NYERI COUNTY GOVERNMENT

SOCIAL SERVICES SECTORAL PLAN

2023- 2032

Theme: Advancing Inclusive and Sustainable Social Services in Nyeri County

SOCIAL SERVICES SECTORAL PLAN

FOR NYERI COUNTY GOVERNMENT

Sector Vision

A just and cohesive society that enjoys equitable social development.

Sector Mission

To improve the quality of life of our people by implementing progressive health, education, and social welfare initiatives.

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ACRONYMS AND ABBREVIATIONS

ADA	Alcohol and Drug Abuse
AGPO	Access to Government Procurement Opportunities
AIDS	Acquired Immunodeficiency Syndrome
AK	Athletics Kenya
AMR	Antimicrobial Resistance
CASB	County Assembly Service Board
CBO	Community-Based Organizations
CDC	Centre for Disease Control
CGN	County Government of Nyeri
CHA	Community Health Assistant
CHP	Community Health Promoter
CHSSIP	County Health Sector Strategic & Investment Plan
CHU	Community Health Unit
CIDP	County Integrated Development Plan
CoG	Council of Governors
CPSB	County Public Service Board
CRA	Commission on Revenue Allocation
CSO	Civil Society Organizations
DANIDA	Danish International Development
ECDE	Early Childhood Development Education
eCHIS	electronic Community Health Information System
FBO	Faith Based Organizations
GDP	Gross Domestic Product
GOK	Government of Kenya
HIMS	Hospital Information Management System
HIV	Human Immunodeficiency Virus
HPV	Human papillomavirus
ICD	International Classification of Diseases
IPC	Infection Prevention Control
KCB	Kenya Commercial Bank
KDHS	Kenya Demographic and Health Survey
KHSSP	Kenya Health Sector Strategic Plan
KICOSCA	Kenya Inter-County Sports and Cultural Association
KIPPRA	Kenya Institute for Public Policy Research and Analysis
KMTC	Kenya Medical Training College
KNLS	Kenya National Library Services
KYISA	Kenya Youth Inter-County Sports Association
M&E	Monitoring & Evaluation
MCA	Member of County Assembly
MDA	Ministries, Departments and Agencies
MES	Managed Equipment Service
MoH	Ministry of Health
MSM	Men who have sex with men
MTP	Medium Term Plan
NACADA	National Authority for the Campaign Against Alcohol and Drug Abuse
NCD	Non-Communicable Disease
NCPWD	National Council for Persons Living with Disabilities
NDMA	National Drought Management Authority
NG-CDF	National Government Constituencies Development Fund
NGEC	National Gender and Equality Commission
NGO	Non-Governmental Organization
PCN	Primary Care Network
PHC	Primary Health Care

PHEOC	Public Health Emergency Operation Centre
PLWD	Persons Living with Disabilities
PLWHIV	Persons Living with HIV/AIDS
PWD	Person With Disability
PWID	People who inject drugs
SDG	Sustainable Development Goals
SHOFCO	Shining Hope for Communities
TVET	Technical Vocational Education and Training
UHC	Universal Health Coverage
UN	United Nations
VTC	Vocational Training Centers

GLOSSARY OF COMMONLY USED TERMS

County Integrated Development Plan (CIDP): The County Government's five-year master plan for the county's economic, social, environmental, legal, and spatial development to meet the service and infrastructural needs and its own targets for the benefit of all local communities.

Disaster: A serious disruption of the functioning of a community or society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community/society to cope using its own resources.

Disaster risk reduction: Systematic development and application of policies, strategies, and practices to minimize vulnerabilities and disaster risks throughout a society, to prevent or to limit the adverse impact of hazards, within the broad context of sustainable development.

Impact: Positive and negative, intended, or unintended long-term results produced by an organization's operation, either directly or indirectly. Relates to the goal level of the log frame hierarchy.

Indicator: a quantitative and qualitative factor or variable that provides a simple and reliable means to measure achievement or to reflect the changes connected to an organization's operations.

Monitoring: A continuous function that uses the systematic collection of data on specified indicators to inform management and the main stakeholders of an ongoing organization operation of the extent of progress and achievement of results in the use of allocated funds.

Monitoring, Evaluation, and Reporting Framework: The policy and operational context and process of ensuring policy priorities and intentions are delivered and/or are being delivered as intended, as measured against clearly defined performance indicators.

Outcome: An intermediate result generated from several outputs relative to the objective of a program or intervention.

Output: The products, capital goods and services that result from an organization/ institution/ agency operation.

Program: A grouping of similar projects and/or services performed by a Ministry or Department to achieve a specific objective; The Programs must be mapped to strategic objectives.

Project: A project is a set of coordinated activities implemented to meet specific objectives within defined time, cost, and performance parameters. Projects aimed at achieving a common goal form a program.

Public Participation/ Consultation is a democratic process of engaging people in thinking, deciding, planning, and playing an active part in the development and operation of services that affect their lives.

Sector: Is a composition of departments, agencies and organizations that are grouped together according to services and products they provide. They produce or offer similar or related products and services and share common operating characteristics.

Sector Working Group: Is a technical working forum through which government departments and partners/ stakeholders consult on sector issues and priorities. .

Stakeholders: Agencies, organizations, groups, or individuals who have a direct or indirect interest in the operation, or its evaluation. Sustainability: The continuation of benefits from an intervention after major assistance has been completed. Target: A result to be achieved within a given time frame through the application of available inputs.

FOREWORD

This plan provides an integrated development planning framework linking policy, planning, and budgeting. In the spirit of achieving coordinated development between the two levels of government, the County Sectoral Plan for Social Services Sector 2023-2032 has been aligned to the Fourth Medium Plan (MTP IV) of Kenya's Vision 2030 which is the national government's long term development agenda.

Further, to ensure that the County Government of Nyeri contributes to the attainment of agreed upon international aspirations, the objectives, strategies, and programs as set out in this ten -year plan are linked to the Sustainable Development Goals (SDGs) and other regional and international agreements that impact the lives of our people. In particular, the development of this Plan has taken keen interest in the National Government's Bottom-up economic transformative agenda for inclusive growth. This has placed special focus on increased employment, more equitable distribution of income, social security while also expanding the tax revenue base. In view of this we have come up with programs that will contribute to the attainment of this agenda as we execute our mandate. Further, I am alive to the emerging and re-emerging issues that have a bearing on our people which this document will strive to address. These include, the impact of climate change, gender, youth and disability mainstreaming, mental health among others.

The Plan is aligned towards attainment of the Sector Vision, 'A just and cohesive society that enjoys equitable social development.' The Sector is comprised of three sub sectors; (1) Health Services; (2) Education and Training; and (3) Gender, Youth, Sports & Social Services, who are committed to delivering on their commitments under this plan.

My government has achieved great milestones in all spheres. This has created a foundation on which the sectoral plan will be anchored to guarantee transformation and shared prosperity. These achievements were made possible due to our commitment to accountable and transparent leadership as well as sustainable growth. This document will also be instrumental in actualization of my manifesto and promises to the citizens of Nyeri. We have therefore ensured that the programs identified clearly capture the commitments I made towards a better Nyeri.

The successful implementation of this sectoral plan will necessitate immeasurable commitment, consultation, and cooperation from all stakeholders within and outside government. I hereby invite all the County Government's entities, the political leadership, Civil Society Organizations, private sector groups and the Nyeri County residents to continue being resolute in undertaking their respective roles during project planning, execution, monitoring, and evaluation. This will subsequently result in job creation, improved livelihoods as well as attainment of the envisaged social economic transformation for our people.

H.E. Mwalimu Edward Mutahi Kahiga, E.G.H
GOVERNOR,
COUNTY GOVERNMENT OF NYERI

PREFACE

This Sectoral Plan has been prepared through a participatory and inclusive process involving representatives from government, development partners, the private sector, NGOs, civil society, faith-based organizations, professional associations, research institutions, and organizations representing women and youth, among others. Consultative meetings were held at the different levels to initiate the process and discuss the scope of the plan. The technical committee tasked with the preparation of this Sectoral Plan held four local meetings and one workshop, which came up with initial and final drafts of the document. The drafts were then subjected to stakeholder's validation meetings.

This Plan brings together strategies from three sub-sectors namely: (1) Health Services & Public Health; (2) Gender, Youth, Sport & Social Services; and (3) Education, Training and Devolution. The Sector's mission is to improve the quality of life of Nyeri people by implementing progressive health, education, and social welfare initiatives. The strategies outlined in this plan aim to strengthen coordination of sector services towards Universal Health Coverage (UHC) and achieving social protection.

Additionally, the Plan promotes competitive education and innovative training systems for sustainable development, enhances innovation and talent development initiatives, and strengthens disaster risk management and response. It also emphasizes the importance of building capacity and empowering special groups, such as youth, women, persons with disabilities, and other minority populations.

The successful implementation of this Plan will require the continued support and collaboration of all stakeholders, including other county sectors, government ministries and departments, county governments within the Central Region Economic Blocl (CEREB), private sector, development partners, civil society, and the wider public. Enhanced adoption and integration of information communication and technology will also be crucial for achieving the objectives set forth in this comprehensive Sectoral Plan.

Dr.John Kiragu
COUNTY EXECUTIVE COMMITTEE MEMBER – HEALTH SERVICES

Esther Ndung'u
COUNTY EXECUTIVE COMMITTEE MEMBER – GENDER, YOUTH, SPORTS AND SOCIAL SERVICES

Margret Macharia
COUNTY EXECUTIVE COMMITTEE MEMBER - EDUCATION, TRAINING & DEVOLUTION

ACKNOWLEDGEMENT

The Nyeri county Sectoral Plan i.e. 2023-2032 has been prepared through a collaborative and all-inclusive process where views and opinions were sought from different individuals and stakeholders. This process could not have been accomplished without the commitment, dedication, sacrifice, and determination of the members of staff of the County Government, Members of the County Assembly, citizens, and other stakeholders who provided valuable inputs. I wish to start by expressing my sincere gratitude to H.E the Governor Mutahi Kahiga, EGH and H.E the Deputy Governor David Waroe Kinaniri for providing visionary leadership and immeasurable support in developing this plan.

Special recognition goes to the County Executive Committee Members namely, Dr Joseph Kiragu (Health Services), Esther Ndungú (Gender, Youth, Social Services and Sports), and Margaret Macharia (Education, Training and Devolution). I also wish to highly appreciate all the Chief Officers for their support during this important process. Special thanks go to the Chief Officer for Economic Planning, Mercy Ngacha, under whose direction, technical support and guidance made this process a success. Your contribution in the formulation of this Plan both as members and sector leaders cannot be over emphasized. The Chief Officers and Directors from the respective Sub Sectors are also appreciated for providing critical input as part of the technical team.

Special thanks go to the National Treasury and Ministry of Planning through the State department of Planning for providing guidelines that were used in preparation of this sectoral plan. These guidelines provided directions on the content and arrangement of the document.

To all our development partners, your technical and financial support is highly appreciated. I wish to thank the Council of Governors (CoG) for providing peer review and technical backstopping to the County Core technical team in this process. I take this opportunity to thank all stakeholders and members of the public who participated in the sector hearing and public participation forum for their instrumental contribution.

Finally, I take this chance to appreciate the efforts of the Social Services Sector Secretariat drawn from the respective sub sectors, and the Core Technical Team in coordination and compilation of the final document. Special thanks go to the Core Technical team for their commitment and dedication throughout the preparation process of compiling, editing, and formatting of the document.

Mr. Adan Ibrahim
SECTOR CONVENER,
SOCIAL SERVICES SECTOR

EXECUTIVE SUMMARY

This is the first Nyeri County Sectoral Plan for the Social Services Sector since the onset of devolved government system in 2013. The plan provides a road map of key priority programs for implementation during the ten-year period 2023-2032 in fulfillment of the county government's obligations and forms the basis for subsequent budgets. It aims at making Nyeri a 'Wealthy County with healthy and secure people for shared prosperity'.

The sectoral plan, just like the Kenya Vision 2030, is anchored on economic, social, and political pillars. The economic pillar aims at ensuring prosperity for all citizenry of Kenya through inclusive and sustainable development programs. The social pillar seeks to build a just, cohesive, and equitable society living in a clean and secure environment. The social pillar is anchored on transformation in education and training, health, water and sanitation, environment, housing and urbanization, gender, youth, sports, and culture.

The plan has also been aligned to the fourth Medium Term Plan, Bottom-up Economic Transformation Model, and international Commitments like the Sustainable Development Goals (SDGs) and Agenda 2063.

The 2023-2032 sectoral plan is structured in five chapters as outlined below:

Chapter One: Outlines the background information on the socio-economic aspects that contribute towards the development of the county. It also provides a description of the county in terms of the position and size, location, physiographic and natural conditions, administrative and political units' demographic features as well as the human development index.

