for distribution of FP commodities implemented	Number of counties supporting CHVs to offer FP services	25	5	5	5	5	5	0.75	0.75	0.75	0.75	0.75	MoH

Strategy 4	Expected Outcome	Activity	Expected Output	Output Indicators	Target for 5 years	Target					Budget (Mn)					Responsibility
						Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	
Improve institutional capacity for coordination, planning and management of population issues	Improved capacity for coordination, planning and management of population issues	Conduct stakeholders capacity building forums in planning and management	Capacity of stakeholders in planning and management enhanced	No. of stakeholder forums at National and County levels	240	48	48	48	48	48	55	55	55	55	55	NCPD
		Conduct Health workers Capacity building workshops on service provision	Health workers workshops held	No. of workshops held	65	13	13	13	13	13	13	13	13	13	13	13

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		Hold capacity building workshops for institutions dealing with children in difficult circumstances	Workshops for institutions dealing with children in difficult circumstances held	No. of Workshops held	65	13	13	13	13	13	13	13	13	13	13	NCPD SDC
		Hold Capacity building workshops for Institutions and stakeholders implementing the ASRH and Youth Policies	Workshops for Institutions and stakeholders implementing the ASRH and Youth Policies held	No. of Workshops held	65	13	13	13	13	13	13	13	13	13	13	NCPD MOH SDYA
		Implement research agenda	Research agenda implemented	% implementation of the Research Agenda	30	-	-	10	20	30	-	-	500	500	500	NCPD PSRI
		Conduct KDHS	KDHS conducted	KDHS survey reports	1	-	-	1	-	-	-	-	300	-	-	KNBS

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				No. of dissemination forums	13	-	-	13	-	-	-	-	65	-	-	NCPD KNBS
		Disseminate findings on Health Facility Assessment	HFA findings disseminated	No. of dissemination forums	13	-	-	13	-	-	-	-	65	-	-	NCPD KNBS
		Conduct and disseminate findings on elderly survey	Elderly survey conducted and findings disseminated	Elderly survey findings	1	-	-	1	-	-	-	-	10	-	-	NCPD SDSP
				No. of dissemination forums	13	-	-	13	-	-	-	-	-	65	-	-
		Conduct and disseminate findings on Family Studies	Family Studies conducted and findings disseminated	Family Studies findings	1	-	-	-	1	-	-	-	-	10	-	NCPD KNBS
				No. of dissemination forums	13	-	-	-	13	-	-	-	-	-	65	-
		Carry out in-depth analysis of existing research findings and disseminate	In-depth analysis of existing research carried out and findings disseminate	No. of in depth research studies	4	-	1	1	1	1	-	5	5	5	5	NCPD PSRI

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		Undertake M&E field visits	M&E field visits undertaken	No. of M&E reports	20	4	4	4	4	4	2	2	2	2	2	NCPD All stakeholders
		Conduct Midterm evaluation	Midterm evaluation conducted	No. of Mid-term evaluation report	1	-	-	1	-	-	-	-	15	-	-	NCPD
		Conduct End-term evaluation	End-term evaluation conducted	No. of End-term evaluation report	1	-	-	-	-	1	-	-	-	-	15	NCPD

Annex II: Monitoring and Evaluation Framework

Strategy 1	Outcome	Output	Key Performance Indicator	Baseline	Target	
					Mid-Term Period Target	End of Plan Period Target
Advocacy for population and development issues	Improved policy environment on population issues	Framework for engagement of private sector in the context of PPP Act developed and disseminated	PPP Framework	0	1	1
		Policies on ageing and vulnerable groups including the establishment of social security and health insurance fully implemented	No. of forums	0	54	108
		Policy for Persons with Disabilities (PWDs) to improve infrastructure fully implemented	No. of forums	0	5	10
		Constitutional provisions and government policy on gender and women empowerment fully implemented	No. of forums	0	5	10

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		School retention, return to school, policies & skills development fully implemented	No. of MPs forums	0	5	9
			No of MCAs forums	0	47	94
			No. of forums with Religious and community leaders	0	47	94
	Increased resources for population and related activities	Resources for reproductive health and family planning services and commodities increased	No of Round Table meetings	2	4	8
		Resources for improved infrastructure, facilities and capacity for provision of RH & FP services to youth, adolescents, underserved population increased	No of Round Table meetings No of Advocacy Meetings	0	4	6
		Resources increased for youth programs to build their potential while reducing harmful practices such as drug and substance abuse, child marriage and FGC	No of Round Table meetings	15	47	94
		Resources for population research and monitoring and evaluation increased	No of Round Table meetings	0	4	8

Strategy 3	Outcome	Key Performance Indicator	Baseline	Target	
				Mid-Term Period Target	End of Plan Period Target
Improve access to and utilization of health services and information	Improved access, affordability and utilization of health services and information	%-age of HFs with AYFS	10	30	40
		%-age of YEC with AYFS		40	50
		%-age of HFs with facilities for PWDs		20	30
		%-age of HFs with antenatal care services	74	85	90
		%-age of HFs with delivery care services	30	50	60
		%-age of HFs with Obstetric care services	5	25	35
		%-age of HFs with Postnatal care services	59	75	80

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		%-age of HFs with STIs managed	94	96	98
		%-age of HFs providing child treatment services	97	98	100
		%-age of HFs providing child immunization services	68	76	82
		%-age of HFs with TB, Malaria and HIV integrated into other services			
		%-age of counties with treatment and care centres	3	15	24
		Number of counties with active CHVs	5	20	30

Strategy 4	Outcome	Key Performance Indicator	Baseline	Target	
				Mid-Term Period Target	End of Plan Period Target

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Improve institutional capacity for coordination, planning and management of population issues	Improved capacity for coordination, planning and management of population issues	No. of stakeholder forums at National and County levels	48	120	240
		No. of health practitioners workshops held	13	33	65
		No. of workshops for institutions dealing with children in difficult circumstances held	13	33	65
		No. of workshops for Institutions and stakeholders implementing the ASRH and Youth Policies held	13	33	65
		% implementation of the Research Agenda	-	10	30
		KDHS survey results	-	1	1
		No. of HFA dissemination forums	-	13	13
		Elderly survey findings	-	1	1

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		No. of dissemination forums on Elderly survey findings	-	13	13
		Family Studies findings	-	1	1
		No. of dissemination forums on Family Studies findings	-	13	13
		No. of in depth research studies	-	2	4
		No. of monitoring visits	2	5	10
		Mid-term evaluation	-	1	1
		End-term evaluation	-	-	1

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