



# HUMAN RESOURCES DEVELOPMENT SECTORAL PLAN

2023-2032



#### SECTOR VISION

"A prosperous County with a healthy, well-informed, highly skilled, and productive population, where every individual has equal access to essential services and opportunities for personal and community growth.

#### **SECTOR MISSION**

"To collaboratively formulate, mainstream, and diligently implement policies that promote sustainable, equitable, and accessible healthcare, education, social services, cultural heritage, and gender equality, ultimately enhancing the well-being and development of our residents."

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#### ABBREVIATIONS AND ACRONYMS

AIDS Acquired immune Deficiency Syndrome

AK Athletics Kenya

BEOC Basic Emergency Obstetric Care

CBOs Community Based Organization

CCI Charitable Children's Institution

CDAs Community development assistants

CDH County Director of Health

CECM County Executive Committee Member

CEDAW Convention on the Elimination of All Forms of Discrimination

Against Women

CGN County Government of Nyandarua

CHW Community Health Worker

COH Chief Officer of Health

CPSB County Public Service Board

CRC Child Rights Convention

CRS Clinical and Referral Services

CT Scan Computerized Tomography Scan

DFH Division of Family Health

DOH Department of Health

ECD Early Childhood Development

ECDE Early Childhood Development Education

ECG Electrocardiogram

FKF Football Kenya Federation

FPE Free Primary Education

GoK Government of Kenya

HIV Human-Immunodeficiency Virus

HOD Head of Division

HSSF Health Sector Services Fund

ICPD International Population and Development Programme of Action

ICT Information Communication and Technology

ICU Intensive Care Unit

IDP Internally Displaced Person

IHP International Health Partnerships

ILO International Labor Organization

ITNS Insecticide Treated Nets

KMTC Kenya Medical Training College

KNEC Kenya National Examinations Council

LE Life Expectancy

M&E Monitoring and Evaluation

MCSK Music Copyright Society of Kenya

MDGs Millennium Development Goals

MOE Ministry of Education

MOEST Ministry of Education Science and Technology

NCDs Non-Communicable Diseases

NEMA National Environment Management Authority

NHSSP National Health Sector Strategic Plan

NITA National Industrial Training Authority

NVCET National Vocation Certificate in Education & Training Curriculum

NYC National Youth Council

OBA Output Based approach

OPCT Older Persons Cash Transfer

PWSD-CT Persons with Severe Disabilities Cash Transfer

OVC Orphans and Vulnerable Children

PLWAs Persons Living With Albinism

PLWD People Living With Disabilities

PPO Public Procurement Opportunities

PSC Public service Commission

S&R Standards and Regulations

SACCOs Savings and Credit Cooperative Societies

SARS Severe Acute Respiratory Syndrome

SYPT Subsidized Youth Polytechnic Tuition

TB Tuberculosis

TSC Teachers Service omission

UNCRC United Nations Convention on the Rights of the Child

UNESCO United Nations Education Scientific and Cultural Organization

VRC Vocational Rehabilitation Centre

WTO World Trade Organization

YDI Youth Development Index

YPs Youth Polytechnics

VTC Vocational Training Centres

TVET Technical Vocational entrepreneurship Training Authority

CDACC Curriculum Development Assessment and Certification Council

RPL Recognition of Prior Learning

#### **FOREWORD**

The County Government Sectoral Plan 2023 – 2032 lays the foundation for significant enhancements in the overall productivity of our county's population,

in alignment with Kenya's long-term development blueprint, Vision 2030, the Constitution of Kenya 2010, the Kenya Health Policy Framework 2014 – 2030, and global commitments. This plan serves as a testament to the unwavering commitment of the Human Resource Development Sector, operating under the aegis of the County Government, to foster a populace that is not only healthy but also well-informed, skilled, and exceptionally productive.

Our Sectoral Plan has been meticulously crafted to be comprehensive, well-balanced, and inherently coherent. It centers on two pivotal responsibilities: propelling economic development as envisioned in Vision 2030 and safeguarding fundamental human rights enshrined in the Constitution of Kenya 2010. We have placed a premium on the principles of equity, a people-centered approach, and active participation, promoting efficiency, adopting a multi-sectoral approach, and enforcing social accountability in the delivery of services. This Sectoral Plan upholds the cardinal principles of human rights and fundamental freedoms, extending them to diverse groups of individuals, including children, persons with disabilities, youth, marginalized communities, and our esteemed elders, in strict accordance with our Constitution.

Our Sectoral Plan revolves around health services, education, children's welfare, gender affairs, cultural heritage preservation, and social services as the pillars of our journey to fulfillment. It takes into account the division of functional responsibilities between the two tiers of government and focuses on the functions devolved to the County Government in accordance with Schedule Four of the Constitution. The successful implementation of this plan hinges upon a multitude of actors, necessitating heightened awareness and an unshakable commitment to ensuring that our objectives are comprehended and wholeheartedly embraced by various stakeholders and implementing partners.

H.E DR. MOSES K BADILISHA GOVERNOR NYANDARUA COUNTY

#### **PREFACE**

This sector plan serves as a strategic blueprint for advancing human resource development within our County. The vision outlined herein is grounded in the alignment of our county's human resource growth with the broader national objectives of Vision 2030, recognizing human resources as pivotal in achieving the Sustainable Development Goals. The essence of this sector plan is to continually nurture, educate, and empower our citizens, ensuring the current and future well-being and enlightenment of our population.

Notably, this represents the second sector plan developed since the inception of devolution. While the initial sector plan yielded significant achievements, it was not without its challenges and unmet targets. It has been a learning process, and this new Sector Plan reflects the knowledge and experiences gained during that journey.

The Sector Plan sets forth a clear and ambitious agenda for the coming decade. We pledge our unwavering commitment to its realization, dedicating our collective efforts and resources toward this endeavor. This comprehensive implementation framework will guide the development of pragmatic annual work plans and departmental strategies. It will also be subject to rigorous performance monitoring, an inherent responsibility of our management.

The formulation of this Sector Plan was a collaborative effort that drew from the wisdom and insights of our valued stakeholders. Our sector staff formed a dynamic Sector Working Group, playing a pivotal role in coordination and the generation of invaluable information.

I urge all stakeholders to join hands in pursuit of the goals outlined in this Sector Plan. It is a living document that must adapt to the evolving realities of the 21st Century.

HON. JOHN NDUNGU MUIRU

COUNTY EXECUTIVE COMMITTEE MEMBER

#### **ACKNOWLEDGEMENT**

The Human Resource Development Sectoral Plan was developed through wide consultative and collaborative efforts by the county departments of health services and education. The human development sector would like to acknowledge the contributions and commitments of the individuals who worked diligently towards the successful completion of the plan. This included a team of committed members of staff from the Department of Health Services and the Department of Education, Children, Gender, and Social Services.

We profoundly acknowledge the unwavering support, commitment, strategic leadership, and oversight provided by HE the governor Dr. Moses Kiarie Badilisha the Governor of Nyandarua County, whose vision for the county's human resource development has been a driving force behind the plan. His commitment to the well-being and prosperity of Nyandarua's residents has been an inspiration to all involved.

We also acknowledge the chairperson of the sector Working group, Hon. John Muiru, (CECM) for his support and commitment throughout the formulation process. His dedication and guidance have been instrumental in shaping the vision and mission of this sectoral plan.

Additionally, we extend our gratitude to the County Executive Member for the Health Services Department Hon. Dr. Zakayo Kariuki and The Chief Officer Public Health, for their invaluable contributions and insights throughout the planning process.

This Sectoral Plan stands as a testament to the collaborative spirit, dedication, and vision of all involved, and it is our shared commitment to the betterment of Nyandarua County that will drive its successful implementation.

DR PACHOMIUS WAMBUGU CHIEF OFFICER

#### **EXECUTIVE SUMMARY**

The Human Resource Sector Plan has been developed in cognizance of Kenya's Vision 2030, Millennium Development Goals, the Constitution of Kenya, and the County Government Act among other legal and policy documents. The implementation of this Sector Plan is based on stakeholder participation, good governance, and a professional approach to institutional management.

This sector plan is structured into five chapters. Chapter one gives the overview of the county in terms of size, position, neighboring counties, physical and topographic features, ecological and climatic conditions. It also describes the composition of the sector, rationale for preparation of the plan and the methodology adopted in developing the sector plan.

Chapter two explains the situational analysis of the sector in terms of functions, financing, performance trends and achievements and development issues. It also presents the cross-cutting issues, emerging issues, and the stakeholders analysis.

Chapter three highlights the strategic direction of the sector in terms of sector vision, mission, and strategic objectives. It identifies the programmes and interventions to be implemented by the sector to achieve the strategic objectives. It also recognizes the cross-sectoral linkages that will build synergies and address adverse effects that may arise from the implementation of the programmes.

Chapter four documents the implementation plan of the sector plan and the resource requirement. It highlights the institutions and their specific roles in the implementation of the sector plan and provides a structure for effective coordination. The chapter also indicate the total cost of funding the sectoral plan disaggregated by funding sources. It should also indicate the estimated total cost of implementing the specific programmes, as well as the potential financing source. The role of collaborating partners in implementation of this plan is also

explained. Capacity gaps are also identified and measures to address them explained. Risks are acknowledged, and mitigation measures explained

Chapter five provides the monitoring and evaluation framework and key performance indicators that would be monitored during the plan period. This includes monitoring methodologies, evaluation mechanisms, progress reports (monthly, quarterly, and annually). A midterm review will be undertaken, and appropriate amendments made at that time. A final evaluation will be done to create the baseline for the next Sector Plan.

#### CHAPTER ONE: INTRODUCTION

#### 1.0 Introduction

This chapter provides the geographical location and area of Nyandarua County. It further gives the socio-economic mainstay of the county in terms of the main economic activities being carried out. The ecological and climatic conditions in the county have also been described. In addition, the demographics for the county have also been provided depicting the population classified per sex as well as sub counties covering the period 2019 to 2027 which coincides with midpoint of the sectoral plan. Lastly, this chapter has provided the mandates of each subsector, the methodology employed in preparing the governance sectoral plan, how this plan is linked to the existing policy and legal framework as well as the rationale for its preparation.

### 1.1 Overview of the County

#### 1.1.1 Position and size

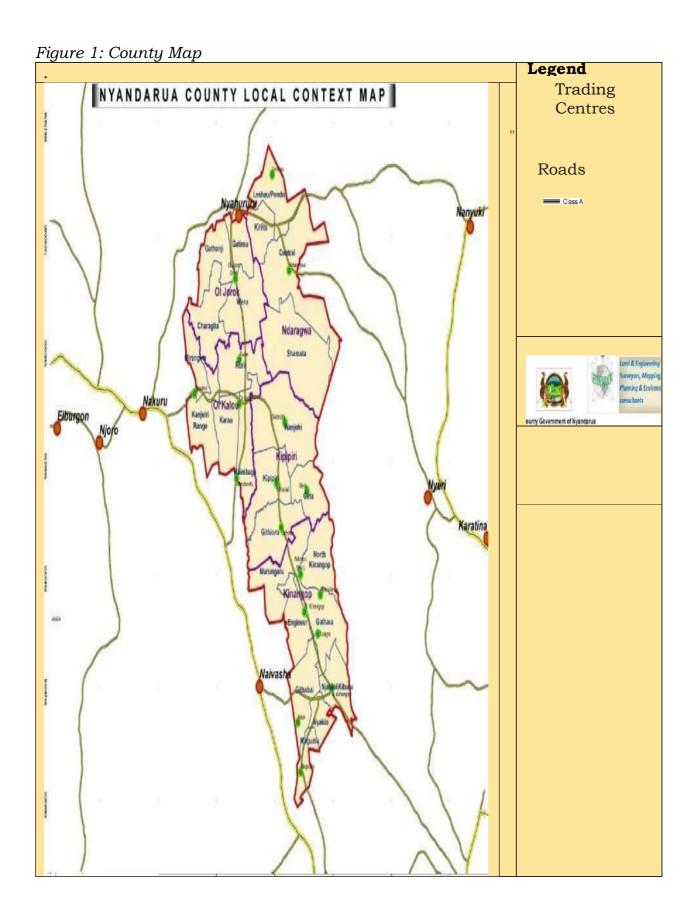
Nyandarua is located in the central region of Kenya and lies between latitude 0°8' North, and 0°50' South and between Longitude 35° 13' East and 36°42' West. It borders Kiambu to the South, Murang'a to the Southeast, Nyeri to the East, Laikipia to the North, and Nakuru to the West. The county is privileged to have the equator passing through two points in O1'Joro Orok (Gatimu) and Ndaragwa (Gwa Kungu) sub-counties.

The County is located in the Mt. Kenya and Aberdare belt of central Kenya. Its headquarters are in Ol Kalou town which is approximately 150 Kilometers Northwest of Nairobi.

The County is also a member of the Central Region Economic Block (CeREB) comprising of nine other member Counties namely Nakuru, Laikipia, Nyeri, Murang'a, Kiambu, Embu, Tharaka Nithi, Kirinyaga and Meru. These counties are homogeneous in terms of economic activities with all of them engaging heavily in agriculture. Further, the inhabitants are predominantly Eastern Bantus.

The area of the County is approximately 3,286 Square Kilometers, part of which is covered by the Aberdare Ranges.

The County map is as shown in figure 1.



#### 1.1.2 Socio-economic mainstay of the county

The socio-economic mainstay in Nyandarua is Agriculture and related industries. The main agricultural produce includes Irish potatoes, cabbages, carrots, peas, floriculture, pyrethrum, sugar beet, cereals, poultry, and dairy. This is due to the favorable climate and natural resources such as fertile soils. The high agricultural production has made our County a top producer of Irish Potatoes accounting for over a third of the national production and the second top producer nationally of Milk in turn becoming a food basket and a strategic county in national food security. The sector employs about 69% of the population and contributes approximately 73% of household incomes. Other significant contributors to the county economy are general commerce including wholesaling and retailing as well as lumbering sector all which have created significant employment opportunities. The County is also blessed with numerous tourism assets which includes Lake Olbolosat, Mau Mau caves, happy valley homes, equatorial sites, and Aberdare ranges which if well tapped into would be major contributors to the County and national economic growth.

# 1.1.3 Physical and topographic features

The formation of the County was greatly influenced by volcanism and faulting that created the major landforms namely: The Great Rift Valley to the west and the Aberdare ranges to the east. The County's topography is characterized by a mix of plateaus and hilly areas.

At 3,999 meters above sea level, the Aberdare Ranges is the highest point in the county while the lowest parts include Lake Olbolosat, Leshau and the northern part of Ndaragwa Central Ward, lower Kaimbaga, and the western parts of Kipipiri, Githioro and Murungaru Wards. The flat areas include Kinangop and O1'Ka1ou/O1'Joro Orok plateaus.