Chapter Two: Presents a situation analysis of county performance in terms of revenues, expenditures, and key outcomes as well as the major achievements and challenges faced in the implementation of the plan. The major projects and programs implemented during the period under review are Establishment of Health Services Fund; Construction of Ihururu rehabilitation center; among others.

Chapter Three: Provides details of the strategic investment direction for the sector. It describes the sector's vision, mission, development priorities, strategic objectives, and goals as well as the priority programs. It also highlights flagship projects applicable to the Sector, and the cross-sectoral linkages between the Social Services sector and other sectors.

Chapter Four: Outlines the county's institutional arrangement and the specific roles played by various stakeholders towards implementation of this plan. Further, the chapter presents the resource mobilization and management framework, risk, and mitigation measures.

Chapter Five: This chapter outlines the basis of how the plan will be monitored and evaluated, highlights the key outcomes for the various sector programs and the desired targets for the plan period and as well gives room for lessons to be learnt during and after the implementation period. The chapter also highlights the county monitoring and evaluation structure, and its M&E capacity with the outcome indicators captured as informed by the strategies. The Chapter has laid out a structure through which data collection, analysis, and reporting will be undertaken. Feedback mechanisms on the implementation, its review, and the evaluation plan have been set out in the chapter

CHAPTER ONE: INTRODUCTION

1.1 Overview of the County

Nyeri County is divided into eight (8) sub-counties and 30 administrative wards. It lies between Longitudes 36, 38" East and 37, 20" East and between the equator and Latitude 0, 38" South. It borders Laikipia County to the North, Kirinyaga County to the East, Murang'a County to the South, Nyandarua County to the West, and Meru County to the Northeast. The County is divided into eight administrative Sub-Counties namely Nyeri Central, Nyeri South, Tetu, Mukurwe-ini, Mathira East, Mathira West Kieni East, and Kieni West. The County is further divided into the following administrative boundaries: 21 Divisions, 69 Locations, 253 Sub-Locations and 30 electoral Wards. The main physical features include Mount Kenya-5,199m above sea level to the East and the Aberdare ranges-3999 m above sea level to the West.

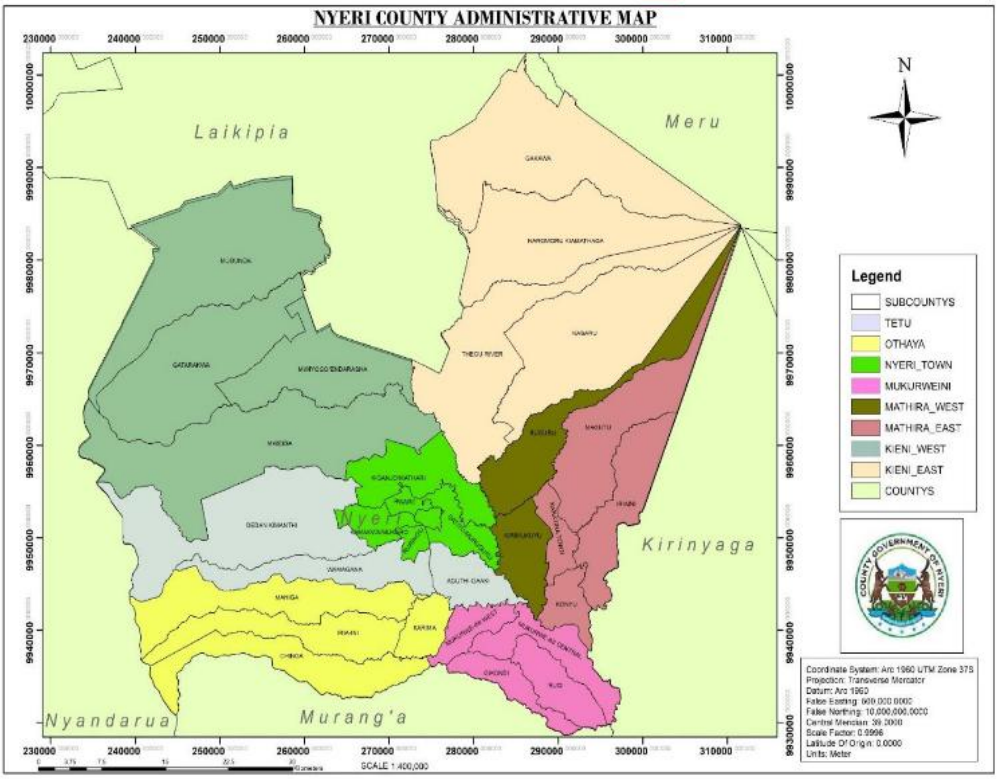

Figure 1: Nyeri County Map

The county experiences equatorial rainfall due to its location within the highland zone of Kenya, with annual rainfall ranging between 1,200mm-1,600mm during the long rains, and 500mm-1,500mm during the short rains. The monthly mean temperature ranges from 12.8°C to 20. 8°C. However, Kieni East and Kieni West sub counties which constitute 52% of the total landmass of Nyeri County are on the leeward side of Mount Kenya, and thus experience adverse weather conditions. Most of the County residents are predominantly farmers, with the main grown cash-crops being tea and coffee. Food crops such as maize, beans, assorted vegetables, bananas, potatoes etc. are also grown in the county. Total area under irrigation in the county is estimated at 2,600 Ha. The main livestock enterprise found in the county includes dairy farming, fish farming, poultry, and piggery. Other livestock reared in the county includes goats, sheep, donkeys etc.

Nyeri County has a population for 2023 is 828,628 (KNBS 2022 projection), with a growth rate of 0.48% and 243,483 households. This population growth rate is against the National average of 3.0% and 1.6% for the central region. The Kenya Government is expected to carry out the National Population Census in August 2019 which will inform the status.

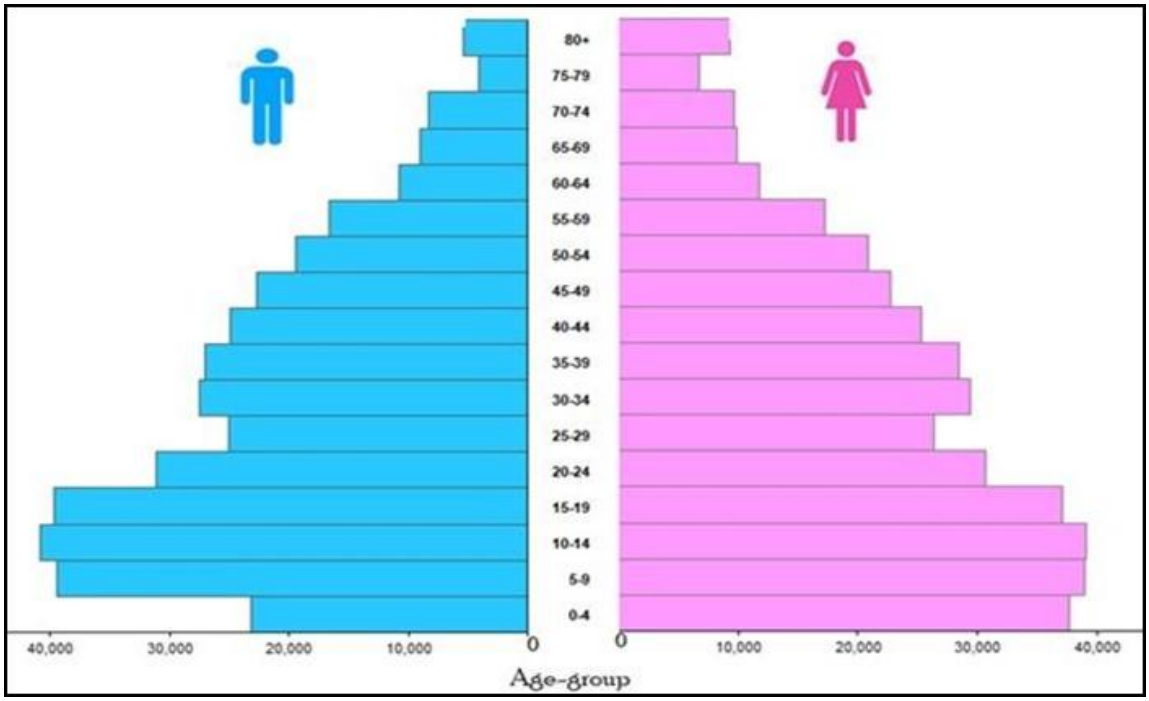

Figure 2: Population Distribution by Age

Table 1: Population Distribution per Segment

Description	Population segment estimates	County projected population
Total population in the county		828,628
Total number of households		248,050
Children under 1 year (12 months)	2.14%	17,754
Children under 5 years (60 months)	9.60%	79,434
Under 15-year population	29.50%	244,286
Women of childbearing age (15–49 Years)	25.10%	208,235
Estimated number of pregnant women	2.28%	18,852
Estimated number of deliveries	2.21%	18,303
Estimated live births	2.21%	18,303
Total number of adolescents (15–24)	17.40%	144,215
Adults (25–59)	35.00%	289,701
Elderly (60+)	10.90%	90,579

1.2 Background Information

The social services sector comprises 3 County Departments: (1) Health Services & Public Health; (2) Gender, Youth, Sport & Social Services; and (3) Education, Training and Devolution. The Sector has a common Mission 'To improve the quality of life of our people by implementing progressive health, education, and social welfare initiatives', and has specific but mutual mandates as shown in Table 2.

Table 2: Sub Sector Mandates

Sub Sector	Mandate
Health Services	Health Promotion and Education Disease Prevention and Control Nutrition programs Mental Health Services Substance Abuse Prevention and Treatment Community Health Services
Education, Training and Devolution	Integration of Social Services into Education Policies Collaboration with Health and Social Service Agencies Implementation of School Health Programs Advocacy and Resource Mobilization Capacity-building programs for teachers and school staff on topics related to social services, including health promotion, child protection, and psychosocial support
Gender, Youth, Sports, and Social Services	Gender Mainstreaming Youth Empowerment Gender-Based Violence Prevention and Response Women's Economic Empowerment Social Protection Programs Policy Development and Advocacy Capacity Building and Partnership Development

1.3 Rationale

The Constitution of Kenya 2010 established the devolved system of governance with the aim of bringing government services nearer to the citizens. Chapter eleven of the Constitution defined the process of devolving strategic government functions to the county level. The fourth Schedule of the constitution sets out the distribution of functions between the National Government and the County Governments. Article 220 (2) (a) of the constitution places the fundamental responsibility of prescribing the structure of the county development plans and budget on the National Government. The main supporting legislation regarding planning at the county level is Section 109 of the County Government Act, 2012 which envisions a ten-year County sectoral plant Plan with clear goals and objectives; an implementation plan with clear outcomes; provisions for monitoring and evaluation; and clear reporting mechanisms.

The plan links policy, planning, and budgeting, and is aligned to the Fourth Medium Plan (MTP IV) of Kenya's Vision 2030 which is the national government's long term development agenda. It is further aligned with the Sustainable Development Goals (SDGs) and other regional and international agreements. The development of this plan also aligns with the National Government's Bottom-up economic transformative agenda and forms the overarching roadmap for developing the CIDP.

1.4 Methodology

The development of the Sector Plan involved several organized steps. A Sector Plan Drafting Team was formed, comprising technical officers from the Health, Education, and Social Services sub-sectors. The team began by collecting relevant data and information through document reviews, reports, and databases. This information gathering was followed by a series of meetings held as Sub Sector Working Groups, where breakout sessions allowed for detailed discussions within each sub-sector. After these sessions, the individual plans were consolidated and merged into a cohesive draft. Subsequently, the consolidated plan underwent further discussions to ensure alignment and integration of the work from the various sub-sectors. To enhance the plan's comprehensiveness, external input was solicited. The feedback received was

discussed and incorporated into the plan. Finally, the refined plan was subjected to a validation process, culminating in its formal adoption.


OVERNOR'S OFFICE
NYERI COUNTY


www.nyeri.go.ke
County Government of Nyeri
Fire & Rescue Services
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CHAPTER TWO: SITUATION ANALYSIS

2.1 Sector Context Analysis

Legal, Political Context, and Policy Landscape

Constitution of Kenya 2010

The constitution provides every Kenyan with a right to the highest attainable standard of health with access to emergency treatment when necessary and emphasizes the right of access to quality health services by all including children, persons with disabilities, minorities, and marginalized groups as well as the elderly. Article 174 recognizes the right of communities to manage their affairs and to further their development and protects and promotes the rights of minorities and marginalized communities. It also provides for the promotion of social and economic development and the provision of proximate easily accessible services in Kenya.

Kenya Vision 2030

Vision 2030 is designed to transform Kenya into a globally competitive and industrialized country by providing its citizens with a high-quality life in a clean and secure environment by 2030. The Vision identifies economic, social, and political pillars to drive the country towards realizing the goal. The first flagship project under Health in Vision 2030 is to "revitalize community health centres to promote preventive health care (as opposed to curative) and by promoting healthy individual lifestyles". [Reference] Two approaches identified as key in pushing the agenda of an efficient and high-quality healthcare system are:

- devolution of funds and management to the communities and counties
- Shifting the bias of national health from curative to preventive. This implies that Community Health sits at the Centre of Vision 2030's priority areas.

Kenya Third Medium Term Plan, 2018–2022

The third Medium Term Plan (MTP III), 2018–2022 identified key policy actions, reforms, and programs that the Government will implement between 2018 and 2022, key Vision 2030 priorities and the constitution. MTP III emphasized the plan to implement high-impact interventions outlined in the community health strategy. The components to be focused on include National Integrated Community Case Management (iCCM), community health units which will be strengthened to promote healthcare interventions; nutrition interventions which will be scaled at the community level; and health insurance coverage increase using the community health workforce. [Reference]

Health Services

A review of the preceding MTP II indicated that there had been good progress in scaling up community health services during the period 2013–2017. Nyeri County had expanded coverage to the entire population of the county. [Reference]

Health Act 2017

Health Act 2017 is an Act of Parliament that establishes a unified health system, coordinates the inter-relationship between the national government and county government health systems, and provides the regulation of health care services, health care service providers, and health technologies.

The Act defines the Community Health Assistant (CHA) as the person in charge of community health services. Additionally, the Act prescribes the function of community health services as:

- to facilitate individuals, households, and communities to carry out appropriate healthy behaviors.
- to recognize signs and symptoms requiring referral services
- to provide the agreed-upon health services and
- to facilitate community diagnosis, management, and referral

Universal Health Coverage

In Kenya, community health remains a key priority in the Kenya Vision 2030 and got a significant boost in 2018 when the Government of Kenya outlined its "Big Four Agenda". UHC was one of the "Big Four Agenda" priority areas and has remarkably increased the attention given to primary health care since 2018.

The community health system in Kenya benefited from this increased political will to improve healthcare delivery at the community level. The UHC pilot in four counties has increased visibility and funding for primary healthcare and community health services. UHC-pilot counties have provided a framework for the scale-up of the UHC agenda to all other counties in Kenya. Beyond this, the Ministry of Health (MoH) constituted a panel of experts that developed an essential package of health that is envisaged to be made universally accessible to all Kenyans.

In keeping with best practice, the MoH has prioritized primary healthcare and community health as critical drivers of UHC. This has been done, in part, by the development of the Kenya Primary Healthcare Strategic Framework (2019–2024) and the Kenya Community Health Policy (2020–2030).

Kenya Health Policy (2014–2030)

The Kenya Health Policy (2014–2030) provides guidelines for policy formulation and program implementation in Kenya towards the actualization of all the health-related goals of the Government of Kenya by 2030. The policy framework takes a rights-based approach and aims to meet the constitutionally defined goal of "attaining the highest possible health standards in a manner responsive to the population's need" through the delivery of acceptable and affordable quality healthcare services across the entire population in Kenya. The main objectives of the policy are the elimination of communicable diseases, halting and reversing the rising burden on non-communicable diseases and mental disorders, reducing the burden of violence and injuries, providing essential healthcare, minimizing exposure to risk factors for health conditions and strengthening inter-sectoral collaborations towards improving population health in Kenya.

The policy defines the four tiers of the health system—the community, primary care, primary referral, and tertiary referral services. Tier, one comprises the community unit, identified as the

first level of health services provision. This should focus on creating appropriate demand for services, while primary care and referral services will focus on responding to this demand. In addition, the policy says that the community units should facilitate individuals, households, and communities to carry out appropriate healthy behaviors, recognize signs and symptoms of conditions requiring health care and facilitate community diagnosis, management and referral. The government has also begun providing health promotion and targeted disease prevention and curative services through community-based initiatives as defined in the 2006 Comprehensive Community Health Strategy.

Kenya Health Sector Strategic Plan 2018–2023

The Kenya Health Sector Strategic Plan (KHSSP) 2018–2023 provides a framework for investing in primary health care, following the Astana Declaration on Primary Health Care. The KHSSP identifies the need to strengthen community health systems to be responsive and resilient to public health emergencies and disease outbreaks. [Reference]

The KHSSP identifies the following as key areas of action in strengthening community health:

- Establishment of a special fund for the remuneration of community-level health workers
- Strengthening links with community facilities and the creation of a conducive work environment by providing appropriate tools or incentives, such as medicines, bicycles, motorcycles, data-collection tools, certificates, and identification tags
- Increase the number of community health extension workers and community health volunteers to achieve optimum numbers according to the population served, as per WHO norms and standards.
- Alignment of the community health extension worker scheme of service with the community health strategy
- Use of the Kenya Medical Training College curriculum recently revised to incorporate UHC principles, to train and certify a critical mass of community health assistants to ensure the provision of preventive and promotive health care at the community level.

Kenya Primary Health Care Strategic Framework (2019–2024)

The Kenya Primary Health Care Strategic Framework (2019–2024) is aligned with the Kenyan Constitution and the Kenya Health Policy Framework (2014–2030) and provides guidelines for the design and implementation of programs targeted at strengthening the primary health care system in Kenya. This document recognizes the role of the "community" as key to the attainment of population health and acknowledges that community health units are the first level of healthcare delivery.

Gender, Youth, Sports and Social Services

The Department of Gender, Youth, Sports and Social Services draws its mandate from part two of the fourth schedule; 4 (f) and (j) and 12 of the constitution of Kenya 2010 and executive order no. 7 pursuant to the executive authority conferred by section 30 of the County Government Act, 2012, vide gazette notice no. 9011 of 2020. This includes all matters relating to gender, disability, children and other special groups, social welfare, firefighting and disaster management, libraries, sports, county parks and recreation facilities. All matters relating to social and economic empowerment of youth, promotion, and development.

The Department of Gender, Youth, Sports and Social Services is divided into four directorates to effectively and efficiently implement its mandate. These are the Directorate of Disaster Management, Social Services, Sports and Gender and Youth.

The Social Services Directorate deals with social economic issues in society by offering timely and temporary relief to members of society who are under duress due to the socio-economic or environmental factors to facilitate their recovery and ensuring that their lives are moving on again after those setbacks. This includes offering food and non-food items during disasters, offering temporary shelters especially after disasters, offering help to vulnerable children, the aged, the extremely poor and persons with disabilities, the poor with chronic and terminal illness and other marginalized members of society. The directorate also assist the community to bury their dead in a dignified manner by provision of coffins where family members cannot afford one and in educating and empowering the community through education and motivation.

The Disaster Management Directorate function is mainly prevention of disasters; respond to disasters in real time including coordination of rescue missions and mitigation of various types of disasters in timely and professional manner. The disasters include but not limited to fire disasters, flooding and landslides, oil spillage, car accidents, drowning, structural collapses, mines collapses and aviation accidents and recovery. The firefighting function in particular include, fire prevention, protection and firefighting; carrying out fire investigation , carrying out rescue operations in case of fire or related disasters, providing advice on appropriate firefighting equipment, inspection of fire appliances and equipment, assessing fire hazards and risks and ensuring means of escape in public buildings, conducting fire demonstrations, fire drills and lectures in liaison with other government agencies and stake holders and issuing of fire evacuation orders.

The Directorate of Gender and Youth deals with all matters relating to social and economic empowerment of youth, promotion, development and support of youth programs, youth empowerment programs including business incubation, mentorship and counselling, business startups support, youth networking and advocacy. It also deals with varied emerging and imperative youth issues and threats. Further, it deals with matters gender including gender mainstreaming, women issues, gender-based violence, gender and youth policy issues, sensitization, and mobilization.

The department has made various strides in establishment of Legal Framework i.e Policies and Acts that guide its mandate. They include.

The Nyeri County Youth Development ACT, 2021

This Act provides a framework for the empowerment of the youth, establishment of a youth development committee and to regulate the administration & function of the committee as well as to provide a mechanism for the realization of the rights of the youth.

The Nyeri County Disaster Management ACT, 2021

The purpose of this Act is to provide for a more effective organization of disaster risk reduction and mitigation of, preparedness for, response to and recovery from emergencies and disasters, and for connected purposes.

The Nyeri County Gender and Development Policy 2022-2025

It aims at promoting equality in access to productive resources such as land, labor, technology, capital/ finance, and information. Additionally, it establishes efforts towards embarking on

Affirmative action to rectify errors of the past, particularly discrimination against women and reducing gender and geographical disparities in distribution of resources.

Education, Training and Devolution

Education helps people become better citizens, get better paying jobs, it helps people grow and develop thus shape a better society to live in. Education in Kenya has been evolving since independence to be responsive to the needs of the citizens. There are various factors that have influenced the national systems of education. They range from social, economic, technological to political. The influence of political factors is critical for educational policy formulation, adoption and implementation. The policy planners have come up with educational policies within which they are supposed to operate in providing effective leadership and management practices in the development of education. Several structures have been developed to guide education systems from 1964-1985 the 7-4-2-3 system was introduced involving 7years primary education ,4 years secondary ,2 years in high school and 3 years university. His curriculum lasted 20 years, it was phased out in favor of one that focused less on academics and more on training students for a labor market that was beginning to embrace technology. In 1985, 8-4-4 system of education was adopted to address the gaps of the previous structure. This system of education also became the subject of criticism for producing a disproportionate number of white-collar workers while ignoring sectors generally associated with driving growth such as agriculture, fishing, and construction among others.

Recognizing the growing importance of an inclusive and skills-based education, 2-6-3-3-3 system of education was adopted in 2017, it's expected to be fully implemented by 2027. This is in line with international, regional, and national obligations. Education has been aligned to meet UN 2030 agenda on sustainable Development goals, Africa agenda 2063 Goal no.2 on well-educated citizens and skills revolution and EAC vision 2050 pillar No.3 on Industrialization.

TVET is being promoted as part of Kenya's vision 2030, the country's road map introduced in 2008 to transform the country into a middle-income nation, bringing education in line with the needs of the economy. TVET institutions have been opened countrywide to help the government achieve its goal of increasing the number of students by July 2018 the students in TVETS were 3.1 million. The County Government of Nyeri has committed to transform vocational training. It has partnered with development partners in infrastructural and skill development.

The early childhood years are recognized as a crucial period of development for young children's physical, health, social/emotional, cognitive and language skills. ECDE plays a very crucial role in the development of children and their preparation for school. Early childhood years includes pre-primary 1 and 2 for children aged between 4 and 5 years. The objective of pre-primary education is to prepare and develop a child's mental, social, and physical capabilities, the child's self-awareness, confidence, self-esteem and readiness for formal schooling.

The county Government has been running the sector for the last 11 years. ECDE has continued to experience growth in infrastructural and Human Resource development.

2.2 Review of Sector Financing

This section should discuss the trends in how the sector has been previously allocated resources to finance its programs for the previous ten (10) years – or since the commencement of devolution. It is presented per sub-sector.

Table 3: Source of Sector Budget Financing

Source of Financing	Financing (Kshs. Millions)									
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Equitable share	4,071	3,882	4,449	4,801	4,953	5,024	5,412	5,412	6,229	6,229
Own Source Revenue	478.3	1,344	1,082	1,095	1,000	1,000	1,000	1,000	1,000	800
National Government (Conditional Grants)	0	198	723	600	653	903	915	622	0	23
Development Partners (Conditional Grants)	0	21	23	11	76	523	593	718	509	557
Total	**4,550**	**5,445**	**6,277**	**6,507**	**6,682**	**7,450**	**7,920**	**7,752**	**7,738**	**7,609**

Table 4: Source of Sector Budget by Sub-sector

Sub-sector Name	Financing (Kshs. Millions)									
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Health Services	800	2,104	2,187		2,668	3,054	2,944	3,006	3,006	2,632
Education, Training and Devolution	72	126	205		278	577	503	396	400	338
Gender, Youth, Sports and Social Services	49	73	101		263	143	170	130	132	124
Total Sector Budget Financing	**921**	**2,303**	**2,493**		**3,209**	**3,774**	**3,617**	**3,532**	**3,538**	**3,094**
Total County Financing	**4,550**	**5,445**	**6,278**	**6,507**	**6,682**	**7,450**	**7,920**	**7,752**	**7,738**	**7,609**

2.3 Sector Performance Trends and Achievements

Health Services Sub Sector

Table 5 highlights key achievements over the last 10 years for the Health Services Sub Sector.