Over time, rock weathering has transformed the Aberdare ranges, which dissects the slopes into shallow valleys and the gorges with deep and well-drained soils. As they approach Ol Kalou and Kinangop plateaus, these valleys flatten with only a few gorges draining river water down the escarpment and

onto the floor of the Rift Valley. Ol'Kalou Salient Plateau in the north and Kinangop Plateau to the south stretch north south between the Aberdare ranges and a system of fault scarps which form the escarpment. Dundori Hills represent a high weathering resistant block of the scarp. The two plateaus extend to about 80 km from north to south and about 40 km wide north of Ol'Kalou town. Gentle slopes intermitted by low hills flatten into marshlands and swamps. The rest of the land is well-drained and has fertile soils of volcanic origin. Soils in the Kinangop and Ol'Kalou plateaus are poorly drained clay loam. However, Ndaragwa, the northern part of Ol'Joro Orok and Ol'Kalou have well-drained clay loam with different crop production potential. The plateaus have key settlement zones.

There are eight permanent rivers; Malewa, Ewaso Narok, Pesi, Turasha, Chania, Kiburu, Mkungi, and Kitiri. Lake O1'Bo1osat, which is the largest water mass in the County, is fed by streams and underground water seepage from the Aberdare and Dundori hills. Human activities and clearing of the catchment areas for settlement have affected its natural refilling system and its existence is threatened.

The Aberdare Ranges is one of the country's major water towers. Moreover, the Aberdare ecosystem constitutes a dense forest with several animal species including elephants, baboons, Columbus monkeys, tree and ground squirrels, porcupines, and many bird species. On the slopes of the Aberdare ranges are also the Mau Mau caves in Geta and Kimathi. The ranges offer great potential for local and foreign tourism in the County as they border the Aberdare National Park to the east and can be developed as nature trails and for mountain climbing.

#### 1.1.4 Climatic and Ecological conditions

#### 1.1.4.1 Climatic conditions

The temperature in the County ranges between 12°C in July to 25°C in December. The County can therefore be considered to have a moderate

temperature. High temperatures, which are low by the national average, are experienced between December and March with the lowest temperatures occurring in July. The highest temperature in December has a mean average of 25° C while the lowest in July has a mean average of 12° C. Variation of the temperature has adverse effects, especially on crop cultivation; when cold air during clear nights on the moorlands of the Aberdare Ranges flows down the Kinangop and Ol'Kalou Plateaus it causes night frost almost monthly.

Maximum rainfall of about 1700 mm is received during March and May which coincide with the wet season, (also known as the second season) and maximum rainfall of about 700 mm during September-December (coinciding with the dry season, also known as the first season). The rainfall decreases from East to West. Nyandarua County has had reliable rainfall which is generally well distributed throughout the year but is starting to be erratic due to climate change. The Aberdare Ranges and the Dundori Hills influence rainfall distribution in the area, with areas like Njabini and South Kinangop receiving higher amounts of rainfall while areas of Ndaragwa and Ol'Kalou receive comparatively low rainfall. In a typical year, the County experiences two rainy seasons: long rains from March to May with a maximum rainfall of 1,700 mm and short rains from September to December with a maximum rainfall of 700 mm. The average annual rainfall of the County is 1,500 mm. Nyandarua County has an average relative humidity of 71.5%.

# 1.1.4.2 Ecological Conditions

Some areas in the County are in the highland savannah zone, characterized by scattered trees with expansive grass cover. In elevated areas, tree cover increases forming thick forests with thick undergrowth. However, most of the natural vegetation has been cleared leading to environmental hazards such as environmental degradation which has claimed large portions of arable land. This has had some negative effects such as reduced rainfall, soil erosion, reduced soil fertility, poor health, and reduced food production.

The County has been greatly affected by climate change. This has led to emergent weather patterns which were hitherto unprecedented. Incidences of unpredictable weather patterns have become common in the last decade, negatively affecting agriculture production as well as increasing health challenges associated with weather changes. Floods and droughts have become common occurrences lately.

The Climate has been observed to change in Nyandarua. Since 1981, the first wet season has experienced a moderate (1 °C) increase in mean temperature and associated reduction in the crop cycle, and a slight tendency for increasing precipitation. The second wet season experienced a mild (~0.5 °C) increase in temperature and no change in precipitation. Looking to the future in the years 2021-2065, prolonged moisture stress is projected to occur across both seasons of the year analyzed, whereas intense precipitation looks to change little.

# 1.2 County Demographics

The County has five administrative sub-counties under the County Government jurisdiction. They include; Kinangop, Kipipiri, Ol Kalou, Ol Joro Orok and Ndaragwa. Each sub-county is further divided into wards with the County having a total of twenty-five (25) wards. Kinangop is the biggest Sub-County with eight Wards followed by Ol Kalou with five wards while Kipipiri, Ndaragwa and Oljoro Orok have four Wards each. Kinangop, being the largest Sub-County covers 939 km² while Ol 'Joro Orok Sub-County covering 439 Km² is the smallest.

*Table 1:County Government Administrative Wards by constituency* 

Sub County	No. of Wards	Area (Km²)
Kinangop	8	939
Kipipiri	4	544
Ol'Kalou	5	670
Ol 'Joro Orok	4	439
Ndaragwa	4	654
Total	25	3,246

Source:

The Kenya National Population and Housing Census, 2019, stated that the county had a population of 638,289 persons of whom 315,022 (49.3 per cent) were male and 323,247 (50.6 per cent) were female. The County had a total number of 179,686 households with an average household size of 3.5 persons. The population density at the time was 194 persons per km<sup>2</sup>.

The population was projected to be 682,740 in 2022, and further extrapolated to be 721,112 in 2025 and 746,009 in 2027.

In 2019, Kinangop Sub-County had the highest number of households with a population of 205,280 persons whereas Ol 'Joro Orok had the least number, with 97,965 persons. This implies that 32.16 per cent of the entire county population resides in Kinangop while 15.34 per cent reside in Ol Jor Orok. Table 4 provides the population at the time of the census in 2019 and its projections for the periods; 2022, 2025 and 2027 segregated by sex. The projections have factored in key demographic considerations such as fertility, mortality, birth, and immigration rates.

Table 2: Birth Statistics for Nyandarua

Count	2019			2022			2025			2027		
y/ Sub-	Mal e	Fem ale	Tota 1									
Count		uio			410	•	·	uio	-		uio	_
y					•							
Nyand	315,	323,	638,	335,	346,	682,	354,	367,	721,	365,	380,	746,
arua	022	247	289	847	893	740	096	016	112	883	126	009
Kinang	100,	104,	205,	107,	112,	219,	113,	118,	231,	117,	122,	239,
op	884	387	280	553	023	576	397	521	917	172	755	924
Kipipiri	46,1	47,7	93,8	49,1	51,2	100,	51,8	54,2	106,	53,5	56,1	109,
	13	40	55	61	32	391	33	04	033	58	40	694
Ol'Kalo	70,7	71,6	142,	75,4	76,9	152,	79,5	81,4	160,	82,2	84,3	166,
u	76	97	476	55	42	398	55	05	963	03	13	521
Oljoro	48,7	49,2	97,9	51,9	52,8	104,	54,7	55,8	110,	56,6	57,8	114,
Orok	52	09	65	75	09	787	99	72	677	23	68	498
Ndarag	48,4	50,2	98,7	51,7	53,8	105,	54,5	57,0	111,	56,3	59,0	115,
wa	97	14	13	03	87	587	12	13	522	27	50	372

# 1.3 Sector Background Information

This sector is composed of two sub sectors; Health services sub sector and Education, children, gender Affair, Culture, and social services sub sector.

Education, children, gender affairs, culture and Social services sub-sector has the following mandate;

- Develop a management policy for Early Childhood Development Education for the county.
- Develop policy and regulations on free-pre-primary education.
- Ensure registration of PRE-PRIMARY EDUCATION Centres.
- Assessment, Construction, Supervision, and Improvement of PRE-PRIMARY EDUCATION projects.
- Management of PRE-PRIMARY EDUCATION feeding Programme.
- Strategic management of PRE-PRIMARY EDUCATION centers to improve the welfare of the PRE-PRIMARY EDUCATION children and the Preparatory Assistants.
- Monitoring, evaluating, and maintaining data of enrolment of PRE-PRIMARY EDUCATION Children.
- Construction and renovation of suitable PRE-PRIMARY EDUCATION classrooms.
- Provision of play equipment in PRE-PRIMARY EDUCATION centres.
- Supervise Early Childhood school's administration and programmes
- Equipping PRE-PRIMARY EDUCATION Centres with playing grounds.
- Implement a Scheme of Service for PRE-PRIMARY EDUCATION Teachers.
- Construct PRE-PRIMARY EDUCATION sanitation facilities.
- Allocation and administration of County Bursary Fund, Endowment and Scholarships.
- Coordinate the Establishment of the University of Nyandarua.
- Implement recommendations of Taskforce on Education Standards.
- Development of policy and management of VTC and vocational training Institutions.
- Construction and improvement of VTC infrastructure including hostels, workshops, sanitation, and administrations blocks.
- Establishment of model Vocational Training Centres.

- Draft Scheme of Service for Youth Polytechnic Instructors.
- Establish Centres of Excellence for specialized training among VTC.
- Provide modern equipment and technology in VTC.
- Management of Youth Polytechnic Tuition Fund and Grants.
- Ensure Youth Polytechnic trainees take NITA and KNEC examination and are certified
- Establishment of proposed Nyandarua university and providing regular updates of the progress.
- Develop strategies and policy on promotion of gender mainstreaming in all county departments.
- Initiate establishment of Community Multipurpose Conference Centres per sub county.
- Training of men and women on entrepreneurship to champion their socioeconomic.
- Initiate steps to establish chaplaincy in the county.
- Coordination of activities on county peace day.
- Initiation of Programmes for the reduction of gender-based violence (GBV).
- Formulate a County Heritage Policy and Management.
- Develop County Archives and Public Records Management.
- Management of County Museums and Monuments.
- Develop a County Cultural Centre.
- Undertake activities to promote cultural activities in the county.
- Identify and manage county cultural resources, historical and cultural landmarks.
- Empowerment programmes for People Living with Disabilities.
- Reduction of alcohol and drug abuse cases.
- *Gazettement* and protection of archaeological sites.
- Profiling of historical artefacts, colonial white mischief valley homes and Mau Mau caves.
- Management of County Library services.
- Management and preservation of Kikuyu Culture in the County.

- Develop strategies to improve the delivery of social services in the county.
- Develop and Formulate a County Social Protection Policy.
- Develop and Manage County Social Assistance Programmes including NHIF enlisting, assistance to the aged, OVCs and PLWDs.
- Coordination of HIV/AIDS and other non-communicable diseases sensitization programmes.
- Initiate income generation activities for PLWDs.
- Assistance of PLWDs with assistive devices.
- Handle children's welfare issues in the county.
- Management of Children's homes.
- Reduction of Alcohol and Drug Abuse programmes in the county.
- Establishment and control of County Alcoholic Drinks Board.
- Establishment and Control of Sub County Alcoholic Drinks Regulatory Committees.
- Establishment of Rehabilitation Facilities and Programmes.

# 1.3.1 Education Subsector Contribution To social-Economic Development.

Early Childhood Development and Education (ECDE) forms the cornerstone of the County's educational journey, laying a solid foundation for lifelong learning. These programs equip young children with the cognitive and social skills essential for formal education, ultimately nurturing a more educated and skilled workforce for the county's future. In tandem with ECDE, vocational training is another indispensable element in Nyandarua County's development. It equips individuals with practical, job-specific skills, unlocking opportunities for productive employment and income generation. This approach empowers the county's youth to actively participate in economic activities, fostering local development and breaking free from the shackles of poverty and social exclusion. Our County's commitment to education and vocational training is a testament to its dedication to social and economic development. Through these fundamental pillars, individuals acquire the skills, knowledge, and opportunities

vital for economic growth and inclusivity, setting the stage for a brighter, more prosperous future for the county and its people.

The Children Directorate in the County stands as a pivotal force in the region's social and economic development, with a central commitment to nurturing the well-being and future prospects of its youngest residents. Through its dedicated efforts, the directorate not only safeguards children's rights and protection but also amplifies educational opportunities, ensures access to healthcare and proper nutrition, provides indispensable social services, and staunchly advocates for children's rights and active participation. By holistically addressing these multifaceted aspects, the directorate plays a transformative role in cultivating a more secure, educated, and healthy young population, thus sowing the seeds of social stability and economic productivity for the future of the County.

The Gender Affairs Directorate in the County plays a pivotal role in advancing gender equality and promoting the welfare of women and marginalized groups, contributing significantly to the social and economic development of the county. Through initiatives focused on gender equality, economic empowerment, health education, political participation, and cultural change, the directorate enhances the socio-economic fabric of the county. It actively empowers women, ensuring equal access to opportunities, resources, and decision-making processes, reducing economic disparities through women's economic empowerment programs, and fostering a more inclusive and prosperous society. By addressing the unique challenges and opportunities faced by women and marginalized groups, the Gender Affairs Directorate creates a conducive environment for sustainable social and economic growth and development in the County.

The cultural heritage sector contributes considerably to social and economic growth by stirring the cultural life of our community, generating jobs, attracting tourists, preserving history, and fostering a sense of identity and community

pride. It therefore stimulates economic growth and sustainable development in the county.

The social services component in the County stands at the forefront of social and economic development, with its multifaceted contributions shaping a more inclusive and prosperous society. Through programs aimed at poverty alleviation, social safety nets, elderly and disabled care, community development, mental health and substance abuse services, social cohesion and inclusion, and disaster relief, this sector forms the backbone of societal resilience in the County. It not only addresses immediate needs but also fosters long-term economic stability by enhancing individual well-being, reducing inequality, and promoting community strength. The social services sector in the County is key in creating the essential conditions for sustained economic growth and prosperity while ensuring that no one is left behind in the quest for progress.

# 1.3.2 Health services sub-sector has the following mandate;

- 1. County health facilities and pharmacies;
- 2. Ambulance services;
- 3. Promotion of primary health care;
- 4. Licensing and control of undertakings that sell food to the public;
- 5. Cemeteries, funeral parlors, and crematoria;
- 6. Refuse removal, refuse dumps and solid waste disposal.