Table 5: Key Achievements (Health Services)

S/NO	Target project programs	Achievements	Lessons Learnt
1	• Health Sector Strategic and Policy Direction	• The department developed: • County Health Sector Strategic & Investment Plan (CHSSIP) 2017/18 -2022/23 • Nyeri County Health Services Fund Act, 2021 • Nyeri County Health Services Fund Regulation, 2021 • Nyeri County Emergency Medical Care Plan (2020/21-2024/25) • Nyeri County Nutrition Action Plan (2020/21-2024/25) • Nyeri County AIDS Implementation Plan (2020/21-2024/25) • Nyeri County Community Health Services Act, 2024 • Nyeri County Universal Health Coverage Financing Strategy (2020-2023) • A Midterm Review Report of the Nyeri County Reproductive health and Family Planning strategy (2015-2025)	• Need to Increase budget allocation for health services to cater for the expanding requirements of the department (Health Services Fund, Automation of revenue collection etc) • Capacity building for health managers on financial management and leadership is key for prudent resource management • Private Public Partnerships (PPPs) can help support implementation of health programs and they need to be promoted • There is need to expand health infrastructure to meet community demands (Ambulances, Health facilities, equipment etc) • Technology and innovations are important to optimize service delivery and to improve the quality of care • There is need to prioritize research for better understanding of the determinants of ill health in the community • Referral services function sub optimally and they need to be strengthened • Community health services are important in reaching households and CHPs need to be supported more • Healthcare workers need to be continuously sensitized on commodity forecasting and quantification to ensure consistent availability of commodities in health facilities
2	• Health Leadership and Governance •	• Created 4 directorates (Namely: Administration and Planning Services; Preventive and Promotive Services; Curative and Rehabilitation Services; Monitoring & Evaluation, HIMS and Research) • Appointment and training of Hospital boards and Health Facility Management Committees • Appointed and trained the Health Services Fund Board	

S/NO	Target project programs	Achievements	Lessons Learnt
3	• Universal Health Coverage Program (UHC)	• Implemented Pilot UHC (2018-2019) • Registered 716,947 lives (86.2%) within 349,901 households and 247,441 UHC cards printed and distributed.	• An integrated HIMS with relevant modules needs to be implemented across health facilities for efficient management of health services and of the Department • There is need to familiarize staff in the department on the new legislation – Digital Health Act, Data Protection Act, Social Health Insurance Act – to ensure the department is adaptable
4	• Essential Medicines and Technologies •	• Consistent and timely supply of quality affordable medical supplies and medicines to avoid stockouts in our 123 Rural Health Facilities and 7 County hospitals from KEMSA and MEDS	
5	• Community Health Services	• Trained and equipped Community Health Units and Community Health Promoters • Trained and operationalized electronic Community Health Information System (eCHIS) for efficient data capture and reporting at community level • Timely Payment of monthly Stipends for CHPs ensured high work motivation	
6	• Health Infrastructure	• Refurbishment, expansion and maintenance of existing facilities and completion of stalled projects • completion and operationalization of stalled rural health facilities • Construction, equipping and operationalization of Narumoru Level 4 hospital • Construction of a neonatal ward and commodity store at Karatina Hospital • Construction and equipping of Nyeri Town Health Centre maternity • Procured assorted medical and dental equipment • Bulk liquid oxygen tanks installed in all County hospitals • Oxygen plants installed in 4 county hospitals	

S/NO	Target project programs	Achievements	Lessons Learnt
7	• Managed Equipment Services (MES) •	• Optimal utilization of the equipment installed under the Managed Equipment Service (MES) in Karatina, Mukurweini and Nyeri County Referral Hospitals	
8	• Health Financing	• Nyeri County Health Services Fund Act enacted in June 2021. • KES 815 million collected in the 2 years of the fund operation.	
9	• Service Delivery	• Operationalization of 7 PHC facilities. • Procured 14 ambulances • Operationalized the County Emergency Operations Centre (EOC) Unit that has been key in coordinating the Covid-19 pandemic. • Conducted outreaches for screening and treatment of various diseases like cancer. • Expanded dialysis services by 2 additional machines. • Sustained the County maternal and child health indicators at >90%. • Operationalized the 6 Intensive care Unit beds from the previous 3 among others.	

Education, Training & Devolution Sub Sector

Table 6 highlights key achievements over the last 10 years for the Education, Training and Devolution Sub Sector.

Table 6: Key Achievements (Education, Training & Devolution)

S/No	Target Project Program	Achievements	Lessons Learnt
1.	Vocational Training Centers (Youth training and Development)	• Trained and certified 2532 trainees with relevant market/demand driven skills for the job market in the last 3 years. • Collaborated with five partners on skills training. • Disbursed to VTCs kshs 223,347,180 in capitation grants. • Developed Nyeri VTC policy 2020 and participated in Nyeri VTC Act 2021 • Constructed 15 training workshops and rehabilitated 20 lecturer rooms and training workshops. • Partnered with the department of gender, youth, social services and sports in the establishment of a leatherwork facility at Rukira VTC.	• There are inadequate ECDE caregivers especially those with professionalism related to special needs education • Capacity building teachers on computer literacy to keep up with technological advances • Stakeholders' engagement is key. • Need to create systems and structures of management in ECDE. • Need to improve physical infrastructures in the ECDEs • Community involvement in ECDE projects is important and should be encouraged. • Enacting and enforcing relevant legislation for smooth implementation of programs
2	Nyeri County Elimu Fund	• Supported 36,859 vulnerable students and trainees with Elimu Fund bursaries to support education and training in the last 3 years.	
3	VTC and ECDE innovation and talent development	• participated in Drama and music festivals by 3 ECDEs and one VTC to national level in 2024 • 5 VTCs and 2 ECDE Centers exhibited at Central Kenya ASK Show, Kabiruini in the 2024 edition.	
4	ECDE Development	• Constructed 31 classrooms, renovated 14 classrooms and constructed toilets blocks in ECDEs • Procured chairs and tables for 20,000 learners. • Procured 800 chairs and working tables for ECDE teachers. • Procured Teaching and learning materials for 20,000 learners per year. • Generated Ksh 2,009,451 in revenue in 3 ECDE centers in the past 3 years.	

S/No	Target Project Program	Achievements	Lessons Learnt
5	Promote collaboration in resource mobilization	• Partnered with KCB Foundation, SHOFCO, GOALSMILES, NG-CDF among others to skill the youth. • Mobilized kshs11,250, 000 towards implementation of VTC training programs. • Trained300 Boda-boda riders with riding skills	
8	Improve recreational services for the wellness of the people.	• Built infrastructure for recreational activities, play fields in ECDE centers and VTCs.	
11	Disability mainstreaming	• Prioritized Admission of PLWD in 30 VTCs and 437 ECDEs and engaged 20 instructors and ECDE teachers.	

Gender, Youth, Sports & Social Services Sub Sector

Table 7highlights key achievements over the last 10 years for the Gender, Youth, and Sports & Social Services Sub Sector.

Table 7: Key Achievements (Gender, Youth, Sports & Social Services)

S/No	Target Project Program	Achievements	Lessons Learnt
1	Disaster prevention, preparedness, and response.	• Reviewed of the Nyeri County Disaster management policy. • Procured 4 fire engines. • Construction of 2 new fire stations at Kiawara and Othaya • Renovation of Karatina and Nyeri fire stations. • Erection of 10 hydrants.	• Entrepreneur support programs have been pivotal in empowering various marginalized groups in society. • Need to add more emphasis to incentives like financial assistance, training, mentorship, and networking opportunities • More collaboration with private sector, NGOs, religious groups and international bodies required • Stakeholder engagement is key to streamline effort, consolidate resources and ensure buy in for program implementation. • Need to develop practical sustainability programs for the long-term implementation of projects • Program monitoring and evaluation strengthening is key • Staff capacity building gaps affect how programs and activities are implemented. There is need to continue strengthening and supporting them
2	Social Halls	• Construction of Gatitu Muruguru ward social hall • Construction of Kariki Social Hall. • Renovation of Munene Kairu community center (formerly Chinga community social hall).	
3	Libraries	• Expansion and renovation of Chinga community library	
4	Youth incubation/ resource centers / Youth empowerment centers	• Renovation of Mweiga Community empowerment center and construction of a new sanitation block	
5	Children Institutions	• Care and protection of the orphaned and vulnerable children in Karatina Children Home • Construction and upgrading of infrastructure at Karatina Children's home. • Procurement of a Karatina Children's home bus.	

S/No	Target Project Program	Achievements	Lessons Learnt
6	Gender mainstreaming	• Formation and operationalization of the Gender technical working group. • Conducted mentorship programs for pregnant teenagers, young mothers and girls who are survivors of GBV. • Issuance of dignity kits to over 6,300 girls in the County. • Crafting a Covid-19 coping mechanism initiative for vulnerable widows within the county.	
7	Bima Afya	• Over 6000 beneficiaries benefited from the Bima Afya program.	
8	Sanitary towels	• Over 4,300 vulnerable girls and women were assisted with sanitary towels. • Distribution of sanitary towels to teenage girls in the County.	

S/No	Target Project Program	Achievements	Lessons Learnt
9	Men/ Women/ Youth programs	• Drafted policies for sports, disaster management and social inclusion • The Nyeri County Youth, Women and PWDs Empowerment Program that has supported over 331 groups. • Partnered with Kenya Industrial Research Development Institute for leather tannery training of trainers' Program for youth empowerment Programs • Partnered with NACADA for construction of Ihururu rehabilitation and treatment Centre • Partnered with Almasi for a youth empowerment Program called Kuza Kazi • Supported over 1500 vulnerable persons in the county during the Governor's Christmas tree event. • Mobilization of 150 youth who benefitted from the Kuza Kazi empowerment program. • The photography skills training that trained 50 youths. • Held intensive training on employability skills to 250 TVET graduates and Innovation awards. • Issuance of street youths with National Identification cards.	
10	Sports	• Conducted the KICOSCA, KYISA, Disabled Sitting Volleyball sports tournaments. • Conducted the inaugural Nyeri 7s Rugby tournament. • Renovation of Ruring'u Sports Hostel and Stadia	
11	Disability mainstreaming	• Coordinating and participating in various International Days for People with Disabilities celebrations	

2.4 Sectoral Development Issues

This section presents key sector development issues and their causes as identified during the data collection and analysis stage:

Table 7: Sectoral Development Issues, Causes, Opportunities and Challenges

Sub Sector	Development issues	Causes	Opportunities	Challenges
Health Services	Congestion at the Nyeri County referral hospital	Poor referral system Low bed capacity Inadequate staffing Community's perception	Partner Support Implementation Grants New county hospitals The County hosts a national referral hospital Many faith-based and private hospitals	Constrained financial resources for expansion Inadequate staffing High wage bill
	High Burden of NCD	Low awareness on disease prevention Low investment in preventive and promotive health Lack of county level policies on NCDs	Existence of CHPs in the county Skilled and trained health workers Partnerships with private sector and development partners Existing National policies and legislations on NCDs	Inadequate enforcement of health standards and policies Competing priorities
Education, Training & Devolution	Care and protection of children in in ECDE centers	Neglect Poverty Orphan and vulnerable children Drug and substance abuse	Put in place a feeding program in all ECDE centers Initiate rescue centers	Inadequate financial resources. Dysfunctional families Child labor
	Registration of VTCs	Lack of land ownership documents	Department concerned with land survey matters to	-lengthy process

Sub Sector	Development issues	Causes	Opportunities	Challenges
			spearhead the process.	
	Infrastructural development in ECDES and VTCs	-lack of prioritization. -Low enrolment -lack of funding	Partnership with development partners.	Tough global economic conditions Negative perception by the community
	Mismatch in VTC training and industry needs	Inadequate market scanning Lack of linkage to the industry	Dual training Capacity building of trainers. Adopt CBET/ demand driven programs. Mentorship opportunities available.	High cost of on job training Lack of marketing of VTC programs Lack of career guidance.
	Dependence on bursary support	High cost of living Poverty Disruption of economic activities (-covid 19)	Governments and partners to support income generation Conducive business environment	
Gender, Youth, Sports & Social Services	Social assistance and welfare	Socio-economic conditions Effects of disasters	Development of a Social protection policy	Creation of dependency on the department for funding. (Elimu Fund) Inadequate financial resources
	Disaster management	Disaster management of the following: • Fires • Floods • Building collapses • Landslides • Collapsing of caved quarries	Fire prevention and protection. Sensitization on safety awareness. Sound distribution of water points and hydrants.	Non - decentralization of fire and rescue services. Inadequate fire stations and equipment. Limited human resources.

Sub Sector	Development issues	Causes	Opportunities	Challenges
				Lack of a disaster management policy.
	Promotion of Gender development	Sexual and Gender Based violence. Poverty Early marriages. Gender discrimination.	Sensitization and awareness campaigns Partnerships with relevant stakeholders Presence of a Nyeri County Gender Development policy. Affirmative action programs.	Inadequate financial resources. The Gender affairs function is not fully devolved. Retrogressive cultural beliefs.
	Promotion of Youth development	Unemployment. Drug and substance abuse. Mental health issues HIV/AIDS	Presence of a Nyeri County Youth policy AGPO Youth empowerment programs Internship and mentorship programs Sports tournaments.	Increase in alcoholism. Crime and extremism. Political misuse. Lack of positive mentors. Negative social media influence. Addiction. Cyber-crimes Ignorance
	Access to Library services	Poor reading culture. Scattered libraries in the County.	Promotion of reading culture. Partnership with relevant bodies. Library sensitization forums.	Inadequate financial resources. Inadequate library infrastructure. Irrelevant reading materials.

Sub Sector	Development issues	Causes	Opportunities	Challenges
				Limited human resources. Fast changing trends in ICT. Lack of awareness.

2.5 Cross Cutting Issues

This section discusses crosscutting issues, how they affect the sector, including the existing gaps (policy, legal, and institutional), measures, and recommendations for addressing the gaps.

Table 8: Analysis of Sector Crosscutting Issues

Cross- cutting Issue	Current Situation	Effects of the Issue on the sector	Gaps (policy, legal and institutional)	Measures for addressing the gaps	Recommendations
HIV&AIDS	HIV/AIDS Prevalence rate is 2.8%. 35% of adult new infections occur among Adolescents & youth	Strain on social services such as healthcare, counselling, housing assistance, and support for affected families PLWHIV face stigma, discrimination, health-related challenges, and loss of income that strain social welfare systems	Inadequate policies to address the specific needs of key populations disproportionately affected by HIV, such as men who have sex with men (MSM), sex workers, and people who inject drugs (PWID) Institutional weaknesses such as limited capacity, inadequate infrastructure, and shortages of healthcare workers hinder the effective delivery of HIV services. Limited integration of HIV services with other health services, leading to missed opportunities for comprehensive care and support	Ensure that policies prioritize key populations and address their unique needs through targeted interventions and services Investing in infrastructure, human resources, and capacity-building initiatives to enhance the delivery of HIV services Promote the integration of HIV services with other health services	Domestication of the National Policy to county specific Awareness creation Targeted Interventions
Gender Mainstreaming	Gender Mainstreaming programs implemented as a cross cutting issue in county institutions Incidences of GBV still being reported	Increased Demand for Support Services (counselling, legal assistance, medical care, shelter, and economic support)	Limited capacity and resources to mainstream gender effectively into their policies and programs.	Policy advocacy to address systemic issues related to GBV, such as inadequate legal protections, gaps in service provision, and societal attitudes that condone or tolerate violence	Policies, awareness campaigns, and support services for persons who have experienced violence.

Cross- cutting Issue	Current Situation	Effects of the Issue on the sector	Gaps (policy, legal and institutional)	Measures for addressing the gaps	Recommendations
	Gender stereotyping and relatively low societal awareness on issues pertaining to gender	Strain on the resources of social service agencies (staffing, funding, and infrastructure)	Persistent traditional gender norms and stereotypes that hinder promotion of gender equality.		Comprehensive sector-wide response that includes prevention, screening, treatment, and support services for GBV survivors.
Sexual and Reproductive Health Education	Teenage pregnancy 5% (15% national - KDHS 2022) Use of modern Family Planning Method at 71% (57% national KDHS 2022) Youth friendly services integrated in health service provision Youth Engagement and Empowerment activities being implemented	Improved knowledge about sexual and reproductive health, including contraception, STI prevention, and family planning uptake. Reduced gender-based violence, improved women's empowerment, and advanced gender equality	Unclear legislation on Comprehensive Reproductive Health Education Inadequate Coordination between Health and Education Sectors	Advocate the enactment of legislation for inclusion of comprehensive reproductive health education in schools and ensures access to accurate information and services for young people. Strengthen coordination mechanisms between the Department of Health and the Department of Education	Collaboratively implement programs that promote knowledge, empowerment, and equity on sexual and reproductive health.
Mental Health	Approximately 16% of young people aged 15-24 in Nyeri County use drugs, compared to the national average of 6% (NACADA 2022) Alcohol abuse is a major problem in Nyeri County, disproportionately affecting young men	Increased demand on resources of social service agencies and healthcare systems that provide addiction treatment, detoxification programs, counseling, and support services for individuals struggling with substance abuse	Inadequate Legislation for addressing emerging substance abuse trends and challenges. Weak enforcement of existing laws Insufficient treatment and rehabilitation facilities	Review and update existing legislation related to substance abuse, including laws governing the production, distribution, sale, and consumption of substances such as alcohol and drugs. Strengthen enforcement mechanisms. Establish and expand treatment and rehabilitation centers (both residential and outpatient facilities)	Expansion of rehabilitation and healthy village facilities in the county Community mobilization, screening, and rehabilitation efforts for the boy child Integrating mental health services with housing support, employment assistance, and community resources are essential for addressing these complex issues comprehensively.

Cross- cutting Issue	Current Situation	Effects of the Issue on the sector	Gaps (policy, legal and institutional)	Measures for addressing the gaps	Recommendations
School based health programs	School-based health programs implemented collaboratively with sector stakeholders (HPV, Deworming programs, Vitamin A supplementation)	Early interventions help address health issues before they escalate into more serious problems requiring intensive social services The programs have empowered individuals to make healthier choices and reduce their reliance on social services related to preventable health problems.	Fragmented coordination and implementation Inadequate resources, and infrastructure to implement comprehensive school health programs effectively.	Strengthen the multi-sectoral coordination mechanisms across the sector. Mobilize resources from government budgets, development partners, and private sector stakeholders to invest in school health programs (infrastructure, supplies and personnel).	Invest in supportive policies, legal frameworks, institutional capacity, collaboration, and community engagement
Youth unemployment	Prevalence is 38.9% as of the Kenya Population census 2019.	An aging workforce making it hard for succession management	Lack of a volunteer ship framework.	Training of soft and hared skills to encourage self-employment. Regular internship and attachments.	Creation of a youth friendly business environment.
Sexual and Gender Based Violence	Prevalence 15.1% for sexual violence against women for ages 15-49 (KDHS 2022).	Inadequate finances to support SGBV activities and programs.	Gender affairs is not devolved hence limited financial resources. Limited human resource.	Implementation of the Nyeri County Gender Development policy.	Fully devolve the Gender affairs function.
Alcohol and substance abuse	Prevalence rate is16% of ages 15-24 years (census 2019)	Reduced productivity. Loss of livelihoods. Loss of life.	Lack of an ADA policy.	Formulation and implementation of ADA policy. Awareness campaigns.	Domestication of the National ADA policy to the County. Formulation of regulations of the Nyeri County Alcoholics Drinks Control and Management Act.
Disability Mainstreaming	Prevalence difficulties Seeing Difficulties 1.0% Hearing 0.4% Mobility 1.6% Cognition 0.8% Self- Care 0.5% Communication Difficulties 0.4% (Census 2019)	Low productivity among the PWDs Low quality life Stigmatization	Low productivity among the PWDs Low access to social services Inaccessibility to some buildings Lack of specialized facilities like toilets and ramps	Awareness Campaigns Formulation and implementation of necessary policies	Ensure compliance with the required legislations on Disability Mainstreaming Advocacy for social inclusion

2.6 Emerging issues

Table 8 highlights emerging issues that need to be considered in the plan, including their corresponding effects and possible mitigation measures

Table 8: Emerging Issues affecting Social Services

Emerging issue	Effects on performance on the sector	Interventions/ Mitigation
Diseases of Public Health Emergency of international concern	• Loss of income • Under and unemployment • Increased teen pregnancy and SGBV • Loss of workforce (death) • High cost of health care • Mental health disease.	• Covid 19 Vaccination. • Strengthened health promotion to sensitize the community on covid19. • Strengthened County coordination and operationalized PHEOC. • Heighten Surveillance with response to alerts and contact-tracing. • Strengthen surveillance for Covid19 in learning institutions. • Strengthened contact tracing in the sub-counties
Climate Change	• Loss of life • Increase in disasters.	• Create awareness on smart farming and clean energy. • Financing of Climate change mitigation activities e.g. Afforestation and drought resistant crops. • Formation Climate change unit in all the counties • Have environmental programs.
Economic Hardships	• Increase in poverty levels. • Increase in Unemployment	• Have empowerment programs. • Have waivers. • Provide business finance
Increase in teenage pregnancies	• Increase in loss of life. • Abortion • School dropout	• Create awareness and counseling. • Support for the teenage mothers and their babies. • Re-entry policy
Policy and Legislative Changes	• Delayed projects • Wastage of resources	• Advocacy campaigns • Data driven policy changes
Social media	• Cyberbullying • Poor work performance • Increased mental health disease	• Workplace policy on social media • Raise awareness on social media addiction • Encourage digital detox
Technology Advancements	• Cybercrime • Reduced human interaction • High cost of maintenance	

2.7 Stakeholder Analysis

This section highlights the different stakeholders relevant to the sector and their roles and possible areas of collaboration. The list of stakeholders included here is not exhaustive, it highlights the main stakeholders as pertains to this sectoral plan implementation.

Table 9: Stakeholder Analysis

Stakeholder	Role
National Government	• Policy and Regulation: Formulating policies and regulatory frameworks to guide the implementation of the plan.

Stakeholder	Role
	• Funding and Resource Allocation: Providing financial resources and ensuring equitable distribution. • Oversight and Monitoring: Setting up mechanisms for monitoring and evaluating the plan's progress. • Capacity Building: Enhancing the capacities of various stakeholders through training and support.
County Government	• Local Implementation: Translating national policies into actionable local strategies and initiatives. • Coordination and Integration: Ensuring coordination among local entities and integration of services at the grassroots level. • Monitoring and Evaluation: Tracking the progress of the plan's implementation within the county and reporting back to the national government. • Community Engagement: Engaging with local communities to ensure their needs are met and garnering local support for initiatives.
Development Partners	• Financial Support: Providing grants, loans, and other forms of financial assistance. • Technical Assistance: Offering expertise and technical support in planning, implementation, and evaluation. • Capacity Building: Supporting the training and development of stakeholders to enhance project implementation.
Implementation Partners	• Execution of Programs: Carrying out specific projects and initiatives as outlined in the plan. • Resource Management: Managing resources efficiently to ensure the successful implementation of projects. • Monitoring and Reporting: Regularly reporting on progress and challenges to the national and county governments.
Non-Governmental Organizations (NGOs)	• Service Delivery: Providing services directly to communities, often filling gaps left by the public sector. • Advocacy: Advocating for the rights and needs of communities to be included in the plan. • Innovative Solutions: Developing and implementing innovative approaches to social services
Community Based Organizations (CBOs)	• Grassroots Engagement: Mobilizing and engaging community members in the implementation of the plan. • Feedback Mechanism: Providing feedback to higher levels of government on the effectiveness of services. • Local Capacity Building: Building local capacity to sustain social service initiatives.
Civil Society Organizations (CSOs)	• Advocacy and Accountability: Advocating for transparency and accountability in the implementation of the plan. • Public Education: Educating the public about their rights and the services available to them. • Monitoring and Evaluation: Participating in the monitoring and evaluation of the plan to ensure it meets community needs.
Private Sector	• Investment and Funding: Investing in social services initiatives and providing funding or in-kind support. • Public-Private Partnerships: Partnering with government and other stakeholders to deliver services. • Innovation and Efficiency: Bringing innovation and efficiency to the delivery of social services.
The Public	• Participation and Feedback: Actively participating in consultations and providing feedback on service delivery. • Community Monitoring: Helping to monitor the implementation of projects at the local level. • Advocacy: Advocating for their needs and holding stakeholders accountable for the delivery of services.

CHAPTER THREE: SECTOR DEVELOPMENT STRATEGIES AND PROGRAMMES

This Chapter provides sector development priorities, strategies, programs, flagship projects, and cross-sectoral linkages.

3.1 Sector Vision, Mission, and Goal

Sector Vision

A just and cohesive society that enjoys equitable social development.

Sector Mission

To improve the quality of life of our people by implementing progressive health, education, and social welfare initiatives.

Sector Goal

To achieve the best quality of life through social transformation.

3.2 Sector Development Objectives and Strategies

Table 10 highlights key high level sector development issues for each of the sub sectors and the strategies to be employed in addressing them.

Table 10: Sector Developmental Issues, Objectives and Strategies

Sub Sector	Development Issue	Development Objectives	Strategies
Health Services	Equitable access to health services	Strengthen coordination of sector services towards Universal Health Coverage (UHC) and achieving social protection.	• Increase awareness, advocacy and investment on mental health, wellness, and rehabilitation. • Increase medical insurance coverage in the population. • Enroll the indigent population into NHIF. • Create awareness on risk factors leading to NCDs
Education, Training & Devolution	Sustainable Education and Training Systems	Promote competitive education and innovative training systems for sustainable development.	• Strengthen, increase, and equip learning institutions to provide relevant competencies, skills training, and development. • Increase investments in institutional capacity and infrastructure
Gender, Youth, Sports & Social Services	Empowerment of minority and special groups	Build capacity and empower special groups (Youth, Women, Persons with Disabilities, other minority populations)	• Create awareness and advocacy on the available opportunities for special groups. • Establish empowerment programs and activities. • Streamline access to social services
	Talent Development	Enhance innovation and talent development initiatives across the sector	• Advocate for formulation and implementation of policy frameworks. • Map and create awareness on value of talents and talents development. Promote and enhance innovation in service delivery
	Recreation & Wellness	Improve recreation services for the wellness of the people.	• Improve infrastructure for recreational activities. • Promote Art, Sports, and Culture
	Disaster Preparedness	Strengthen disaster risk management and response	• Establish a County Emergency Response Unit • Formulate a disaster risk management framework. • Strengthen multisectoral collaboration and coordination

Sub Sector	Development Issue	Development Objectives	Strategies
			in disaster risk management and response.
Sector wide	Resourcing the Plan	Promote collaboration in resource mobilization and implementation of sector activities.	• Strengthen partnerships and linkages for resource mobilization. • Hold scheduled sector level stakeholder engagement forums
	ICT	Enhance adoption and integration of information communication and technology.	• Increase access and use of ICT. • Promote and enhance e-government services

3.3 Sector Programs and Interventions

This Table provides the programs, their objectives, and the key interventions. The estimated costs of implementing the interventions are also captured per planning program.