Deriving its mandate from the Constitution of Kenya (2010), and guided by its mission of offering affordable, accessible, sustainable quality health care services and its vision of having a county free of preventable diseases and ill-health, the Department of Health in the County Government of Nyandarua is mandated specifically with the;

- 1) Implementation of National and County policies at the County level;
- 2) Provision of Community Health Services;
- 3) Provision of Health Education;
- 4) Quarantine Administration;

- 5) Implementation of preventive health programmes including vector control;
- 6) Provision of reproductive health services;
- 7) Provision of radiation protection services;
- 8) Provision of promotive health services;
- 9) Promotion of food quality and hygiene;
- 10) Health inspection and other public health services;
- 11) Provision of curative services;
- 12) Treatment and management of HIV/AIDS and other Sexually Transmitted Infections;
- 13) Provision of maternity services;
- 14) Management of clinics, hospitals, health centers and dispensaries (Both Private & Public);
  - 15) Provision of Health Insurance Services;
  - 16) Provision of Clinical Laboratory Services;
- 17) Development and management of public funeral parlor, cemeteries, and crematoria;
- 18) Coordinate procurement, distribution and management of drugs and medical supplies;
- 19) Solid waste management including dumpsites;
- 20) Air and noise pollution control;
- 21) Inspection and licensing of private facilities;
- 22) Establishing public health facilities;
- 23) Inspection of food handling facilities;
- 24) Medical examination of food handlers;
- 25) Issuance of medical suitability certificates;
- 26) Management of ambulance services;
- 27) Disease surveillance and disaster response;
- 28) Manage the TB Programme;
- 29) Immunization;
- 30) Nutrition services;

- 31) Collection, analysis of health data and dissemination;
- 32) Procurement and distribution of health products

This health sub-sector executes its mandate through the following divisions; pharmaceutical and referral services, family health, standards and quality assurance, preventive and promotive services, monitoring & evaluation, and health administration.

# 1.3.2.1 Contribution towards social economic development

A good health system contributes to healthy families which in turn become the drivers of the growth of both the family incomes and also government revenues. The increase of per capita per individual or families drives the GDP growth. Therefore, social development is a product of economic growth. Economic growth is also a determinant of health. Health is a social product. A healthy family is a socially stable unit of the general population.

# 1.4 Rationale/justification for preparing County Sectoral Plan

Section 109 of the County Governments Act provides that a County department shall develop a ten-year county sectoral plan as component parts of the county integrated development plan. The County sectoral plans shall be the basis for budgeting and performance management. These plans are to be reviewed after every five years by the County Executive and approved by the County Assembly but updated annually.

Management of the County affairs through the sectoral approach through grouping of similar subsectors together helps organize and manage the scarce public resources. This results to promotion of efficiency, effectiveness, and accountability in the following manner;

- **Expertise:** By dividing responsibilities into sectors, experts can focus on specific areas, making sure they are well-informed and skilled at what they do. This specialization generally leads to better outcomes.
- **Effectiveness:** specialization helps reduce waste and redundancy.

- Accountability: Having separate sectors allows for clear lines of responsibility and accountability. This transparency encourages public officials and organizations to do their jobs diligently.
- Varying Needs: Different parts of society have diverse needs and priorities.
   By having separate sectors, the government can address these unique challenges more effectively.
- **Checks and Balances:** This helps protect against abuse of power and ensures that decisions are made in the best interests of the people.
- **Flexibility:** Societal needs change over time. Having separate sectors allows for flexibility in adapting to these changes.
- **Innovation:** Specialized sectors attract experts in their respective fields who can bring innovation and best practices to the table. This leads to advancements in technology, healthcare, education, and other essential areas.

# 1.5 County sectoral plans linkages with the existing legal and policy framework

To ensure synergies and prudent management of the sector, the Governance sectoral plan shall be linked to the following plans;

- a) Long-term plans covering more than 10 years; these include the Kenya Vision 2030, Kenya National Spatial Plan 2015-2045, County Long Term Development Plans, International Development Obligations (SDGs, DRR and Africa Agenda 2063),
- b) Long-term plans covering 10 years; these include the County Spatial Plans, City Plans, Urban Plans (10 Years), other Sectoral plans in the country and county, and Central Region Economic Bloc Blueprint.

The sectoral plans should in turn inform the preparation of the following medium- and short-term plans;

c) Departmental Strategic Plans (5 Years), County Integrated Development Plans (CIDP) - (5 Years),

d) County Annual Development Plan (CADP) - (1 Year) County Budget Review and Outlook Paper; County Fiscal Strategy Paper and Annual Work Plan.

#### 1.6 Methodology

Preparation of this sectoral plan underwent a rigorous and structured approach during its development. The steps were in full conformity with the provided guidelines by the state department for economic planning as detailed; herein;

- a) **Organization of sectors in the County**; The County Executive Order 1 of August 2022 and other supportive instruments organized the county government into departments, directorates, and agencies each with assigned functions. Further, all the departments and agencies were clustered into four sectors namely; Governance, productive, human resource, and infrastructure.
- b) County sectoral plans preparation concept approval and Constitution of the County Sectoral Plans secretariat; the County Executive Committee paper on approval of the process was tabled and approved paving way for the exercise to start. A secretariat was constituted with membership from diverse background forming its membership under the leadership of the Economic Planning Directorate. This secretariat oversaw and coordinated the preparation process for all the plans. A circular was sent to all the sectoral CECMs and Chief officers notifying them of the task at hand as approved by the County Executive Committee.
- c) Constitution of the sector working groups (SWGs); The CEC members responsible for each sector were instructed to constitute respective Sector Working Group (SWG) which were responsible for spearheading the process. The Chair of the SWG was appointed as well as members drawn from national and county government departments/ agencies, representatives of Non-State Actors and County Economic Planning Unit representative(s). The SWG had the following members;

- a) Chairperson
- b) Sector Economists- Convenor,
- c) Representatives from the sector departments and agencies (National and County Government),
- d) Private Sector stakeholders,
- e) Development Partners stakeholders.
- d) **SWG Secretariat**; a SWG secretariat was further constituted under the leadership of sector economists. They acted as SWG rapporteur and were responsible for capturing the deliberations of the SWG.
- e) **Mandate of the SWGs**; the SWGs were given the following as their terms of reference;
  - i. Develop specific programme/roadmap for the sector,
  - ii. Undertake stakeholder mapping who included relevant Ministry, Departments and Agencies (MDAs) at the county and national levels, County Budget and Economic Forum and other forums as articulated in the various legislations, Development Partners, the private sector, Public Benefit Organizations, Academia, and County citizens,
  - iii. Review the first generation, 2014-2023, sector plans,
  - iv. Identify challenges and lessons learnt in implementation of the firstgeneration sectoral plans,
  - v. Drafting the second-generation sectoral plans as per the provided guidelines.
  - vi. Data collection and analysis; The SWG undertook a comprehensive review of relevant policies, laws, and development strategies to inform the CSP preparation process which included: the Kenya Vision 2030; County Long-term Vision; sector related policies and laws; and the National and County Spatial Plans, among others.

- vii. The SWGs reviewed sector performance to determine the level of achievement, programmes implementation, challenges and lessons learnt.
- viii. The SWG collected relevant information and inputs from the stakeholders through various established modalities including consultation forums and citizens' inputs when preparing the County Sectoral Plans.
  - ix. They SWGs consolidated and analyzed the collected data and information and drafted the CSP as per the guidelines.
  - x. Validation; The Draft Sectoral Plans were then subjected to stakeholders for inputs and comments. The draft was shared with the State Department for Economic Planning for review and advice before finalization.
- xi. The preparation also entailed alignment of the sectoral priorities with MTP4 and BETA,
- xii. Approval; The sectoral plan was presented to the County Executive Committee for consideration and approval.
- xiii. Thereafter, the plan was submitted to the County Assembly for approval.
- xiv. Finally, it was published.

**Deliverables**; the SWG deliverables were Stakeholders consultation report, and final sectoral plan for 2023-2032.

**Overall, the Technical backstopping was offered by the County Economic** Planning Unit as well as the State Department for Economic Planning.

#### **CHAPTER TWO: SITUATION ANALYSIS**

#### 2.1 Sector Context Analysis

#### 2.1.1 Health Sub Sector

Nyandarua County has a projected population of 700,241, five sub-counties (Kinangop, Ndaragwa, Olkalou, OlJoroOrok and Kipipiri) and twenty-five wards.

It has 4 hospitals (2 GOK, 1 faith based and 1 private), 28 health centers (26 GOK, 1FBO&1 private) and 130 dispensaries (59 GOK, 8FBO & 55 private) spread across the county as well as 128 community health units. The county has a high burden of non-communicable diseases (hypertension, diabetes, and arthritis) though the diseases of the respiratory system takes the lead for both persons aged <5 and >5 years.

Table :3 Facilities by Sub-Counties

	SUB- COUNTIES					
FACILITIES	Kinango p	Ol Kalou	Ol Jororok	Kipipiri	Ndaragw a	Total
Public hospital	1	1				2
FBO Hospital	1					1
Private hospital		1				1
Public health centers	6	4	5	5	6	26
FBO health centers		1				1
Private health centers			1			1
Public dispensaries	15	12	7	10	13	57

FBO dispensaries	4	4	1			9
Private dispensaries	34	14	8	6	10	72
Total	61	37	22	21	29	170



Figure 2: Demographic profile

	Description	Population Segments Estimates	Projected County Population year 2023	Projected County Population Year 2024
1	Total population in County		700241	717553
2	Total Number of Households			
3	Children under 1-year months (12)	2.40%	16793	17208

4	Children under 5 years months (60)	11.00%	76784	78682
5	Under 15-year population	35.70%	249870	256048
6	Girls ten years old	1.22%	8511	8722
7	Women of childbearing age (15-49 years)	28.80%	173667	177961
8	Estimated Number of pregnant Women	2.55%	17831	18272
9	Estimated Number of Deliveries	2.47%	17312	17740
10	Estimated Live Births	2.47%	17312	17740
11	Total number of Adolescent (15-24 years)	19.40%	136070	139434
12	Adults (25-59)	30.00%	210281	215479
13	Elderly (60+)	5.80%	40552	41555

### 2.1.2 Education Subsector

#### 2.1.2.1 VTC

The County has witnessed significant demographic changes over the past decade. In 2013, the county's population was approximately 596,268, according to data from the 2009 national census. Since then, the county's population has experienced growth, aligning with the national trend. By 2019, Kenya's estimated population reached around 50 million, signifying a probable increase in the County's population.

It is important to note that the youthful population in the County has been a notable demographic feature during this period. With a considerable proportion of residents falling within the youth age bracket (typically defined as 15-35 years), there has been a growing demand for vocational training and skills development opportunities to address the needs of this demographic group. The County Government has Operationalized 3 VTCs, From the Initial 12 when the first sectoral plan was made.

This demographic shift underscores the necessity of expanding and improving vocational training options in the county to harness the potential of its youthful population.

The County Government currently boasts 15 operational Vocational Training Centers (VTCs) within its boundaries. These VTCs play a critical role in providing skills development and vocational education to the county's residents. Each of these VTCs serves as a hub for training programs that cover a wide range of technical and vocational fields, empowering learners with practical skills that enhance their employability and entrepreneurship prospects.

Over the period, a total of 17,971 trainees have been enrolled at the VTCs where they have gained valuable skills which have supported them economically and empowered them and their families.

Table 4:No of Registered VTCs and enrollment in the County since 2013-2023

Year	201 4	2015	2016	2017	2018	2019	2020	2021	2022	2023
No of VTCs	12	12	13	13	14	14	15	15	15	15
Population	900	1333	1573	1687	1818	1918	1979	2148	2301	2314

### **Operational Vocational Training Centers (VTCs):**

Education Sector Support Programmes (2013-2023): Various education sector support programs, such as the Kenya Devolution Support Program (KDSP) and KIDP (Kenya Italy Department for Development Program which funded programs to a total of 34 million, for improving infrastructure, capacity building, and equipment for VTCs in the County. Nyandarua County Government also Received Capitation inform Subsidized Vocational training Centre support grant towards supporting the 15 VTCs

These initiatives aim to enhance access and the quality of vocational training to meet the aspirations of the county's youthful population.

Table 5:List of the donor funded projects/ programmes undertaken in the county from 2013/14 to 2022/23

FINANCIAL YEAR	PROJECT	BENEFICIARIES	DONOR	STATUS
2014-2017	3 Twin workshop	Lereshwa VTC	KIDDP	Complete and In Use
2014-2017	Sanitation facilities		KIDDP	Complete and In Use
2020- 2022	Administration block	. (0)	KIDDP	Complete and In Use
2016	3 water tanks	0/	KIDDP	Complete and In Use
2016	Tools and equipment		KIDDP	Complete and In Use
2020-2022	Perimeter wall		KIDDP	Complete and In Use
	TOTAL = Ksh.	34,000,000		

Source: KIDDP -Kenya Italy Dept for Development program

# 2.1.2.2 ECDE (Early Childhood Education)

Nyandarua County is home to a significant number of children, According to the Nyandarua county statistical abstract-2022 The population of ECDE age children (3-5 Years) stood at ECDE 45,185 Children, while that of infants stood at 13,828 in 2019. This demographic factor emphasizes the importance of investing in quality ECDE to provide a strong educational foundation for these

young learners. Early childhood Education focuses on children between 0-8 years.

According to the Kenyan Constitution Schedule 4, Pre-primary education, village polytechnics, homecraft Centres and childcare facilities are devolved to the counties. The bill of rights in chapter 4 gives every child a right to basic education. ECDE plays a crucial role as the foundation of basic education and is essential for fulfilling this right. ECDE learners are given the foundational education in PP1 and PP2. The County Government of Nyandarua has 501 Public ECDE Centers with a population of 27,483 children. With a projected increase in population, the demand for quality ECDE services is likely to surge, underscoring the necessity for infrastructural and programmatic improvements.

Early childhood Education focuses on children between 0-8 years. Learning at this age is activity based to stimulate children and create interest in education. It requires investment in suitable relevant infrastructure that catches the attention of the children. However, the case on the ground is a complete contrast with old and dilapidated structures standing in isolated corners serving as ECD centers with no outdoor facilities with uneven ground standing as the playground for children. The Teacher pupil ratio in Nyandarua is 1:40 which is below the recommended national ratio. With all these challenges, ECD enrolment stood at 76% in 2019 in the county as tabulated in table below.

*Table 6:ECD enrolment in the County* 

Centers	Boys	Girls	TOTAL
Public centers	8,380	8,620	17,000
Private centers	5,288	5,195	10,483
TOTAL	13,668	13,815	27,483

This discrepancy is exaggerated because of FPE with many parents disregarding ECDE and taking their children to standard one upon the attainment of six years

where there are no payments. The state of infrastructure is equally wanting due to negligence for many years. The department has been relying on parents for funding who are not well endowed.

Feeding programme which is an essential component at this age is also non-existent in many public schools thus affecting the quality of education for these children. With the current attention accorded to ECDE both by national and county governments based on constitution, 2010, the trend is gradually changing among parents who are changing their attitude towards ECDE, and more stakeholders are showing interest for the children.