Table 11: Implementation Matrix

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	**Source(s)**
General Administration, Planning and Policy	Strengthen health systems, general logistical and other support	Develop strategic and annual plans and policies	Department of Health	2023-2032	62	CGN/Development Partners
		Increase revenue collection	Department of Health	2023-2032	340	CGN/Development Partners
		Human Resource & Capacity Development	Department of Health	2023-2032	53	CGN/Development Partners
		Develop Infrastructure	Department of Health	2023-2032	3125	CGN/Development Partners
		Increase insurance coverage	Department of Health	2023-2032	41	CGN/Development Partners
		Construct and equip offices	Department of Health	2023-2032	108	CGN/Development Partners
		Staff training and Capacity building	Department of Health	2023-2032	52.5	CGN/Development Partners
		Formulate policies, plans, and regulatory frameworks	Department of Health	2023-2032	21.2	CGN/Development Partners
				Total (in Millions)	**3802.7**	
Preventive and Promotive Services	Reduce incidence of preventable diseases	prevent and control Communicable diseases	Department of Health	2023-2032	2095	CGN/Development Partners

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	**Source(s)**
		Promote reproductive health and family planning services	Department of Health	2023-2032	170	CGN/Development Partners
		Control and prevent non-communicable diseases.	Department of Health	2023-2032	338	CGN/Development Partners
		Promote Environmental Health Services	Department of Health	2023-2032	140	CGN/Development Partners
		Promote Community Health and Outreach Services	Department of Health	2023-2032	1245	CGN/Development Partners
		Establish and Operationalize Primary Health Care Network (PCNs) systems	Department of Health	2023-2032	671	CGN/Development Partners
				Total (In Millions)	**4659**	
Curative and Rehabilitative Services	Provide quality clinical and emergency services and referrals	Provide Emergency and Referral Services	Department of Health	2023-2032	129	CGN/Development Partners
		Establish Centers of Excellence in identified Medical Disciplines in various County Hospitals	Department of Health	2023-2032	400	CGN/Development Partners
		Provide Clinical Services & rehabilitation	Department of Health	2023-2032	463	CGN/Development Partners
		Establishment of Health safety and quality systems	Department of Health	2023-2032	47	CGN/Development Partners
				Total (in Millions)	**1039**	

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	Source(s)
Education, Training & Devolution	Ensure Access, retention, and completion of the school cycle	To Improve care and protection of children.	Education, Training and Devolution	2023-2032	800	CG-GOK Donor
		Review Staff establish to incorporate Quality Assurance and Standards	Education, Training and Devolution	2023-2032	50	CG-GOK
		Increase enrolment in the institutions	Education, Training and Devolution	2023-2032	20	CG-GOK
		Integrate Childcare Services in ECDE Centers	Education, Training and Devolution	2023-2032	1000	CG-GOK
		Partner with existing organizations to support children with special needs	Education, Training and Devolution	2023-2032	50	CG-GOK
		ECDE feeding Program for Vulnerable and Marginalized groups	Education, Training and Devolution	2023-2032	450	CG-GOK
	Enrolment in ECDE and in VTCs	Develop a funding mechanism for VTC student	Education, Training and Devolution	2023-2032	400	CG NGOs
		Provide capitation in the institutions	Education, Training and Devolution	2023-2032	450	CG-GOK

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	Source(s)
		Implement the CBET programs	Education, Training and Devolution	2023-2032	20	CG-GOK
		Establish specialized VTCs (e.g Leather, Dresses Making, Motor Vehicle Mechanics etc.)	Education, Training and Devolution	2023-2032	2000	CG-GOK
		Infrastructural improvement in VTCs	Education, Training and Devolution	2023-2032	800	CGN NGOs
		Linkage with industry	Education, Training and Devolution	2023-2032	150	CGN
		Procurement of field vehicles	Education, Training and Devolution	2023-2032	150	CGN
		Capacity building of staff	Education, Training and Devolution	2023-2032	50	CGN
	Disaster management empowerment	Creation awareness	Education, Training and Devolution	2023-2032	20	CGN
	Promotion of Gender development	Implement the gender policy	Education, Training and Devolution	2023-2032	30	CGN
	Effective administration and prudent management of allocated resources	Capacity building on Budgeting and Accounting	Education, Training and Devolution	2023-2032	500	CGN
				Total (in Millions)	**6940**	

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	Source(s)
Social Welfare and Community empowerment	To Increase access to social welfare services, protection, and community empowerment opportunities	Provision of safety and protection to the Vulnerable children at Karatina Children home.	Department responsible for social services	2023-2032	30.2	CG-GOK Donor
		Provision of basic and tertiary education to the vulnerable children at Karatina children's home	Department responsible for social services	2023-2032	70	CGN GOK
		Provision of healthcare, food, and other items to the vulnerable children at Karatina Children's home	Department responsible for social services	2023-2032	72.5	CGN GOK
		Construction of buildings and renovations at Karatina Children Home	Department responsible for social services	2023-2032	245	CGN
		Increase social support to Street families.	Department responsible for social services	2023-2032	20.8	CGN GOK
		Programs to support the Elderly population	Department responsible for Social Services	2023-2032	100	CGN GOK
		Increase support to affirmative groups	Department responsible for social services	2023-2032	150	CGN GOK
		Provision of food and non-food items	Department responsible for social services	2023-2032	385.5	CGN GOK

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	Source(s)
		Provision of psychosocial support	Department responsible for social services	2023-2032	50	CGN GOK
		Provision of medical care (NHIF) to vulnerable persons	Department responsible for social services	2023-2032	750	CGN GOK
		Procurement of field vehicles	Department responsible for social services	2023-2032	150	CGN
		Capacity building of staff	Department responsible for social services	2023-2032	50	CGN
	Social Economic empowerment	Construction and rehabilitation of parks	Department responsible for social services	2023-2032	102.5	CGN GOK
		Construction, rehabilitation and equipping of social halls	Department responsible for social services	2023-2032	725.5	CGN GOK
		Capacity Building on socio- economic empowerment opportunities	Department responsible for social services	2023-2032	75	CGN
		Provision of empowerment merchandise to affirmative action groups	Department responsible for social services	2023-2032	1000	GOK
	To enhance disability mainstreaming	Hold Sensitization Forums on available opportunities	Department responsible for social services	2023-2032	20	CGN GOK

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	Source(s)
		Provision of Assistive devices and other supportive supplies	Department responsible for social services	2023-2032	20	CGN GOK
		Review the Staff Establishment to include a Special Needs Officers	CPSB CPSM Department of Social Services	2023-2032	30	CGN
		Train staffs in Special Needs Service Delivery	CPSM Department of Social Services	2023-2032	15	CGN
		Provision of empowerment Merchandise	Department responsible for social services	2023-2032	55	CGN GOK
	Eradicate illiteracy and improve reading culture	Construction, rehabilitation and equipping of County libraries	Department responsible for social services	2023-2032	208	CGN GOK
		Digitization of County libraries	Department responsible for Library services	2023-2032	55	CGN GOK
		Procurement of mobile library	Department responsible for Library services	2023-2032	60	CGN GOK
		Introduction of ICT hubs in all libraries	Department responsible for Library services	2023-2032	52.5	CGN GOK
				Total (in Millions)	**4492.5**	
Gender and Youth Development	To promote gender inclusion	Development of policies and legislations	Department responsible for gender and youth affairs	2023-2032	25.6	CGN GOK

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	Source(s)
		Community Sensitization and awareness campaigns on Gender issues	Department responsible for gender and youth affairs	2023-2032	150	CGN GOK
		Empowerment programs	Department responsible for gender and youth affairs	2023-2032	125	CGN GOK
		Conducting gender surveys and assessment	Department responsible for gender and youth affairs	2023-2032	30.5	CGN GOK
		Provision of empowerment Merchandise	Department responsible for gender and youth affairs	2023-2032	1000	CGN GOK
		Construction and operationalization of GBV/ Rescue/ Recovery centers.	Department responsible for gender and youth affairs	2023-2032	210.5	CGN GOK
		Procurement of dignity kits	Department responsible for gender and youth affairs	2023-2032	55	CGN GOK
		Capacity building of staff	Department responsible for gender and youth affairs	2023-2032	100	CGN GOK
	Youth empowerment	Development of policies and legislations	Department responsible for gender and youth affairs	2023-2032	25.6	CGN GOK
		Community Sensitization and awareness campaigns on youth issues	Department responsible for gender and youth affairs	2023-2032	150	CGN GOK

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	Source(s)
		Provision of empowerment merchandise	Department responsible for gender and youth affairs	2023-2032	1000	CGN GOK
		Establishment and equipping of youth incubation centers	Department responsible for gender and youth affairs	2023-2032	750	CGN GOK
		Establishment and equipping of youth empowerment centers	Department responsible for gender and youth affairs	2023-2032	960	CGN GOK
		Hold AGPO sensitization forums	Department responsible for gender and youth affairs	2023-2032	200	CGN GOK
		Capacity building of staff	Department responsible for gender and youth affairs	2023-2032	100	CGN GOK
				Total (in Millions)	**4882.2**	
Disaster Risk Management	To prevent and mitigate against disasters and their effects	Creation of safety awareness	Department responsible for disaster management	2023-2032	150	CGN GOK
		Decentralization and operationalization of fire units	Department responsible for disaster management	2023-2032	1000	CGN GOK
		Procurement of disaster response equipment	Department responsible for disaster management	2023-2032	2000.2	CGN GOK
		Develop a County Disaster Risk Management Framework	Department responsible for disaster management	2023-2032	10	CGN GOK

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	**Source(s)**
		Provision of psychosocial support	Department responsible for disaster management	2023-2032	125	CGN GOK
		Capacity building of staff	Department responsible for disaster management	2023-2032	100	CGN GOK
				Total (in Millions)	**3385.2**	
Sports Development	To harness sports talent and improve sports infrastructure	Development of Sports and talent policies and legislations	Department responsible for sports	2023-2032	25.6	CGN GOK
		To hold Sports management and collaborations forums	Department responsible for sports	2023-2032	30	CGN GOK
		Hold Competition and talent fairs	Department responsible for sports	2023-2032	500	CGN GOK
		Identification and nurturing of talents	Department responsible for sports	2023-2032	30.6	CGN GOK
		Establish Sports Training Camps	Department responsible for sports	2023-2032	750	CGN GOK
		Construction and upgrading of sports stadia	Department responsible for sports	2023-2032	1000.8	CGN GOK
		Provision of sport equipment and uniform	Department responsible for sports	2023-2032	226.4	CGN GOK

Program	Objectives	Strategies/ Interventions	Implementing Agency(s)	Time Frame	Funding	
					Total Budget (Ksh in millions)	**Source(s)**
		Training of sports officials	Department responsible for sports	2023-2032	25.6	CGN GOK
		Capacity building of staff	Department responsible for sports	2023-2032	100	CGN
				Total (in Millions)	**2689**	

3.4 Sector Flagship Projects

This section captures major projects/large-scale initiatives with high socio-economic impact in terms of creating employment, enhancing competitiveness, revenue generation, and ability to deliver services including promoting peace and coexistence across the county.