Supervision of ECDE activities and standards is also affected due to the small number of officers manning this department, currently standing at 6 for the whole county.

The Number of ECDE centers have grown by 15.94% from 419 ECDE centers in 2013 to 499 centers in 2022. As shown in the table below.

*Table 7:No Of ECDE Centres per subcounty from the year 2013-2023* 

Subco unty	201 3/14	201 4/15	201 5/16	201 6/17	201 7/18	201 8/19	201 9/20	202 0/21	202 1/22	202 2/23
Olkalo u	93	93	93	96	96	99	99	107	115	116
Kipipiri	96	96	96	99	99	101	101	108	108	108
Ndarag wa	88	88	88	88	88	90	90	95	95	96
OlJoro Orok	52	52	54	54	56	58	58	63	67	68

Kinang	90	90	95	95	99	102	102	112	112	113
op										

# 2.1.2.3 County Bursary Fund;

Nyandarua County Government offers bursary funds to needy learners within the County. Since the inception of the fund, there has been a gradual change in the Education sector across the County. From the financial year 2013/2014 to 2022/2023 Kes. 1.064billion has been disbursed as bursary fund benefiting 248,400 learners across the County in public Boarding Primary, special schools, secondary schools, tertiary institutions, and Universities.

With Nyandarua having a high dependency ratio 70% according to the Nyandarua County Statistical abstract 2022, and high poverty index levels, Bursary fund support has reduced absenteeism and drop out from school due to lack of fees, increased transition rate in all levels of education and also improved students' performance in the County.

The County Government initiated the bursary fund in the year 2014 through enactment of the Nyandarua County Bursary Fund Act, 2014 which was later repealed in 2019. The fund is meant to support bright and needy students to enhance admission, retention, and completion rate of our students in various institutions without interruption.

The mode of identification of the beneficiaries and allocation of the bursary is done by legally constituted Ward Bursary Allocation Committees as per the Nyandarua County Bursary Fund Act.

Since inception, the fund has benefited students as follows;

Table 8:Allocation amount per FY

No.	FINANCIAL YEAR	AMOUNT (KSH.)	BENEFICIARIES	
1.	2013/2014	7.5 million	1,916	
2.	2014/2015	67.5 million	13,491	
3.	2015/2016	65.6 million	12,321	
4.	2016/2017	87 million	16,585	
5.	2017/2018	103.25 million	14,673	
6.	2018/2019	106.9 million	17,527	
7.	2019/2020	110 million	25,186	
8.	2020/2021	121 million	28,192	
9.	2021/2022	177.3 million	42,794	
11.	2022/2023	218.6 million	75,715	
	TOTAL	1,064,650,000	248,400	

Allocation Amount increase from 2013 to 2022 – 96.981%

Table 9: Bursaries issued by education level from 2013/14 to 2022/23

	1	BUR	SARY AW	/ARD	SUMMAR	y FRO	M FY 201	3/20	14 TO 20	22/2	023	ı
FY	UNIVERS	ITY	YOUTH POLY		SECONDA SCHOOLS		PRIMARY SCHOOLS		SPECIAL SCHOOLS	i	TOTAL BENEFICIA RIES	WARDS TOTAL
	NO OF STUDEN TS	AM OUN T	NO OF STUDEN TS	AM OUN T	NO OF STUDEN TS	AMO UNT	NO OF STUDEN TS	AM OU NT	NO OF STUDEN TS	AM OU NT	RIES	s
201 3/2 014	633	3,40 8,69 9	82	307, 000	1,170	3,61 0,70 8	28	154 ,59 3	3	19, 000	1,916	7,500,0 00
201 4/2 015	2,997	22,4 55,7 60	266	2,02 5,60 0	9,871	40,8 50,7 60	62	372 ,00 0	295	1,7 95, 880	13,491	67,500, 000
201 5/2 016	3,024	23,0 11,4 80	252	1,98 3,44 0	8,689	38,4 71,8 00	62	358 ,00 0	294	1,7 75, 280	12,321	65,600, 000
201 6/2 017	2,718	27,2 29,0 00	545	1,71 6,00 0	12,881	55,9 11,0 00	73	355 ,00 0	366	1,7 89, 000	16,583	87,000, 000
201 7/2 018	2,620	28,5 50,0 00	545	1,94 8,00 0	11,069	70,3 31,0 00	73	435 ,00 0	366	1,9 86, 000	14,673	103,25 0,000
201 8/2 019	2,718	29,4 57,0 00	545	1,98 5,00 0	13,825	73,0 70,0 00	73	365 ,00 0	366	2,0 23, 000	17,527	106,90 0,000
201 9/2 020	4,961	31,8 29,0 00	358	1,95 9,00 0	19,339	77,3 46,0 00	73	395 ,00 0	455	1,8 71, 000	25,186	113,40 0,000
202 0/2 021	8,435	43,5 98,7 58	520	4,70 3,94 4	18,205	65,9 26,0 63	371	3,0 97, 703	661	3,6 73, 532	28,192	121,00 0,000
202 1/2 022	4,771	33,6 32,0 34	694	6,83 1,57 4	29,501	97,6 35,7 21	132	2,6 67, 400	251	2,5 39, 271	35,349	143,07 5,000
202 2/2 023	4863	23,3 97,2 85	1,321	13,8 26,2 15	55615	208, 529, 200	234	1,2 01, 300	316	1,4 46, 000	64,273	248,40 0,000

### 2.1.2.4 Culture

The Directorate of Culture plays a vital role in preserving and promoting the rich cultural heritage of Nyandarua County. The Directorate of culture has identified and documented cultural assets, traditions, and practices unique to the County. The Directorate has registered over 7000 Mau Mau veterans and their descendants trained over 200 herbalists in the county.

Assessing how the Directorate is involved in the preservation of historical sites like the Mau Mau caves, the happy valleys, artifacts, and intangible cultural heritage is crucial. This includes their collaboration with museums and heritage institutions. The Directorate's efforts in educating the local community about their cultural heritage and traditions include cultural awareness program and educational initiatives. The County's tourism industry also heavily relies on cultural tourism. Preservation and restoring cultural heritage often requires significant financial resources, however the Directorate of Culture has an exceptionally low budget ceiling.

Below is list of some of the documented heritage sites and traditional practices

### HAPPY VALLEY HOMES AND OTHER CULTURAL HERITAGE

#### Slains

The Scottish castle was built in 1925 near Rironi at the base of Aberdare ranges. The structure was built from local materials to produce a mad walled house with cedar shingle roof, due to the cold climate and altitude, the structure has eroded. The only visible remains are stones steps, pond, and red brick daily.

### Clouds

The house is a large stone bungalow, made up of many rooms that was built in 1939 near Mawingu town. The Bungalow has impressive wood paneled living room, library, and bathroom. To the front was a formal garden while an orchard

was at the back. Currently it is privately owned and occupied by various family members.

### General China's House

This is a modest stone house with a red tiled roof, wooden doors, and cedar parquet floors. The building was built in the 1950s and is close to Krugers. It is believed to have been occupied by Grimly, Kruger's farm manager After independence, the building was occupied by a well-known freedom fighter, *Waruhiu Itote* locally known as General China. General Chinas family still lives there.

### Gillett's

The colonial style wooden house with hard wood floor was built in 1942 near Kirima road, Rironi. This was the home of John Stuart Gillet. The building was later occupied by David Gillet, brother to John Stuart. The structure was later renovated and well maintained in 2001 and has since been used as part of Gatonodo primary school.

### **Alice**

A simple wooden house with a shingle roof and one chimney was built in 1926 near Wanjohi beside the Wanjohi river looking out towards lake Ol Bollossat. The building was home to Alice De Janze who would live here until 1941 when she killed herself. Currently the land on which the home existed is occupied by Satima primary school

### Colobus

The stone house that is known for its high and steep roof was built in the 1950s along machinery-captain old road. The building is built near the original bridge that branches off the old Wanjohi road, crossing the Kimuru river. The original owners are believed to be of Italian origin. The last occupant was Giuliana.

Currently the structure is used as accommodation for schoolteachers for the Kenyan government.

### **Patricia**

The wooden house in an l-shape was built between the wars near Miharati. It was owned by Patricia who was a neighbor to Alice de Janze. Currently the facility is used by catholic church for conference since 2018.

# Kipipiri

Kipipiri house is a large attractive stone house that was built by Sir John Ramsden in 1920s. It is located between Machinery and Mawingu backing onto Kipipiri forest reserve. The grounds include an impressive topiary, steps, water garden, ponds, and an empty swimming pool. It remains the best-preserved house and garden in happy valley. Currently the house is owned by Koreans and who are in the process of building a luxury golf complex.

# Humphrey

The well-built stone house was built in 1952 near Ndunyu Njeru. The home was owned by Humphery Slayed. Currently the house appears to be empty and in need of repair. He and Menina Gordon had moved to Kinangop by the time Mau Mau started. The building was donated to the Anglican church in 1964.

# Etherington

A large stone house that was built by Italian prisoners of war in 1942 at the south of Njabini. The building was built by John Etherington for his family. The family would occupy it until 1962 when John died and was buried at Njabini. They relocated to New Zealand. Currently the facility is used by the Kenyan government as Karangatha health center and maternity hospital.

### Mirangine Nyakinyua women group

The group was formed in 1999. The group is based in Mirangine ward of Ol kalou sub-county. They are hosted by a local catholic church. Nyakinyua women group was incubated by women who had been participating in a merry go round social formation. The group performs various genres of Agikuyu cultural music namely; *Ndumo, gitiro, muchung'wa, ruracio or uthoni.* The idea behind the formation of the group was to preserve the community's songs and practices as well as pass the same on to future generations. They do perform during the rites of passage of the community such as circumcision, dowry payments and wedding ceremonies. The group possess several cultural artefacts:

- a) Cooking ndiri and kiihuri
- b) Singing hang'i, gicuthi

### **Red Cedar**

Red cedar is locally referred to as Mutarakwa. The tree is found in Engineer ward of Kinangop. According to locals the tree was planted by the first president of Kenya the late Mzee Jomo Kenyatta in 1965. At the time, the president was on an exercise to issue title deeds to Mau Mau in Geta. This was part of a tree planting initiative in Nyandarua district to encourage the locals to plant trees in the vast land. The Mutarakwa tree was planted in a private land. Suggestions were raised on how the tree could be protected from being cut as it serves as a heritage site in the county.

# Kinyahwe Museum

The building is located in Gathara ward Kinangop sub-county. It has served as a colonial administrative centre. The centre hosted cells and a courtroom. During post-colonial tenure it served as administrative offices for the district commissioner. Among the cases settled there were land disputes and local civil

cases. There are plans to renovate the building to be used as a museum so as to preserve the older records.

### Friends Of Kinangop Plateau

The establishment is based in Murungaru ward, Kinangop sub-county. It was established in 1997 to provide a suitable habitat for an endangered birds species known as sharp long claw. The bird's protection efforts lead the locals to refer the place to 'Gwa nyoni, to mean' place of birds. The members later decided to incorporate culture preservation by forming a cultural dancing group. They started as a group of eighteen members. They performed genre such as mucung'wa, nguchu and marinda. The group uses traditional musical instruments such as githogwuo, kigamba and nguyo. They have also established a museum from a colonial home where they have preserved cultural artifacts such as rukwa, kinya, hiriga, mbariki among many others. The centre draws its uniqueness from being an echo resource centre, hosting a cultural mini museum and their environmental conservation. The centre also an oral literature centre where Indigenous knowledge would be passed via oral literature. Plans are underway to establish a cultural village.

### Ndunyu Njeru Traditional Dancers.

The group was formed in 2013 by former Mau Mau movement members and their descendants. They are based in Ndunyu Njeru in North Kinangop ward. They came together to revive the Agikuyu culture and Mau Mau veteran. The group is made up of old male and female members. To ensure continuity they have been recruiting young members to be part of their group and learn their culture. The dancers perform both traditional songs as well as newly composed songs. They use musical instruments such as *kigamba*, *karing'aring'a* and *kinanda*. To ensure the togetherness of the group they have formed a social welfare group where they contribute on a regular basis towards empowering each other.

### Traditional Medicine / Herbal Medicine

Mwangi Ngatia is a herbalist from Milangine. He has been a herbalist for the last 53 years. Mr. Ngatia treats cancer, respiratory diseases, malaria, Sars – 2, anemia, kidney diseases, among others. To preserve this heritage, Mr. Ngatia has three students who are under his tutelage.

### Challenges

- a) Limited Resources: The project encountered financial constraints and resource limitations.
- b) Preservation Needs: Many identified documents and heritage sites require urgent preservation and restoration efforts.

### **Recommendations**

- a) Establishment of a Nyandarua County Cultural Heritage Center to serve as a central repository for documented heritage materials.
- b) Collaboration with national and international heritage preservation organizations for funding and support.
- c) Implementation of educational programs and public awareness campaigns to foster appreciation and protection of the county's cultural heritage.

#### Conclusion

The identification and documentation of documentary heritage in Nyandarua County is of paramount importance for preserving the unique cultural and historical identity of the region. With a concerted effort from the Directorate of Culture, local communities, and relevant stakeholders, the rich heritage of the County can be safeguarded and celebrated for generations to come.

### 2.1.2.5 Children, Gender & Social Services

The County has a population of 638,289 people according to the National Census conducted in the year 2019. This translates to 194 persons per sq. km. Among the population 315,022 are male and 323,247 are female. According to KNBS

reports 2021, 32% of the overall population in Nyandarua County is affected by poverty. The County has 179,686 households with an average size of four persons per household. 62,000 households representing approximately 34.1 % are affected by poverty. Poverty estimates by Age Groups are as follows:

*Table 10:Poverty estimates by age groups* 

AGE	PERCENTAGE	POPULATION		
0 -17	29.8%	243,000		
18 – 35	25.5%	11,300		
36 – 59	34.1%	14,000		
60 – 69	46.2%	31,000		
70+	55.3%	27,000		

# **Unemployment and Dependency Ratio**

About 46.2% of Nyandarua's population is self-employed, 13.0% is in full time employment, 9.4% are casual laborers, 20.1% are students and 11.4% are unemployed. About 24.5% of the households earn between Ksh 10,000 to Kes. 20,000 monthly and a minority of about 3.3% earn above Ksh 50,000 per month.

Unemployment rate is high among the youth in Nyandarua due to a lack of manufacturing and service industries which the youth prefer to work in. There are few formal job opportunities in the public sector and the few financial institutions in the County. Despite Nyandarua being a flower hub and a host to a respectable number of flower farms, most of the workers are on a casual basis which is barely sustainable to their livelihoods.

The dependency ratio in Nyandarua is seventy dependents for every 100 of the working population. This is quite close to the national dependency ratio of 92:100.

This implies that there is a substantial level of the population living in poverty and need assistance in meeting their daily needs.

*Table 11:Total Dependency Ratio and Distribution of the Working Population 15-64.* 

Age	Male	Female	Totals	Total Dependency Ratio
0-14	115,859	111,905	227,674	
65+	15,519	20,409	35,928	0.70
15-64	183,644	190,933	374,577	
Totals	315,022	323,247	638,269	

Source: Nyandarua County Statistical Abstract 2022

### Vulnerable groups affected by poverty.

There are several vulnerable groups in the County including OVCs, PLWDs, the Elderly, the Widowed, sexual and gender-based violence victims, among others. These groups require social assistance to cushion them against economic shocks and further exposure to vulnerable conditions.

# Orphans and Vulnerable Children.

Nyandarua County hosts approximately 243,000 representing 29.5% orphans and vulnerable children of the overall population affected by poverty. The increasing cases of orphaned and vulnerable children have made it necessary for

the County Government of Nyandarua to produce a policy to address the situation before it gets out control.

*Table 12:OVC poverty estimate* 

Age	Percentage (%)	Population
0-5	16.4	71,000
6-13	26.9	107,000
14-17	34.4	64,000

# Population of Persons with Disabilities

Nyandarua County has approximately 25,528 persons with disabilities according to the 2019 census and over seventy-five cases of albinism. Due to their disabilities most of these people have limited access to education and subsequently gainful employment.

Table 13:Distribution of Person with Disability by various difficulties.

Nature of Disabilit y	Seeing	Hearing	Mobilit y	Cognitiv e	Self- care	Communica tion	Total
No. of persons	5,744	1,914	8,297	5,106	2,553	1,914	25,528

# Elderly (70+ years)

Nyandarua county has an estimated 48,825 overall number of elderly persons, out of these an approximate of 27,000 representing 55.3% are affected by poverty. (2019, KNBS poverty report).

This population represents those who are past working age and have mostly transitioned to dependency. This category requires programmes which are aimed at supporting them. This includes cash transfers, pensions, inclusion in universal health coverage, among others.

*Table 14:Elderly Poverty Distribution* 

AGE	PERCENTAGE	POPULATION
70+	55.3%	27,000

# Sexual/Gender Based Violence

Sexual and gender-based violence (SGBV) is violence inflicted or suffered on the basis of gender differences. This form of violence mostly impacts women who are considered generally vulnerable. County Data reveals SGBV prevalence in Nyandarua with variations cutting across various forms and geographic locations. Women and girls are unduly affected by SGBV; however, men and boys also experience SGBV. There is growing evidence that orphans and vulnerable children, Persons with Disabilities, the elderly, and persons in humanitarian crisis situations are most vulnerable to SGBV. The prevalence of SGBV in Nyandarua and its negative impact on society necessitates the development of a comprehensive policy framework to ensure effective prevention of and response to SGBV. SGBV in its various manifestations negatively affects individuals, their families, and the entire community. At the individual level SGBV results in pain and psychological trauma. At the social level SGBV often results in breakdown of the family unit. Economically, SGBV results in an economic burden on the government in terms of increased spending on health care, social services, the civil and criminal justice system,

absenteeism from work, and lost productivity and output. SGBV creates an unequal political landscape in which all those affected are denied the opportunity to participate in decision making for development.

Table 15:Nyandarua County GBV crimes on the month of January to December 2022

TYPE OF SGBV ABUSE	SOUTH KINAN GOP	NORTH KINAN GOP	OLKAL OU	KIPIPI RI	MIRANG INE	NDARAG WA	OLJORO ROK	TOT AL
SODOMY	0	0	1	0	0	0	0	1
INDECENT ACT	0	0	0	0	1	0	2	3
SEXUAL ASSULT	0	0	3	1	0	0	2	6
RAPE	1	4	0	1	0	1	2	9
ATTEMPT ED RAPE	1	1	0	0	0	0	0	2
GANG RAPE	0	11	0	1	0	1	6	19
DEFILEME NT	10	13	10	33	11	11	12	100
GIRL DEFILEMT	0	0	1	1	0	0	0	2
INCEST	0	1	2	0	0	2	1	5

TYPE OF SGBV ABUSE	SOUTH KINAN GOP	NORTH KINAN GOP	OLKAL OU	KIPIPI RI	MIRANG INE	NDARAG WA	OLJORO ROK	TOT AL
FGM	0	0	0	0	0	0	0	0
SUBJECT ING A CHILD TO CRUEL PUNISHME NT	0	0	0	0	0	0	0	0
CHILD IN NEED OF CARE AND PROTECTI ON	0	0	0	0	5	0	10	15
MURDER RELATED TO GBV VIOLENCE	0	0	0	0	0	0	0	0
DOMESTI CALLY THREATE NING TO KILL	0	1	0	1	0	1	2	5
TOTAL	12	32	17	38	17	16	37	167

Source: Olkalou Police – Gender desk

# **Teenage Mothers**

According to a report by the Office of the High Commissioner for Human Rights (OHCHR), teenage pregnancies were recorded between 2016 and 2020. A total of 14,615 teenage pregnancies occurred. Among the reported cases 514 were girls of 10-14 years and 14101 were of the age of 15-19 years. Most of the reported cases were orphans and vulnerable children.

*Table 16: Teenage Mothers Data* 

Year	10-14years	15-19years	Total
2016	76	2011	2087
2017	116	2346	2462
2018	250	3586	3836
2019	47	3877	3924
2020	25	2281	2306
Total	514	14101	14615
Average	102	2820	2923

 $Source: Of {\it Fice of High Commissioner for human rights (OHCHR), UN Organ}$ 

### Alcoholic drinks control

The Nyandarua County Alcoholic drinks Control Act and its regulations guide in controlling the liquor business in the County.

The first Act known as the Nyandarua County Alcoholic Drinks Act, 2014 came into effect in 2014. To make the Act more effective it required some amendments.

In the year 2018 the journey to review the Act was started. By December 2019, the Nyandarua County Assembly passed the Alcohol bill to become the Nyandarua County Alcoholic Drinks Act, 2019.

A few changes were later done and The Nyandarua County Alcoholic Drinks Control (Amendment) Act, 2020 was finally gazette on 25<sup>th</sup> November 2020.

Implementation of a County alcoholic drinks control Act has reduced alcoholic drink premises from 1,200 to 1,000, therefore, ensuring a sober and productive society.

# 2.2 Review of Sector Financing

This section should discuss the trends in how the sector has previously been allocated resources to finance its programmes for the previous ten (10) years – or since the commencement of devolution. This can be provided by the sub sector. A comparison should be done between the sub-sector budget against the total Sector budget, and sector budget against the total county budget. It should highlight budgets financed by County Government, National Government, and non-state actors. This is as indicated in Table 16.

Table 17:Source of sector budget financing

Sour ce of Fina ncin	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
g										
CGN	814,4	1,090,	1,339,	1,320,	1,250,	506,4	613,4	658,1	676,7	690,0
_	81,80	386,23	456,70	646,5	124,3	74,80	30,49	17,21	44,67	10,71
Heal	2	4	8	11	39	1	9	7	7	2
th										
sub										
sect										
or NG				10.00	62 EE	278,7	104.7	100 1	249.7	021.0
Heal				10,00	63,55 0,837	33,42	194,7 33,42	428,4 93,80	348,7 15,13	231,0 81,27
th				0,000	0,007	2	2	3	5	6
sub						_	_			
sect										
or										
PAR	-	-	-	-	-	-	-	-	-	-
TNE										
RS										
Heal										

Sour ce of Fina ncin g th	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
sub sect or										
A.I.A (CSO s) - Heal th sub sect or	-	-	-	-	-	-	-	2		3
CGN Edu cati on sub sect or	210,3 61,19 3	143,94 1,932	207,62 4,584	256,9 93,71 4	245,8 15,08 7	280,9 60,15 7	244,9 35,03 3	274,9 19,98 0	143,0 36,21 3	180,6 63,06 8
NG Edu cati on sub sect or					39,70 0,000	2)	37,93 8,298	30,94 9,894		
Part ners Edu cati on sub sect or	-		R		-	-	-	-	-	-
A.I.A (CSO s) – Edu cati on sub sect or			-	-	-	-	-	-	-	-

# 2.2.1 Analysis of Sector budget by sub-sector

Table 18:Analysis of Sector budget by sub-sector

Sub-Sector					Financ	ing				
Name	Yea	Year	Year	Year	Year	Yea	Yea	Yea	Yea	Yea
	r 1	2	3	4	5	r 6	r 7	r 8	r 9	r
										10
Health services	814,	1,09	1,33	1,32	1,25	506	613	658	676	690
	481,	0,38	9,45	0,64	0,12	,47	,43	,11	,74	,01
	802	6,23	6,70	6,51	4,33	4,8	0,4	7,2	4,6	0,7
		4	8	1	9	01	99	17	77	12
Education	210,	143,	207,	256,	245,	280	244	274	143	180
	361,	941,	624,	993,	815,	,96	,93	,91	,03	,66
	193	932	584	714	087	0,1	5,0	9,9	6,2	3,0
						57	33	80	13	68
<b>Total Sector</b>	1,02	1,23	1,54	1,57	1,49	787	858	933	819	870
Budget	4,84	4328	7,08	7,64	5,93	,43	,36	,03	,78	,67
	2,99	,166	1,29	0,22	9,42	4,9	5,5	7,1	0,8	3,7
	5		2	5	6	58	32	97	90	80
Financing Total	16,9	6,28	5,59	5,66	6,10	7,6	8,1	7,8	8,0	7,5
county	17,5	2,79	7,05	8,12	5,38	69,	17,	15,	32,	82,
Financing	46,0	8,32	6,81	3,64	2,73	536	661	571	514	066
	09	7	4	7	3	,08	,03	,52	,32	,35
						6	7	8	7	1

Provide analysis of sub-sector financing against the sector budgets financing; and sector budget financing against the county budget financing, and source of budget financing in charts or bar-graphs, as indicated in Table 2.

**Note:** Review of sector financing should cover a period of up to 10 years where data is available

### 2.3 Sector performance Trends and Achievements

The section should provide an analysis of the sector performance trends based on the key sector statistics (outcomes) and where possible, making comparison with the situation at national level. It should also highlight the key achievements of the sector within the last plan period as well as lessons learnt.

Where there is more than one sub- sector, the analysis should be done per subsector. Information on this section can be presented in a tabular form where possible, making comparison with the situation at national level. It should also highlight the key achievements

# 2.3.1 Health trends and achievements

### 2.3.1.1 Health Services

There was notable progress towards RMNCAH activities, including political commitment and increased financing through World Bank program (THS-UCP) of interventions such as free maternal deliveries, family planning commodities, as well as integration of reproductive health and other services. As a result, facility based skilled deliveries increased from 52% to 70% the proportion of Women of Reproductive Age (WRA) attending 4 Antenatal care coverage from 38% to 42 %.

During the period, the County adopted the Global Strategy for Women, Children and Adolescents that aims at eliminating maternal deaths, improving child survival, and creating an enabling environment to achieve their full potential. Consequently, the RMNCAH investment framework was adopted to act as a blueprint for investing in reproductive health. Further, the Beyond Zero Campaign that advocates for zero preventable maternal deaths, zero child deaths and zero transmission of HIV from mother to child by scheduling monthly daily outreaches using Beyond Zero trucks in all hard-to-reach areas to increase coverage of Maternal, Newborn and Child Health (MNCH) services

# Infants (Under 1)

In 2019, under 1-year infants accounted for 2.17% of the entire population. This category of the population requires intense healthcare services due to its vulnerability. Demand for vaccinations, feeding and nutrition, and proper shelter are basic requirements for them to survive. This age category increased to 2.22% of the entire population indicating programme upscale on aforementioned areas was requisite. The majority of the infants are female though by a small margin. By the end of the plan period (2027), the proportion of infants to the entire population will have reduced marginally to 2.09%.

# **Under 5 Population**

Children between 0 and 5 years constituted 10.92% of the entire population at the time of the Kenya National Housing Census in 2019. This category of the population grew to 11.26% in 2022. The children in this age bracket require interventions majorly in health, nutrition, early education, housing, and play facilities. The County in conjunction with the relevant partners should plan and implement programmes which address vaccinations, preventive and curative services, nutrition support to ensure proper growth and development, conducive early learning facilities, adequate clothing to cushion them against unfavorable weather conditions, proper housing, and sufficient play equipment to nurture them as they grow physically and in psychomotor skills development. By 2027, this proportion will be 10.6% representing a marginal decline compared to 2022.

During plan period, the following were the key achievements in the four programmes namely;

- a) Reduction in child stunting from 29% to 18%
- b) Increase in immunization coverage from 78% to 98%
- c) Introduction of Human Papillomavirus (HPV) vaccine to 10-year-old girls in prevention of cervical cancer.
- d) Introduction of Covid-19 multiple vaccines to control Covid-19 pandemic
- e) The number of HIV clients managed through EMR rose to 92% (9626/10443) as the EMR sites increased from 18 to 24 out of all the 36 HIV comprehensive Care centres in the County.
- f) PLHIV viral suppression rate increased from 84.6% to 95.7% which was above the 95% Target.
- g) Ndunyu Njeru dispensary started offering comprehensive HIV health services.
- h) The number of people living with HIV on highly active anti-retroviral therapy (HAART) rose from 7,666 to 10,443 way above the County HIV estimates of 10,136 clients.