Table 12: Sector flagship projects

Project Name	Objective	Outcome	Description of Key Activities	Time Frame Start-End	Beneficiaries (No.)	Estimated cost	Source Of Funds	Implementing Agencies
Construction and equipping a level IV Hospital (Kieni West)	Improved access to health services	Improved Health care	Construction equipping and operationalization	2023 - 2032	Over 200,000 persons	600	CGN/Partners	CGN
Construction and equipping a level IV Hospital (Tetu)	Improved access to health services	Improved Health care	Construction equipping and operationalization	2023 - 2032	Over 200,000 persons	600	CGN/Partners	CGN
Modernize the Nyeri County Referral Hospital	Improved access to health services	Improved Health care	Construction equipping and operationalization of specialized units. Capacity Building (Medical equipment & specialized and sub-specialized training of HCW)	2023 - 2032	Over 200,000 persons	2000	CGN/Partners	CGN
A comprehensive Cancer Management and Radiotherapy Centre	Improved access to cancer treatment	Improved health care	establish and operationalize a Comprehensive Cancer management center with a Radiotherapy bunker	2023 - 2032	Over 200,000 persons	1000	CGN/Partner	CGN

Project Name	Objective	Outcome	Description of Key Activities	Time Frame Start-End	Beneficiaries (No.)	Estimated cost	Source Of Funds	Implementing Agencies
Construction and equipping of an Accident and Emergency block at Karatina Hospital	Improved access to health services	Improved Health care	Construction equipping and operationalization	2023 - 2032	Over 200,000 persons	500	CGN/Partners	CGN
Establish a Youth Empowerment and Rehabilitation Program	Provide empowerment & rehabilitation services	Empowered Youth population	Establish a Youth Empowerment and Rehabilitation Program	2023 - 2032	Over 200,000 persons	1000	CGN GOK	CGN GOK
Establish a County Sports' and Wellness Complex	Improved staff wellness	Improved st	construction, equipping and operationalization	2023 - 2032	Over 200,000 persons	500	CGN	CGN
Establish a specialized mother-child Hospital	Improved access to health services	Improved Health care	Construction equipping and operationalization	2023 - 2032	Over 200,000 persons	500	CGN/Partners	CGN
Establish a County Youth Incubation Center for Trade Skills	Employability of the youth	Economic empowerment	Construction, equipping and operationalizing	2023 - 2032	Over 200,000 persons	1000	CGN	CGN
				Total (in Millions)		***7,700***		

3.5 Cross-Sectoral Linkages

This section provides the cross-sectoral linkages of each sectoral program and appropriate actions to harness cross-sector synergies or mitigate adverse cross-sector impacts.

Table 13: Cross-Sectoral Linkages

Program Name	Linked Sector(s)	Cross-sector Impact		Measures to Harness or Mitigate the Impact
		Synergies	Adverse Impact	
Preventive and Promotive Health Services	Agriculture and Rural Development	Provision of safe and clean water	Environmental degradation	Regular testing of water samples across the county.
		Environmental protection		Comply and enforce environmental guidelines
Curative and Rehabilitative services	Agriculture and Rural Development	Nutrition and food security		
		Prevention of the development and spread of antimicrobial resistance (AMR)		
		Prevention and Control of zoonotic diseases		
	All sectors	Improved mental health	Stigma	Early detection of mental health conditions
	General Economic and Commerce Affairs.	Promotion of Medical tourism	Inadequate infrastructure	Awareness creation on Mental health
			Increase in communicable conditions	
Disaster risk management	Agriculture and Rural Development	Provision of adequate water for emergency response		Installation of Water Hydrants
	Infrastructure, Energy, Rural and Urban Development	Quick response to emergencies		

Program Name	Linked Sector(s)	Cross-sector Impact		Measures to Harness or Mitigate the Impact
		Synergies	Adverse Impact	
Gender and Youth Development	All sectors	Mainstreaming of gender and youth issues in plans, programs and building designs		Awareness creation
Social Welfare and Community Empowerment	All sectors	Mainstreaming of PWD/special groups issues in plans, programs and building designs		Awareness creation
Sports Development	Infrastructure, Energy, Rural and Urban Development	Ease of access to sporting facilities		
Talent development initiatives	Trade and tourism	Auditions and education.	Idleness leading to antisocial behavior	Strengthen collaboration. Sponsorship of talent shows.
Disaster management	Agriculture and rural development	Provision of water for hydrants Enforcement of laws that prevent disasters. Afforestation	Pollution Destruction of vegetable cover	Enforcement of available laws Establishment of water hydrants at the ward level
	General economics and general affairs	Connection to market centers	Market and business premises fires.	Compliance of fire prevention and safety regulation
	Infrastructure energy rural and urban development	Proper road network Proper physical planning	Encroachment of road reserves	Install Drainage System & Enforcement of Road Reserve Laws
Alcohol and substance abuse	public administration and governance	Creation of awareness	Addiction; Loss of income	Strengthen guidance and counselling. Rehabilitation of addicts.

CHAPTER FOUR: IMPLEMENTATION MECHANISMS

4.1 Institutional and Coordination Framework

4.1.1 Institutional Arrangement

This section highlights institutions relevant to the sector and their specific roles in the implementation of the sectoral plan.

***Table 14* : Sub Sector Roles in Implementation**

Institution	Specific Roles
County Department of Health Services	Health Promotion and Education Disease Prevention and Control Nutrition programs Mental Health Services Substance Abuse Prevention and Treatment Community Health Services
County Department (Education and Training)	Integration of Social Services into Education Policies Collaboration with Health and Social Service Agencies Implementation of School Health Programs Advocacy and Resource Mobilization Capacity-building programs for teachers and school staff on topics related to social services, including health promotion, child protection, and psychosocial support
County Department (Gender, Youth, Sports, and Social Services)	Gender Mainstreaming Youth Empowerment Gender-Based Violence Prevention and Response Women's Economic Empowerment Social Protection Programs Policy Development and Advocacy Capacity Building and Partnership Development

4.1.2 Coordination Framework

Governor:

The Governor is the chief executive of the county and will provide overall leadership in the county's economic, social and political governance and development; provide leadership to the county executive committee and administration based on the county policies and plans; promote democracy, good governance, unity and cohesion; promote peace and order; promote the competitiveness of the county; is accountable for the management and use of the county resources while promoting and facilitating citizen participation in the development of policies and plans, and delivery of services.

Deputy Governor:

The deputy Governor is the deputy chief executive of the county and shall deputize the governor in the execution of the executive functions. He may be assigned any other responsibility by the Governor as a member of the county executive committee.

County Executive Committee:

The County Executive Committee is comprised of 10 executive members appointed by the Governor and approved by the County Assembly. Each Executive member is responsible of the respective departments which are Finance, Economic Planning, and ICT; Agriculture, Livestock

and Fisheries; Health Services; County Public Service and Public Administration; Water, Environment and Solid Waste Management; Trade, Culture and Tourism; Transport, Public Works, and Infrastructure; Education; Lands, Housing, Physical Planning, Urbanization and Energy; Gender, Youth, Social Services and Sports.

The Executive Committee is responsible for supervising the administration and delivery of services in all decentralized units and agencies in the county. The committee will also perform any other functions conferred on it by the constitution or national legislation; carry out any function incidental to any of the assigned functions. The Committee has the power to determine its own program of activities and every member of the committee will observe integrity and disclosure of interest in any matter before the committee.

County Attorney:

The County Attorney is the principal legal adviser to the County Government.

County Secretary:

The County Secretary is the head of the county public service; responsible for arranging the business and keeping the minutes of the county executive committee subject to the directions of the executive committee; convey the decisions of the county executive committee to the appropriate persons or authorities and perform any other functions as directed by the county executive committee.

County Chief Officer:

The Chief Officer is the accounting and authorized officer for the department assigned and is responsible to the respective County Executive Member for the following: General administration and coordination of respective County Department; Initiation, development and implementation of policies and sector plans; Development and implementation of strategic plans; Promotion of National values and principles of governance in the County Public Service; Overseeing implementation and monitoring of performance management systems and any other duties as may be assigned by the Executive Committee Member or the County Secretary.

Directors:

They deputize the Chief Officers in execution of their functions in the county departments.

Sub-County Administrators:

The Sub-County Administrator is responsible to the County Secretary for the following: Coordinating, managing and supervising the general administrative functions in the Sub County unit; Developing policies and Plans; Ensuring effective service delivery; Coordinating developmental activities to empower the community; Providing and maintaining infrastructure and facilities of Public Service; Facilitating and coordinating citizen participation in the development of policies and delivery of Services; Exercising any functions and powers delegated by the County Secretary or any other Authority.

Ward Administrator:

The Ward Administrator is responsible to the Sub-County Administrator for the following: Coordinating, managing and supervising the general administrative functions in the ward unit; Developing policies and Plans; Ensuring effective Service delivery; Establishing, implementing, and monitoring performance management systems; Coordinating developmental activities to empower the community; Providing and maintaining infrastructure and facilities of Public Service; Facilitating and coordinating citizen participation in the development of policies and delivery of services; Exercising any functions and powers delegated by the County Secretary or any other Authority.

Speaker:

The Speaker is the head of the Legislative arm of the county government. The functions of the Speaker are: Presiding at any sitting of the County Assembly; Enforcing the Standing Orders; maintaining order in the House and chairing some committees and ensuring the integrity, independence, and impartiality County Assembly.

Clerk of the County Assembly:

The Clerk is the accounting officer of the County assembly and also plays the role of the administrative head of the county assembly. The Clerk is the secretary to the county assembly service board.

County Assembly:

The County Assembly is comprised of 30 elected members representing the wards and 17 nominated members representing special interests. The legislative authority of the county is vested in, and exercised by, its county assembly. County assembly will make laws that are necessary for the effective performance of the county functions in the fourth schedule of Kenya Constitution 2010. County assembly will also exercise oversight over the county executive committee and any other county executive organ. County assembly will receive and approve plans and policies, approve financial bill, enact county appropriations, approve budget estimates, and approve county government borrowing. The county assembly is organized in different standing committees.

Member of the County Assembly:

A member of a county assembly is responsible for maintaining close contact with the electorate and consult them on issues before or under discussion in the county assembly; presenting views, opinions and proposals of the electorate to the county assembly; attending sessions of the county assembly and its committees; providing a linkage between the county assembly and the electorate on public service delivery; and extending professional knowledge, experience or specialized knowledge to any issue for discussion in the county assembly.

County Public Service Board (CPSB):

The functions of the County Public Service Board are, on behalf of the county government: to establish and abolish offices; appoint persons to hold or act in offices; confirm appointments;

exercise disciplinary control over, and remove, persons holding or acting in those offices as provided for under County Government Act, 2012; prepare regular reports for submission to the county assembly on the execution of the functions of the Board; promote in the county public service the values and principles referred to in Articles 10 and 232 of the Constitution; evaluate and report to the county assembly on the extent to which the values and principles referred to in Articles 10 and 232 of the constitution are complied with in the county public service; facilitate the development of coherent, integrated human resource planning and budgeting for personnel emoluments in counties; advise the county government on human resource management and development; advise county government on implementation and monitoring of the national performance management system in counties; make recommendations to the Salaries and Remuneration Commission, on behalf of the county government, on the remuneration, pensions, and gratuities for county public service employees.

County Assembly Service Board (CASB):

The board is responsible for providing services and facilities to ensure the efficient and effective functioning of the county assembly; constituting offices in the county assembly service and appointing and supervising office holders; preparing annual estimates of expenditure of the county assembly service and submitting them to the county assembly for approval, and exercising budgetary control over the service; undertaking, singly or jointly with other relevant organizations, programs to promote the ideals of county democracy. and performing other functions necessary for the well-being of the members and staff of the county assembly; or prescribed by national legislation.