With the four programmes, Performance was measured against key indicators identified. Service delivery and implementation of the strategic plan was structured along the four programmes. This enabled activities to be implemented as planned. The indicators improved consistently but the department was faced with the challenges of increased workload as well as reduced resources for implementation of some activities. However, there were emerging issues that were also attended

The Health sub-sector achieved in various indicators as shown;

Table 19:Health Impact level indicators

Health Impact level Indicators	Baseline	Achieveme
		nt
Life Expectancy at birth (years)	57	64
facility Neonatal Mortality Rate (per 1,000	42	21
births)		
Infant Mortality Rate (per 1,000 births)	45	39
Maternal Mortality Rate (per 100,000 births)	264	163

Table 20:Health status outcomes and outputs

Project/Progra m Area	Objective	Baseli ne	Targe t	Achieveme nt	Remarks
Health status	To reduce Infant mortality rate	77	*	45	Improveme nt
	To reduce Under-five mortality rate	114	110	42	Improveme nt
	To reduce Maternal mortality rate	414	310	264	Improveme nt
	To reduce % under five years underweight	22	20	16	Improveme nt
Service delivery	To increase % of deliveries by skilled staff	42	50	52	Not achieved

outcomes and outputs	To increase Basic emergency obstetric care (BEOC) %	60	*	66	Achieved
	To increase % WRA receiving FP commodities	45	60	38	Not achieved
	To reduce HIV prevalence among 15–24 pregnant women	6	15	2.2	Improveme nt
	To increase TB cure rate %	67	73	91	Achieved
	To increase % Fully immunized under one year	57	90	91	achieved
	% < 1-year immunized measles	74	89	90	achieved
Access	Doctor/Populati on ratio (/10,000)	15		0.41	
	Nurse/Populati on ratio (/10,000)	133	*	3	
Quality	% maternal audits/materna l deaths	0	*	100	
	Malaria inpatient case fatality %	26	5	0	
	% tracer drug availability	35	80	0	

# 2.3.2 Education, Children, Gender, Culture & Social Services Subsector trends and achievements

### 2.3.2.1 Education

In the Early Childhood Development and Education (ECDE) sectoral plan 1had set out various initiatives to improve ECDEs Centers' Infrastructure and education standards in the 498 public ECDEs. Through this initiative, between 2014 to 2021 the County increased enrollment from 22,500 to 26,000, and increased pre-primary to primary transition from 78% to 98%. The current teacher-to-pupil ratio is 1:40

To promote education standards within the County, 381 qualified ECDE teachers were recruited on permanent and pensionable terms and two hundred others were engaged on a contract basis. They were deployed to ECDE centres across the County. All ECDE teachers were trained on CBC Curriculum at the Sub-County level. A Scheme of service for ECDE teachers was developed, approved, and implemented. These initiatives have improved service delivery and the quality of education.

The ECDE milk feeding program was introduced in 2018 to improve nutrition and retention among school going ECDE pupils. The programme benefitted 26,000 ECDE children across the County taking milk twice weekly which has increased enrolment while enhancing the nutritional status.

All ECDE centers were provided with relevant teaching and learning materials. Materials such as Curriculum design, course books, and teachers' guidebooks were supplied to all ECDE centres for improved curriculum implementation.

For ECDE infrastructure development, the County has Constructed 200 modern ECDE classrooms, and 155 children-friendly sanitation facilities and also Equipped the centres with playing Equipment. This has provided a conducive learning environment and improved sanitation across the County.

### 2.3.2.2 County Bursary Fund;

Nyandarua County Government offers bursary funds to needy learners within the County. Since the inception of the fund, there has been a gradual change in the Education sector across the County. From the financial year 2013/2014 to 2022/2023 Kes. 1.06465 billion has been disbursed as bursary fund benefiting 248,400 learners across the County in public Boarding Primary, special schools, secondary schools, tertiary institutions, and Universities.

Bursary fund support has reduced absenteeism and drop out from school due to lack of fees, increased transition rate in all levels of education and also improved students' performance in the County.

# 2.3.2.3 Vocational Training Centres (VTCs)

Vocational Training Centres (VTC) or Youth Polytechnics are basic technical education institutions intended to offer school leavers both from primary and secondary schools' opportunities to acquire education and training, knowledge, and technical skills for gainful employment. Besides, they equip the youth with entrepreneurial skills based on appropriate technology enabling them to utilize locally available resources for further job creation.

Nyandarua County has fifteen operational (15) public VTCs spread across the county with a total enrolment of 2,354 trainees, a 40% increase from 1,687 enrolment in 2018. The County cumulatively allocated a total of Kes. Kes 88,760,000 towards Subsidized Vocational Training Centers Support to polytechnics from 2018-2021 to 9,738 trainees who have been trained in youth polytechnics across the County. All the VTCs are registered and licensed by Technical Vocational Education and Training Authority (TVETA) to offer training. The VTCs were equipped with various training equipment and training materials for enhanced quality training.

To improve infrastructure and training standards in the VTCs, the County recruited twenty-three qualified technical instructors, Constructed, and

equipped 2 twin workshops, 4 hostels, 4 administration blocks and 7 sanitation facilities. This has enhanced practical skills transfer to youth creating employment, creativity, cohesiveness, and peaceful co-existence as well as engaging youth in social-economic development activities within the County. About two hundred VTCs trainees were also engaged in the construction of 26 ECDE classrooms and 18 toilets in ECDE centres.

### 2.3.2.4 Culture

To preserve and promote cultural heritage, the directorate of culture has been organizing and coordinating National celebrations, Nyandarua county cultural and tourism festivals. The directorate has also prepared a heroes and heroines policy. To preserve the cultural heritage sites and colonial homes, the County government of Nyandarua developed an MOU with the national government for the funding of the establishment of a county museum. The Kinyahwe cultural centre was done by the department and is now 95% complete. The directorate has also compiled the data of all Mau Mau veterans

# 2.3.3 Challenges (faced during the implementation of the previous plan)

- a) Inadequate resources to facilitate service delivery.
- b) Staff shortages
- c) Transitional challenges during devolution process
- d) Inadequate working spaces
- e) Skill gaps among staff
- f) Inadequate equipment
- g) Funding and Disbursement Challenges
- h) High Public Expectation
- i) HIV stigma and discrimination still high
- j) COVID 19 pandemic

# 2.3.4 Lessons Learnt (from the implementation of the previous plan)

- a) Need to undertake few projects at a time and complete them before undertaking new ones;
- b) Need to employ the required staff gradually until the optimum number is attained.
- c) Priority should be given to technical staff in critical departmental divisions and replacement of those leaving the service;
- d) Comprehensive civic education programme for members of the public and the employees for better understanding of the various roles of the different stakeholders in the devolved system;
- e) Ensure community involvement at all stages of project cycle is necessary to enhance ownership and sustainability of projects;
- f) strengthening Monitoring and Evaluation framework;
- g) Aggressive resource mobilization activities

# 2.4 Sectoral Development Issues

This section should present the development issues and their causes. The section should further highlight available opportunities and the possible challenges that hinder achievement of the development objective in relation to each development issue. The information should be captured in the template provided in Table 21.

Table 21:Sector Development Issues, Causes, Opportunities and Challenges

<b>Sub</b> -	<b>Developme</b>	Causes	auses, Opportunities an Opportunities	challenges
sector	nt Issue	Causes	Opportunities	cnamenges
Health Services	Basic and specialized health services	Inadequate skills at the managerial level. Huge service gaps due to inadequate Staffing	-Availability of staff training and development plan.  -MES equipment availability	inadequate funding -skills gaps -unserviceable and outdated equipment
	Health care products	-inadequate funding -Political interference -Huge service gaps due to inadequate Staffing.	-HMIS reporting system  -Availability of implementing and donor partners.  -Monitoring and evaluation system.	Manual health management information system. Manual logistics management information system
	Sanitation and communica ble diseases	Poor tooling and equipment of staff for efficient service provision.  Inadequate reporting tools e.g., for community level units	-Community health support by the National government  -The presence of other actors in health service provision within the County e.g., FBO, Private Hospitals, and chemists.	inadequate funding skill gap staff shortages
	Disposal sites and cemeteries	-inadequate funding -Political interference -Huge service gaps due to inadequate Staffing.	-Political goodwill of the County government on the health agenda -available land	-inadequate funding -skills gaps -unserviceable and outdated equipment
Education, Children, Gender affairs, Culture and Social services	Inadequate infrastructu ral support	Inadequate ECD infrastructure, increased enrollment, better performance by learners	Existing Primary schools; Integration Policy; procurement of teaching and learning materials, training of ecde teachers on competence-based curriculum	Lack of adequate land for constructing new ECD center; Inadequate financial resources, inadequate teaching and learning materials, high

Sub-	Developme	Causes	Opportunities	challenges
sector	nt Issue			teacher- pupil
				ratio
	-Need for	Nyandarua	Nyandarua county can	lack of funding to
	Preservation	county is home	benefit economically from	the cultural
	of the	to various	cultural tourism, leading	sector,
	unique	cultural	to job creation and	preservation and
	cultural and	practices,	business opportunities.	development
	historical	traditions, and	Cultural heritage	efforts often
	identity. -Neglect and	historical sites, which provide a	development can empower local	requires adequate funding; lack of
	decay where	solid foundation	communities by involving	political good will.
	some	for heritage	them in preservation and	Balancing
	cultural	development.	economic activities.	economic
	heritage	The unique	Cultural heritage	development with
	sites and	cultural assets	contribute can contribute	the preservation
	artifacts	in the county	to educational programs	of heritage and
	suffer from	have the	and strengthen the	the interests of
	neglect,	potential to	identity of Nyandarua	local communities
	leading to deterioratio	attract tourists	residents	can be
		and generate		challenging. Managing the
	n. - Lack of	revenue. Government	4	environmental
	adequate	initiatives and		impact of
	awareness	local community		increased tourism
	on the rich	engagement can		while preserving
	cultural	drive cultural		cultural
	heritage in	heritage		authenticity is a
	the county.	development.		crucial concern.
	Need to	Inadequate	Increased demands for	Acute shortage of
	enhance relevance	funding of VTC	technical skills,	staffs,
	and quality	programs	Introduction of	Inadequate
	of Training	Increased	marketable courses and	funding
	J. Hummig	enrollment	programmes,	
	Need to	1 12-1	1 3/	Lack of
	improve	Lack of Qualified	Introduction of income	curriculum review
	access and	Staff	generating activities in all	to match
	inclusivity	T 1 . /5/	VTCs.	dynamics in
	to lifelong	Inadequate/Dila	Enlance of the STATE	technology
	Education and	pidated infrastructure	Enhancement of VTC	Fierce
	and training,	nniastructure	Capitation	competition from
	Knowledge,	Rapid Change in		the national
	and Skills	Technology		government
	for gainful			technical
	Employment	Outdated		institutions
		Curriculum		
	Need for			
	provision of			
	opportunitie			
	s to acquire market			
	mai kel			

Sub- sector	Developme nt Issue	Causes	Opportunities	challenges
SCOLUI	oriented education and training			
	Need for quality education access to all learners within the county.	reduced absenteeism and drop out, increased transition rate in all levels of education, improved students' performance within the county	sponsorship by governmental and nongovernmental entities	high demand of the funds due to the increased enrollment at all levels of education
	Need for social economic empowerme nt to the vulnerable	<ul> <li>poverty</li> <li>disability</li> <li>old age</li> <li>unemployme</li> <li>diseases</li> <li>accidents</li> <li>disasters</li> </ul>	-availability of government funds - NHIF	-inadequate funds -lack of policies -lack of database of the vulnerable groups
	Need of promotion of gender mainstreaming and empowerment	-Gender inequality -lack of access to resources -Sexual & gender-based violence -Lack of mentorship - Lack of adequate policies -Dropping from schools -Teenage pregnancies-	-Gender technical working group -development partners -legal framework -National Gender Commission -	- inadequat e fund - taking gender to mean women only issuescultural norms - attaining <sup>2</sup> / <sub>3</sub> rule
	Need to improve welfare the of vulnerable children	-children born with disability -child abuse -child neglect -Extreme poverty -orphans	-development partners to do corrective surgeries, donate wheelchairs -Children's Act - OVC cash transfer - children's homes	-Negative influence by media -inadequate funds -increase in broken marriages -Poor parenting - deteriorating morals Lack of role models in society

	Opportunities	challenges
-excessive drinking -drinking alcohol throughout the day -exposing alcohol to underage -selling liquor that is harmful -unhygienic alcohol	-alcoholic drink control Act -Alcohol regulations -	- hindering smooth operation due to court cases -unending demand by stakeholders -enforcing the Actcontraband
	drinking -drinking alcohol throughout the day -exposing alcohol to underage -selling liquor that is harmful -unhygienic	drinking -drinking alcohol throughout the day -exposing alcohol to underage -selling liquor that is harmful -unhygienic alcohol

# 2.5 Cross Cutting Issues

This section should briefly discuss crosscutting issues. For each issue, indicate: the current situation, how it is affecting the sector, the existing gaps (policy, legal and institutional), measures and recommendations for addressing the gaps. This should be as shown in Table 4.

Table 23:Analysis of Sector Cross Cutting Issues

Cross-	Current	Effects of	Gaps	Measures	Recommendation
cutting	Situation	the Issue	(policy,	for	s
Issue	5104401011	on the	legal and	addressing	
15546			•	_	
		sector	institutional	the gaps	
			)		
HIV &	HIV viral	-Reduce	-HIV AIDS	National	Domestication of
AIDS	suppressio	budgetary	policy does	and County	the National Policy
11100		allocation			
	n below the		not cover all	Policy on	to county specific
	95% target	to	sub-sectors	HIV & AIDS	interventions at
	among the	productive	-Policy that	at family,	family, community
	young	sectors	will address	community	and learning
	population	-new	and enforce	and	institutions
	0-24 Years	_			institutions
		infections	children	learning	
	of age	and poor	rights at	institutions	
		quality of	family,		
		life among	community		
		people	and learning		
			institutions		
		living with	montunons		
		HIV			
Youth	High	high	provide	linkage	internship and
	unemploym	dependency	opportunities	between the	industrial
	ent	ratio	to gain skills	young	attachment
	CIIC	14110	to gain onino	people and	attacimient
				industries/	
				organizatio	
				ns	
access to	Few	-poverty	-lack of	-capacity	Prequalification of
governmen	women,	-poor	sensitization	developmen	more Women,
t	youth and	health	Scholing	t to women.	youth & PLWD led
_		licaitii			•
procureme	PLWDs led	-		youth,	firms.
nt	companies	marginaliza		PLWD led	
opportunit	doing	tion		companies	
ies	business				
	with				
Dunnandi	government		ADA	4	
Prevention	Lack of	productivity	ADA require	domesticate	capacity build staff
of Alcohol	committee	of addicts	customizatio	ADA policy	on ADA
& drug	to handle		n to the		
abuse	ADA		sector needs		
Disability	PLWDs	inadequate	Lack of	Formulatio	-implement the
mainstrea					_
	concerns	champions	disability	n of a	policy across
ming	not	of PLWDs	policy	disability	
	sufficiently	issues		policy	
	addressed				
Gender		absence of	gender policy	Formulatio	implementation of
mainstrea	Gender	gender		n of gender	_
			missing	0	the policy
ming	inequality	committee		policy	
		to look onto			
		gender			
		concerns			
	NT		1'441	•	D
ъ		LOOK Of	little	improve	-Form committees
Environme	Negative	lack of		_	
Environme ntal	effect of	climate	knowledge	awareness	- tree planting

Cross- cutting Issue	Current Situation	Effects of the Issue on the sector	Gaps (policy, legal and institutional )	Measures for addressing the gaps	Recommendation s
sustainabil	climate		to meet	climate	-conduct
ity	change		climate	change	environment
			change	mitigation	impact assessment
Disaster	Lack of	County not	inadequate	Provide	building fire
Risk	well-	adequately	infrastructur	adequate	stations with base
Manageme	equipped	prepared	al capacity	funds	station
nt	fire station	for disaster			communication
		manageme			technology in each
		nt			sub-County
Climate	Lack of	Little or no	lack of	Mainstream	address climate
Change	awareness	climate	implementati	ing climate	change issues from
	on climate	Actions	on of the	change	a broad perspective
	change		policies and	actions	ensuring the
			Act	across all	implementation of
				the County	mitigation and
				Department	adaptation actions.
				s	

The crosscutting issues may include green economy considerations, climate change, HIV and AIDS, Youth affairs, Gender, Disaster Risk Management (DRM), Disability, Children affairs, Alcohol and Drug Abuse, among others.

### 2.6 Emerging issues

This section should provide emerging issues and how they are affecting the performance of the sector. It should also give the interventions in place or proposed to mitigate the negative effects or harness the positive effects. These issues may include disease pandemics, disasters, proposed amendments to constitution, and Regional Economic Blocs, among others.

### 2.6.1 Pandemics and disease outbreaks

The COVID-19 Pandemic caused a global shake-up that resulted in a new norm for doing things. For instance, most employees were required to work from home which disrupted service delivery to the citizenry. This necessitated the reorganization of the County Government programs in addressing the pandemic which was synonymous with lockdowns and night curfews engineered to tame its spread. Lockdowns and curfews greatly affected the global, country, and

County economies and necessitated a change in strategy in governance delivery models. Vast resources of the County were reorganized to the health services department, which had not been anticipated at the beginning of the plan period. This includes the construction of isolation Wards, the purchase of PPEs, and equipping. Own Source Revenue collection was not spared with the closure of productive sector businesses e.g., Bars, restaurants, and markets. This resulted in dwindling collections coupled with revenue waivers in cushioning the residents from the pandemic.

### 2.6.2 Climate Change

No country today is immune from the impacts of climate change. According to World Bank, climate change could drive 216 million people to migrate within their own countries by 2050, with hotspots of internal migration emerging as soon as 2030, spreading and intensifying thereafter. Climate change could cut crop yields, especially in the world's most food-insecure regions. At the same time, agriculture, forestry, and land use change are responsible for about 25% of greenhouse gas emissions. The agriculture sector is core to addressing the climate challenge.

Agriculture is the mainstay of the County, contributing 3.9% to the National Agriculture GDP, over the plan period. The effects of climate change and poor land administration management have resulted in the reduction of agricultural yields. Pockets of the County, especially in Ndaragwa Sub County have been turned into semi-arid areas requiring frequent relief food and water for households and animals.

The County has had to gear up interventions such as Climate Smart Agriculture with the assistance of the World Bank and the establishment of a climate change unit to collect data, capacity builds the locals, and provide early warning systems. The urgency and scale of the challenge require counties to learn quickly

from each other, adapt to their special circumstances, and be bold in implementing policies that bend the emissions curve and improve livelihoods.

### 2.6.3 Regional Economic Blocs

The Interim Independent Boundaries and Elections Commission (IIBEC) based County boundaries on population and geographical size. The establishment of the Counties resulted in planning units without economies of scale in production, manufacturing, and consumption. The creation of regional economic blocs gives Counties leverage to negotiate and create synergy.

Nyandarua County is a member of the Central Region Economic Block (CeREB) bringing together ten counties drawn from the larger Mount Kenya region; Embu, Kiambu, Kirinyaga, Laikipia, Nakuru, Nyandarua, Nyeri, Meru, Murang'a and Tharaka Nithi. It is of paramount importance for the member Counties to strengthen the regional bloc to enhance economies of scale.

## 2.6.4 Emergency of Non communicable diseases

Non communicable diseases (NCDs), such as heart disease, cancer, chronic respiratory disease, and diabetes, are the leading cause of death worldwide and represent an emerging global health threat. Deaths from NCDs now exceed all communicable disease deaths combined. NCDs kill 41 million people each year, equivalent to over 7 out of 10 deaths worldwide. Changing social, economic, and structural factors such as more people moving to cities and the spread of unhealthy lifestyles have fueled the NCD crisis that kills 15 million people prematurely—before the age of 70—each year. The high burden of NCDs among working age people leads to high healthcare costs, limited ability to work, and financial insecurity.

## 2.6.5 Recognition of Prior Learning

This is the contemporary focus on acknowledging and integrating the wealth of knowledge and skills individuals bring from their life experiences into formal education, shaping a more inclusive and practical approach to learning.

Incorporating Recognition of Prior Learning (RPL) into our County Sectoral Plan is a progressive step toward fostering an inclusive and effective education system. Recognizing and valuing the knowledge and skills that individuals have acquired through life experiences, whether formal or informal, empowers learners to harness their full potential. RPL not only promotes lifelong learning but also bridges educational gaps, offering a pathway for those who may have faced barriers to traditional education. As we integrate RPL into our education doctrine, we aspire to create a more dynamic and responsive educational landscape that honors diverse learning journeys, ultimately contributing to the growth and development of the County.

## 2.7 Stakeholder analysis

This section should highlight the different stakeholders relevant to the sector and their roles and possible areas of collaboration. This can be presented as indicated in Table 24.

Table 24:Stakeholders Analysis

Stakeholder	Roles	Possible areas of Collaboration
UNICEF	Technical support to	Funding of ECDE
	education sector	Feeding programme
Ministry of Education	Provide policy guidelines	Conditional funding to
(National Government)		education infrastructure
		(Vocational Training
		Institute) and capitation
Kenya National	Equation of certificates	
qualification Framework	and diplomas	
National Industrial	Examination of trainees	Assessment of VTCs
Training Authority		
(NITA)		
Kenya National	Examination and	Registration of More
examination council	certification of trainees	VTCs as examination
(KNEC)		Centres
Technical and	Registration of	
Vocational Training	vocational training	
Authority (TVETA)	Centers	
Tourism agencies	Promote cultural	Collaborate with local
	tourism, bringing in	businesses, heritage

Stakeholder	Roles	Possible areas of Collaboration
	revenue and raising awareness about local heritage.	organizations, and the government to develop sustainable tourism practices and marketing campaigns.
Kenya National Museum	Registration of cultural practitioners	Academic and practical training in heritage preservation and research
United Nations Educational, Scientific and Cultural Organization (UNESCO)	preservation of cultural heritage.	financing the preservation of historical landmarks, living heritage and traditional natural resources
Businesses and entrepreneurs	Invest in cultural heritage - related ventures, including hotels, restaurants, and craft businesses	Collaborate with tourism agencies, local community, and NGOs to create sustainable and culturally respectful business opportunities
Community	Involvement and Participation in decision -making  Efficient service delivery Good corporate governance	Active participation in all activities  Support and own programs and projects Watch dog roles
Civil Society Organizations-CBOs, NGOs, FBOs	Transparency and accountability	Integrity and high moral standards.
Research/academia	Relevant information Cooperation	New ideas Timely Release of research findings
Political leadership	Transparency and accountability.	Political goodwill

Stakeholder	Roles	Possible areas of Collaboration
	Efficiency in service delivery and project implementation.	Oversight role Allocation of funds.
	Competence in service delivery.	xS.
Suppliers /merchants	Effective and timely communication  Timely payments	Capacity to deliver quality goods and services.
Ministry of Health (National Government)	Provide policy guidelines	Conditional funding to health programs
KEMSA and MEDS	Medical supplies	Timely and quality supplies.
USAID Jamii Tekelezi project	TB/HIV program support	TB/HIV care and treatment/prevention in Nyandarua
CDC Chap Stawisha	TB/HIV program support	TB/HIV care and treatment/prevention in North Kinangop Catholic hospital and Njabini catholic dispensary
Social welfare Outreach Program-Kenya (SWOP –Kenya)	TB program	TB cases identification and sample referral system
BHESP	Key population program	Prevention of HIV among female sex workers
ISHTAR	Key population program	Prevention of HIV among MSMs
The Root cause	NCD program	Identification of NCDs especially Hypertension and diabetes
Gain and CARE	Nutrition	Nutrition support
Hellen Keller	Nutrition	Nutrition support
National Council for Person with Disability	Handle Persons with disability issues	Issuing of Disability Card
(NCPWD)	countrywide	

Stakeholder	Roles	Possible areas of Collaboration
National Gender Commission (NGEC	Promote and ensure gender equality, principles of equality and non-discrimination for all persons in Kenya	-Sensitize on gender matters -as a source of data/information on gender
Directorate of Children's Services (National Government)	Safeguard and protect the rights & welfare of all children.	Provide data for Orphans and vulnerable children
Directorate of Social Development (National Government)	Mobilizing and empowering individuals, families, groups, persons with disabilities, older persons, and other vulnerable groups for growth & improved livelihoods	Provide database of registered groups

# CHAPTER THREE: SECTOR DEVELOPMENT STRATEGIES AND PROGRAMMES

### 3.1 Sector Vision, Mission, and Goal

### 3.1.1 Sector Vision

"A prosperous County with a healthy, well-informed, highly skilled, and productive population, where every individual has equal access to essential services and opportunities for personal and community growth."

### 3.1.2 Sector Mission

"To collaboratively formulate, mainstream, and diligently implement policies that promote sustainable, equitable, and accessible healthcare, education, social services, cultural heritage, and gender equality, ultimately enhancing the well-being and development in overall quality of life for every resident of Nyandarua County."

### 3.1.3 Sector Goal

**Sector Goal;** Becoming a healthy, empowered and responsible population

### 3.2 Sector Development Objectives and Strategies

This section should present the sector objectives and strategies in relation to development issues identified in the previous chapter. The information should be captured in the format provided in Table 25.

Table 25: Sector Developmental Issues, Objectives and Strategies

Sub-sector	Development Issue	Development Objectives	Strategies
HEALTH SERVICES	Basic and specialized health services	To improve accessibility of basic and specialized health	Recruitment of basic and specialized staffing
		services	Establish basic health facilities in area that people are traveling long distance to seek health care  Establishment of
		o' co'n	primary health care network in all sub counties to enhance referrals and treatment of minor illness by community health promoters at the community levels
			Establishment of more community units as per community needs
	61,		Upgrade and equipment of health facilities.
,20	Health care products	To ensure consistent availability of health care products	Adequate allocation of funds for health products.
			Adequate budgetary allocation for Hospital and facility transfers
			Time procurement of health care products and delivery to the health facilities

Sub-sector	Development Issue	Development Objectives	Strategies
	Sanitation and communicable diseases	To improve sanitation and reduce communicable diseases	Continuous health education to the people in all health facilities Provide water treatment services to the communities.  Installation of sewer systems.  Strengthened surveillance  Strengthened community health services
	Disposal sites and cemeteries	To improve the management of disposal sites and cemeteries	Operationalization of disposal sites and procurement of waste management equipment.  Provision of cemetery services and amenities.
Education	Access to early childhood development education	To increase enrollment rate to ECDE	ECDE infrastructure development School feeding programme Implementation of ECDE Act, 2017 Implementation of Nyandarua ECDE Act 2022 and policies
	Transition from Pre-Primary 2 to Grade 1	To increase transition rate from Pre- primary education to Grade	Improve ECDE school infrastructure Implementing ECDE Act

Sub-sector	Development Issue	Development Objectives	Strategies
	Improve infrastructure and education standards	1 at the primary school Improve quality of ECDE Learning	Implementing ECDE Policy at County Level
	embrace Digital Learning In ECDE Centres	Embrace digital Learning In ECDEs	Subsidizing cost of accessing secondary school education
VTCs	Enhance Relevance and quality of VTC Training and incorporate technology	To present an enabling condition for development of workforce and skills.;	Infrastructural development  Provide capitation for VTCs trainees
	Improve access and inclusivity to lifelong Education and training, Knowledge, and Skills for gainful Employment	To train apprentices that will be Marketable self-reliant and self-sustaining.  -To increase	Support acquisition of Modern Tools and equipment  VTCs staffing and human resource
	Provide opportunities to acquire Market Oriented education and training	enrollment rate in the VTCs and boost student participation To promote	development  Internal and external mobilization of resources
	Improve Infrastructure at VTCs -Adapt Digital	Diversity, gender, and minority inclusivity.  To Construct new VTCs to make	-Creation of a digital skills curriculum -Develop partnerships with local industry.
1680	Training in Vtc  Embrace and Incorporate Clean and green Technology in VTCs	training Accessible and introduce online training  -To train Vtc instructors and managers	Acquire Solar systems and Biomass Technology & biodigesters at VTCs.
		-To reduce Skills mismatch between industry and Vocational training	Link With Industry players -

Sub-sector	Development Issue	Development Objectives	Strategies
		-Improve quality and standards of VTC training -To integrate Technology and improve tools and equipment used in VTC training -To foster collaborations and partnerships with Industry Players	
Children	support to orphans and vulnerable children	To promote and protect the rights and views of the children and young people; implementing priorities for children, young people, and families.	policy and legal framework; collaboration within the national government and other stakeholders; advocacy and sensitization; research and mapping of vulnerable children.
Gender affairs	to foster a more inclusive, diverse, and economically productive society	To promote gender equality; empowering women, men, girls, and boys;  To reduce gender-based violence; To reduce gender gaps in education; entrepreneurship and small business development	policy and legal framework mapping and data collection infrastructure support research and mapping of gender related cases
cultural Heritage	promote and preserve cultural heritage	To promote cultural tourism; education and skills development preserve cultural heritage; foster creativity and innovation.	infrastructural development library services policy and legal framework

Sub-sector	Development Issue	Development Objectives	Strategies
		cultural diplomacy. urban regeneration.	mapping and management of all colonial and cultural assets
Social Services	social and economic development	To promote poverty alleviation; education and skills development; health care and public health; child and family support; elderly and disabled care; social safety nets; disaster relief and crisis response; social innovation and research.	affirmative action; emergency response to affected people; collaboration with the national government and other stakeholders; research mapping and data collection
Alcohol	management of alcohol	To issuance, transfer, and revoke liquor licenses; control the sale, possession transportation and delivery of alcohol;	policy and legal framework; establishment of an alcoholic control board; control and management of alcoholic establishments; social economic empowerment and support;
Bursaries	access to education to all learners from the county.	To promote a culture of learning; to give equal opportunities for learners; To increase the level of investment in education and training and the labor market and to improve return on investment	bursary award; full scholarship programme; quality and standards assurance; partnership with technical institutions and industries; sensitization campaigns.