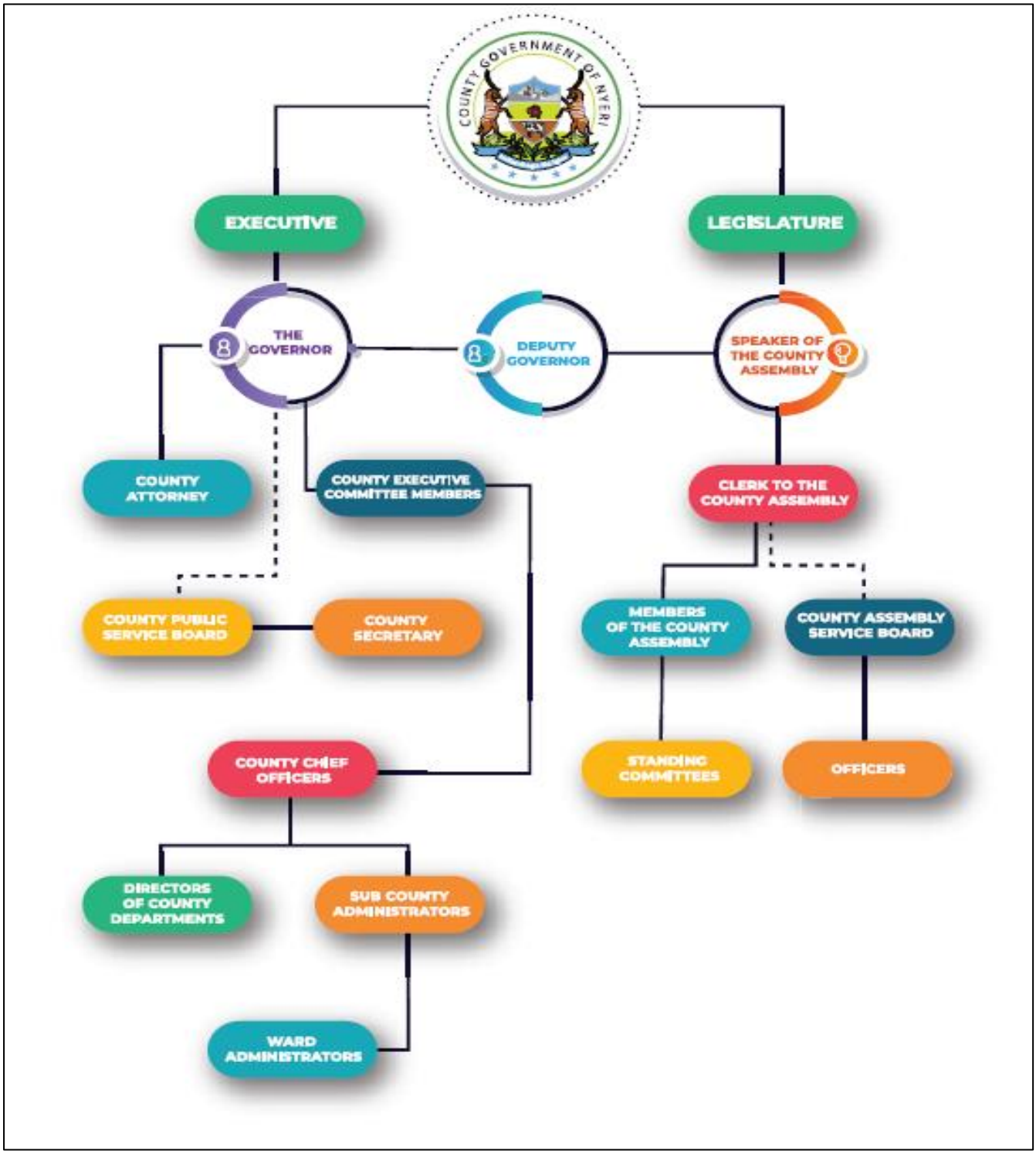

Figure 3: Coordination Framework

4.2 Financing Mechanism

The estimated total cost of implementing the specific programs, as well as the potential financing sources are highlighted in Table 6 in Sub Section 3.3. The financing of the activities in the plan is anticipated to be covered by the County Government, The National Government, and other Implementing Partners.

The Tables below summarize the resource requirement estimates for each of the sub sectors as derived from the implementation Matrix.

Table 15: Financing Estimates (Per Sub Sector)

Program	Estimated cost in Ksh millions	Source of funding
General Administration, Planning and Policy	3,802.7	CGN/Development Partners
Preventive and Promotive Services	4,659	CGN/Development Partners
Curative and Rehabilitative Services	1,039	CGN/Development Partners
Program	**Estimated cost in Ksh millions**	**Source of funding**
Education, Training & Devolution	6,940	CGN, National Government
Program	**Estimated cost in Ksh millions**	**Source of funding**
Social Welfare and Community empowerment	4,492.5	CGN
Disaster risk management	3,385.2	CGN
Sports development	2,689	CGN
Gender Youth development	4,882.2	CGN

The funding sources will include county government budgets, national budgets, Public- Private Partnerships, development partners, private sector, among others.

4.3 Capacity Development

To ensure efficient and effective implementation of the initiatives in the sectoral plan, the following initiatives will be put in place:

a) Training and Workshops:

Training sessions and workshops to build the capacity of government officials, technical staff, and community leaders involved in plan implementation.

Training on technical skills relevant to the sector plan, such as project management, data analysis, monitoring and evaluation, and budgeting.

Workshops to enhance stakeholders' understanding of the sector plan's objectives, targets, and strategies, as well as their roles and responsibilities in implementation.

b) Technical Assistance and Mentorship:

Technical assistance and mentorship to key personnel responsible for leading and coordinating plan implementation efforts.

Engage experienced professionals and experts in relevant fields to provide guidance and support to staff members as they work to implement the sector plan.

c) Monitoring and Evaluation Systems:

Develop robust monitoring and evaluation systems to track progress towards plan objectives, identify challenges, and make informed decisions to improve implementation.

Train staff on how to use monitoring and evaluation tools and methodologies effectively, including data collection, analysis, and reporting.

d) Information and Communication Technology (ICT) Infrastructure:

Invest in ICT infrastructure and systems to facilitate data management, communication, and information sharing among stakeholders involved in plan implementation.

Provide training on the use of ICT tools and platforms for data collection, reporting, and decision-making purposes.

e) Partnerships and Collaboration:

Foster partnerships and collaboration with other government agencies, non-governmental organizations, community-based organizations, academic institutions, and private sector entities to leverage resources, expertise, and networks to support plan implementation.

Establish coordination mechanisms and platforms for regular dialogue, information sharing, and joint problem-solving among stakeholders involved in plan implementation.

f) Resource Mobilization and Financial Management:

Strengthen financial management capacities to ensure efficient and transparent utilization of resources allocated for plan implementation.

Provide training on budgeting, financial reporting, procurement procedures, and grant management to relevant personnel responsible for managing project funds.

Invest in robust financial management systems for both revenue collection and accounting units.

Employ/increase the number of qualified professionals to manage sectorial finances.

g) Community Engagement and Participation:

Engage communities and local stakeholders in plan implementation efforts by promoting participatory approaches, community involvement, and ownership of development initiatives.

Build awareness and understanding of the sector plan among community members, solicit their feedback and input, and involve them in decision-making processes.

h) Continuous Learning and Adaptation:

Promote a culture of continuous learning, adaptation, and innovation within the implementing agencies and among stakeholders involved in plan implementation.

Encourage regular reflection, evaluation, and feedback mechanisms to identify lessons learned, best practices, and areas for improvement, and adjust implementation strategies accordingly.

4.4 Risk Management

Risk Management means having in place a corporate and systematic process for evaluating and addressing the impact of risks to the Department or County Government in a cost-effective way and having staff with the appropriate skills to identify and assess the potential for risks to arise. Risk doesn't just relate to the challenges facing the sector, but also the opportunities.

Table 16: Risk Analysis Matrix

Risk	Risk Level (High, Moderate, Low)	Risk Owner(s)	Mitigation Measures
Inadequate Financial Resources.	Low	CGN, Stakeholders & General Public	Increase own source revenue through resource mobilization strategies.
Inadequate Governance Structures.	Low	CGN & General Public/Community	Ensure proper succession management and timely recruitment. Sensitization and capacity building staff.
Technological issues e.g., password theft, service outages.	Moderate	County Government/Clients/Suppliers	Capacity building staff on password management; Public-private partnership.
Emerging health conditions.	High	Community/General Public	Invest in health commodities/technology & capacity building medical staff on emerging issues. Ensure proper succession planning/management and timely recruitment.
Breach of contracts like Insurances, procurement, etc..	Low	Stakeholders & CGN/Management	Comply and seek legal guidance.
Delay or late disbursement of exchequers.	Low	CGN/Employees/Stakeholders	Comply with statutory requirements and/or increase own source revenue.

CHAPTER FIVE: MONITORING AND EVALUATION FRAMEWORK

5.1 Monitoring, Evaluation, Reporting and Learning

This section outlines the basis of how the plan will be monitored and evaluated, highlights the key outcomes for the various sector programs and the desired targets for the plan period and as well gives room for lessons to be learnt during and after the implementation period.

The county monitoring and evaluation framework appreciates the fact that the county Government's decisions, policies, procedures, and systems related to the inter-connected areas of performance management have been progressively changing. Largely the changes has been attributed to: the county government's imperative to deliver essential services and commitments made to various stakeholders and citizenry; the need for accurate and up to date data, and tracking and reporting of results to support continuous and improved service delivery; the need for meaningful engagement with stakeholders regarding results; need to comply with legislative and regulatory requirements; and the need to respond to changes in county government's delivery model.

To ensure effective tracking of progress for successful achievement of projects and programmes, the County will ensure clear linkage of the plan to CIDP and other plans including vision 2030, medium term plans and National Governmental Development Agenda. Targets set in this plan will be cascaded to departmental level and further to individual work plans which are annually based. The focus of county departments' indicators and targets will be alignment to the county's long term planning direction. Monitoring and evaluation forms part of the Performance Management Framework, which encompasses setting performance indicators, measuring them over time, evaluating them periodically and finally, making course corrections as required.

5.2 M&E Reporting Structures

County monitoring and evaluation framework will be critical in assisting the county Government to assess whether the policies, programs and projects are implemented according to the planned timelines and targets. Through collaboration of the county M&E unit, departments' focal monitoring and evaluation officers and county M&E Committee and through the engagement of all relevant stakeholders, the county will ensure that the planned projects and programs will be effectively and timely executed in line with the budgetary allocations. Results obtained from monitoring and evaluation will be important when giving feedback to the citizens as well as during the resource allocation process.

The M&E system will be helpful to the county in; establishing a countywide understanding of M&E issues, creating harmony in understanding expectations on results from various actors; will enhance culture of focusing on results; will clarify roles and responsibilities and advance the institutionalization of monitoring and evaluation in service delivery. The county government will also ensure that this framework will be translated into M&E practices that support public participation, planning, budgeting, delivery, policy development, oversight, reporting and other governance related processes. Further, the transparency and accountability agenda will be

advanced through the generation of sound information which will be used in reporting, communication, and the improvement of service delivery.

The county will strengthen the monitoring and evaluation function by identifying additional officers in the various departments and or sectors who will help in the enhanced M&E activities in the county. The identified officers together with the already M&E officers in place will be regularly trained on the modern techniques of data collection, analysis and reporting to equip them with the relevant technological skills for proper implementation of the county projects and programs monitoring and evaluation. In addition, the county will ensure that adequate resources are allocated and or set aside for monitoring and evaluation to ensure and facilitate maximum performance from the unit.

5.3 Data Sources and Collection Method

Routine data collection tools will be used to capture necessary information required to measure progress. Data will be collected daily, weekly, monthly, and quarterly or as need arises. The M & E unit will devise an ideal data collection tool to suit various indicator needs.

The department will ensure that adequate resources are allocated and or set aside for monitoring and evaluation to ensure maximum performance from the unit.

Types of Reports

The M & E unit will generate reports based on the need. Reports will be generated as per the existing MOH guidelines and procedures. Electronic systems will be put in place to ensure quality data is generated to inform decisions.

5.4 Dissemination and Feedback Mechanisms

Various forums will be used to disseminate the progress of the performance.

5.5 Review and updating the Sectoral Plan

The plan will be reviewed after the expiry of the implementation period. However, the M&E unit will be making regular progress during the implementation.

To effectively monitor the progress of implementation of programs in the plan and eventually evaluate them, a Monitoring and Evaluation Matrix indicating the programs to be implemented, their envisaged outcomes, mid-term and end-term targets, and performance indicators as shown in Table 9.

Table 17: Monitoring and Evaluation Matrix

Program	Outcome	Key Performance Indicator(s)	Baseline		Targets	
					Five Year	Ten Year
			Value	Year	Target(s)	Target(s)
General Administration, Planning and Policy	Efficient and effective health care services	Improvement in the employee satisfaction index	50%	2023	70%	100%
		Improvement in the Customer satisfaction index	87%	2023	93%	98%
		Health Revenues Collected	473M	2023	800M	1 billion
		Health Insurance Coverage rate	24.50%	2023	50%	75%
Preventive and Promotive Services	Increased life expectancy	Reduced under Five mortality	50	2023	25	15
		Reduced HIV incidence rate (new infections/year)	220	2023	160	80
		Reduced incidence of T.B infections	78	2023	74	70
		Reduced Maternal mortalities	67	2023	65	63
		Reduced prevalence of NCDs	80%	2023	12%	10%
		Immunization coverage	78%	2023	90%	95%
Curative and Rehabilitative Services	Improved access to and quality of health care	Number of equipped and operational health facilities	124	2023	185	187
		Doctors per 10,000 population	16	2023	18	20
		Nurses per 10,000 population	104	2023	145	160
		Number of health facilities offering specialized services	5	2023	8	10
		Average distance to nearest health facility	5	2023	5	5
		Average length of stay (ALOS) in days	7	2023	5	5
		Incidence of healthcare associated infections	0	2023	0	0
		Medical emergency response time	No data	2023	30	20
Tuition Programme in VTCs	Increased enrolment and skilling of youth.	Number of youth skilled increases More youth in self-employment.	900	2023	45000	450,000
Disaster risk management	Reduced loss of lives and property	No. of deaths/missing persons/persons affected by disaster	137	2023	700	3500
Social Welfare and Community empowerment	Improved Livelihood and Social well-being of the people	Number of vulnerable and special interest groups members benefiting from the empowerment initiatives	360	2023	1800	3600
Sports development	Increased competitiveness in sports and	Number of people directly impacted by sporting activities	12700	2023	63500	317500

Program	Outcome	Key Performance Indicator(s)	Baseline		Targets	
					Five Year	Ten Year
			Value	Year	Target(s)	Target(s)
	recreational activities					
Gender Youth development	Enhanced gender equity and socio-economic sustainability	Number of people supported through the program.	5,400	2023	20000	200000