# 3.3 Implementation Matrix

Table 26:Implementation Matrix

Program me	Object ives	Strate gies/ Interv ention s	Outp ut	Key Perf orm anc e Indi cato r	T ar g et	Tot al Bu dge t (Ks	Sourc e of Funds	Tim efra me	Imple menti ng agenc y(s)
Prev entiv e and	Promot ion of community	Provisio n of commu nity	com muni ty healt	perce ntag e of healt	10 0 %	h in milli ons)	CG N/ NG /D	2 0 2 3	D O H
pro moti ve healt h	health	health services conduc t commu nity health educati on	h servic e provi ded healt h educ ation done in all healt h facilit ies	h facili ties doin g daily healt h educ ation			on ors	- 2 0 3 2	
	Offer nutritio n and dietetic s service s	Create awaren ess Provide Vitamin supple mentati on and	vita min A supp leme nt provi ded	% of chil dren sup plem ente d and de	1 0 0 &	10	CG N/ NG /D on ors	2 0 2 3 - 2 0 3	D O H

		deworm ing						2	
	Control and manag e disease s outbre aks	Strengt hen surveill ance	surv eilla nce stren gthe ned	num ber of outb reak s dete cted and succ essf ully man aged		10	CG N/ NG /D on ors	2 0 2 3 - 2 0 3 2	D O H
	Primar y health care networ k	Establi sh primar y health care networ k in all sub countie s	prim ary healt h care netw orks esta blish ed	perc enta ge of PHC N esta blis hed	1 0 0 %	490	CG N/ NG /D on ors	2 0 2 3 - 2 0 3 2	D O H
Solid wast e and ceme tery man age ment	Provid e solid waste manag ement service s	Procure , operati onalize, and manage dump sites Provide waste manage ment equipm ent	dum p site oper ation al sed wast e man agem ent equi pme nt provi ded	num ber of dum p sites oper atio naliz ed num ber of wast e man age men t		50	CG N/ NG /D on ors	2 0 2 3 - 2 0 3 2	D O H

				:					
				equi pme					
				nt					
				proc					
				ured					
	Provid	Procure			1	35	CG	2	D
	e	and		perc	0		N/	0	O
	cemete	manage		enta	0		NG	2	Н
	ry	cemeter		ge of	&		/D	3	
	manag	ies.		cem			on		5
	ement	Provide		eteri				2	
	service	cemeter		es			ors	2	
	S	У		proc				0 3	
		ameniti		ured				2	
		es		num				2	
				ber					
				of		4			
				cem					
				eteri					
				es with					
				toile	1				
				ts					
				and					
				othe					
				r					
				ame					
				nitie					
				S					
Cura	Offer	Procure	labor	perc	1	125	CG	2	D
tive	moder	and	atory	enta	0		N/	0	О
	n	manage	equi	ge of	0		NG	2	Н
	clinica	adequa	pme	labo	&		/D	3	
	1	te	nt	rato			on	_	
	service	laborat	proc	ry			ors	2	
	s in	ory	ured	facili				0	
	the	facilitie		ties				3	
	county	S		proc ured				2	
				ureu					
	Provid	Offer	quali	perc	1	100	CG	2	D
	e	quality	ty	enta	0	100		0	
	mater	health	healt	ge of	0		N/		0
	nal,	care to	h	mot	&		NG	2	Н
	neonat	mother	servi	hers			/D	3	
	al and	s and	ces	atte			on	-	
	child	childre	avail	nde			ors	2	
	health	n	able	d				0	
	service							3	
	SET VICE								

	S							2	
								·	
	Offer reprod uctive health, sexual and GBV service s	Offer quality family health and support services	repro ducti ve healt h \sex ual and GBV servi ces avail able	perc enta ge of GBV clien ts atte nde d	1 0 0 %	10	CG N/ NG /D on ors	2 0 2 3 - 2 0 3 2	D O H
	Provid e suppor t superv ision to the health faciliti es	Offer support supervi sion to the staffs in all facilitie s in the county	supp ort supe rvisi on offer ed	perc enta ge of sup port s supe rvisi on done	1 0 0 %	20	CG N/ NG /D on ors	2 0 2 3 - 2 0 3 2	D O H
	Establi sh a health inform ation manag ement system	SI	healt h infor mati on syste m avail able at JM HOS PITA L	Perc enta ge of heal th infor mati on outo mat ed.	1 0 0 %	40	CG N/ NG /D on ors	2 0 2 3 - 2 0 3 2	D O H
Heal th infra stru ctur	Develo p access ible moder	Constr uct, upgrad e, repair and	Healt h facili ties upgr aded	perc enta ge of heal th facili	1 0 0 %	2,000	CG N/ NG /D on	2 0 2 3 -	D O H

		renovat	on d	+			040	0	
e and	n health	e the	and reno	ty upgr			ors	2	
	faciliti	health	vatio	aded					
equi	es in	facilitie	ns	aaca				3 2	
pme	the	s to	done	perce				2	
nt		accepta	to	ntag	1				
	county	ble	the	e of	0				
		standar	dese	reno	Ō	500			
		ds	rving	vatio	%				
			facili	ns				X	
			ties	done					
			Com	perce	1	1,600	CG	2	D
		Upgrad	pletio	ntag	0		N/	0	O
		e of JM	n and	e of	0		NG	2	Н
		Hospita 1	equip	com	%		/D	3	
		1	ping of	pleti on			on	_	
			Mash	OII		N	ors	2	
			ujaa					0	
			comp					3	
			lex					2	
			Cons	perce	1	2,000	CG	2	D
			tructi	ntag	0		N/	0	O
			onof;	e of	0		NG	2	Н
			Inpat	com	%		/D	3	
			ient	pleti			on	_	
			facilit	on			ors	2	
			y Outp					0	
		$\wedge \vee$	atient					3	
		121	block					2	
			Mater						
			nity						
			block						
			Labor						
			atory						
			Theat						
			er						
			X-ray						
			block						
			healt h						
			prod						
			uct						
			store						
			s						
			staff						

			hous es						
Total	Equip the health faciliti es with moder n parap hernali a.	Equip the new and existing facilitie s with modern facilitie s	facili ties equi pped with mod ern facili ties			1,000 8,000	CG N/ NG /D on ors	2 0 2 3 - 2 0 3 2	D O H
Early Childhoo d educatio n	To promot e the quality of Early childho od educati	Construction of Centre of excellen ce	Cons truct ed cente rs of excell ence	No. of cente rs of excel lence cons truct ed	5	25	CGN	202 3- 203 2	DO ECGC SS
	on	Provisio n of ECDE capitati on	ECD E learn ers facilit ated with capit ation	No. of ECD E learn ers facili tated with ECD E capit ation	25 0, 00 0	250	CGN	202 3- 203 2	DO ECGC SS
		Constr uction of Modern ECDE centers	Cons truct ed Mode rn ECD E cente rs	No. of Mode rn ECD E cente rs cons	25 0	525	CGN	202 3- 203 2	DO ECGC SS

		truct ed					
Renova tion of ECDE Classro oms	Reno vated ECD E Class room	No. of ECD E Clas sroo m reno vated	10 0	20	CGN	202 3- 203 2	DO ECGC SS
Construction of toilets for ECDE without Toilets	Cons truct ed ECD E toilet s	No. of toilet s cons truct ed for ECD E with out toilet s	56	33.6	CGN	202 3- 203 2	DO ECGC SS
Construction of fences for feeder ECDEs	Cons truct ed Feede r ECD Es fence s	No. of fence s cons truct ed for feede r ECD Es	20 0	100	CGN	202 3- 203 2	DO ECGC SS
Introdu ction of ECDE digitize d learnin g	Intro duce d ECD E digiti zed learni ng	No. of ECD E cente rs acce ssing digiti zed	76 0	165	CGN	202 3- 203 2	DO ECGC SS

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		learn ing					
		1118					
Trainin g of ECDE teacher s on CBC and ICT	Train ed ECD E teach ers on CBC	No. of ECD E teac hers train ed in	12 00	20	CGN	202 3- 203 2	DO ECGC SS
	and ICT	CBC and ICT					
Installa tion of ECDE centers with solar panels	ECD E cente rs instal led with solar panel s	No. of ECD E cente rs insta lled with solar pane ls	25 0	50	CGN	202 3- 203 2	DO ECGC SS
Provisio n of ECDEs with water tanks and installa tion of water harvesti ng structu res	ECD Es provi ded with water tanks and water harve sting struc tures	No. of ECD Es provi ded with wate r tank s and wate r harv estin g struc tures insta lled	20 0	20	CGN	202 3- 203 2	DO ECGC SS

		Carryin g out of Quality and standar ds assura nce	Quali ty assur ance repor ts	No. of Qual ity assu ranc e repor ts	30	10	CGN	202 3- 203 2	DO ECGC SS
Vocation al Training Developm ent	Provide accessi ble and Inclusi ve opport unities to	Constr uction of Modern Model VTCs	Cons truct ed Mode rn mode 1 VTCs	No. of Mode 1 Mode rn VTCs	4	330	CGN	202 3- 203 2	DO ECGC SS
	acquire educati on and trainin g, knowle dge, and skills for gainful employ ment	Equippi ng VTCs with modern tools and equipm ent	Equi pped VTC with mode rn tools and equip ment	No. of VTCs avail ed with mod ern tools and equi pme nt	19	222	CGN	202 3- 203 2	DO ECGC SS
		Provisio n of capitati on to VTCs trainees	Train ee's VTC capit ation benef iciari es	No. of VTCs train ees bene fiting from capit ation	25 ,0 00	375	CGN	202 3- 203 2	DO ECGC SS
		Construction of VTCs sanitati on facilities	Cons truct ed VTCs sanit ation facilit ies	No. of cons truct ed sanit ation facili ties	36	54	CGN	202 3- 203 2	DO ECGC SS

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Constr uction of VTCs hostels	Cons truct ed VTCs hoste ls	No. of VTCs host els cons truct ed	15	112.5	CGN	202 3- 203 2	DO ECGC SS
Constr uction of VTCs adminis tration blocks	Cons truct ed VTCs admi nistr ation block s	No. of VTCs administration block s constructed	15	90	CGN	202 3- 203 2	DO ECGC SS
Adopt Clean and environ mentall y sustain able Technol ogy	Acquired solar systems, Biodigesters and Biomass at VTCs	No. of Solar syste ms/Biog ester s/Bi omas s syste ms impl eme nted	19	80	CGN/ Donors	202 3- 203 2	DO ECGC SS
Adoptio n of technol ogy In VTC Trainin g	Acqui red VTC digita l curri culu m	No. of VTCs avail ed with digit al Curri culu m	19	63	CGN/ Donors	202 3- 203 2	DO ECGC SS
Constr uction of VTCs	Cons truct ed VTCs	No. of cons truct	13	107.2 5	CGN	202 3- 203 2	DO ECGC SS

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		Mappin g and manage ment of all colonial and cultural assets	Mapp ed and mana ged colon ial and cultu ral asset s	No. of Data base s on map ped and man aged colon ial asset s	1	4	CGN	202 3- 203 2	DO ECGC SS
		Conducting of a County Cultura l and exhibiti on day at the County	Cond ucted Coun ty Cultu ral and exhib ition day at the Coun ty	No. of Cond ucte d of a Cou nty Cult ural and exhi bitio n day at the Cou nty	10	50	CGN	202 3- 203 2	DO ECGC SS

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		rs, dancers , musicia n, thespia ns, herbali st, conserv ationist ), County wide	practi tione rs	d and regis tered					S
		Construction of County Museu m	Cons truct ed of Coun ty Muse um	Com plete d and oper ation al Cou nty Mus eum	3	30	CGN	202 3- 203 2	DO ECGC SS
		Construction of community Libraries county wide	Cons truct ed com muni ty Libra ries count ywide	No. of com muni ty Libra ries coun tywid e	5	75	CGN	202 3- 203 2	DO ECGC SS
Gender Affairs	To promot e gender equalit y and equity	Formul ation of policy and legal framew ork	Oper ation al policy and legal frame work	No. of Appr oved oper ation al polic y and legal fram ewor k	1	25	CGN	202 3- 203 2	DO ECGC SS

		Mappin g and data collecti on of gender related cases	Mapp ed and collec ted data on gend er relate d cases	No. of data base s creat ed	10			Ž,	S
		Empow erment of Gender related victims	Empo were d Gend er relate d victi ms	No. of Emp ower ed Gend er relat ed victi ms	O n ne ed ba sis	S			
Social services	Social econo mic suppor t	Formul ation of policy and legal framew ork	Oper ation al policy and legal frame work	No. of Appr oved oper ation al polic y and legal fram ewor k	1	525	CGN	202 3- 203 2	DO ECGC SS
		Emerge ncy respons e to affected people	Beneficiaries of emergency affected persons	No. of bene ficiar ies assis ted	20,000				
		ration with	ed colla	of colla					

		other stakeho lders	borat ions with other stake holde rs	borat ions creat ed					
		researc h, mappin g, and data collecti on of vulnera ble persons	Data bases creat ed	No. of Data base s creat ed	10			Š	S
		Construction and equipping of Social halls	Cons truct ed and equip ped social halls	No. of cons truct ed and equi pped socia 1 hall	5				
Children Affairs	Promot ing and protecti on of the rights and welfare of the childre n and young people	Formul ation of policy and legal framew ork	Oper ation al policy and legal frame work	No. of Appr oved oper ation al polic y and legal fram ewor k	1	35	CGN	202 3- 203 2	DO ECGC SS
		Collabo ration within other stakeho lders	Creat ed colla borat ions	No. of creat ed colla borat ions	5				

		Advoca cy and sensitiz ation	Cond ucted advoc acy and sensi tizati on	No. of Cond ucte d advo cacy and sensi tizati on meet ings	50			, C	
		Researc h and mappin g of vulnera ble childre n  Constr uction of Daycar es	Vuln erabl e childr en's datab ases  const ructe d Dayc ares	No. of vuln erabl e child ren's data base s No. of Dayc ares cons truct	3				
Alcohol	Control the sale, posses sion transp ortatio n and deliver y of alcohol	Alcohol policy and legal framew ork	Oper ation al appro ved alcoh ol policy and legal frame work	ed No. of oper ation al polici es	1	70	CGN	202 3- 203 2	DO ECGC SS
Total						5,431 .85			

# 3.4 Sectoral flagship projects

Table 27: Sectoral flagship projects

Table 27: Sectoral flagship projects											
_	Objectiv	Outc	Descriptio	Ti	Benefi	Esti	Source	Implem			
	е	ome	n of Key	me	ciaries	mate	of	enting			
(Locati			Activities	Fra	(No.)	d	Funds	Agency			
on)				me		Cost(					
						milli					
						ons)					
	Improve	A	Completio	202	1,000,	1,600	CGN/N	County			
e of JM	d health	healt	n and	3-	000		G/Don	departm			
County	services	h	equipping	203			ors	ent of			
hospita	in the	popul	of	2				Health			
1 to 0	county	ation	Mashujaa					services			
level		in	complex								
five		the									
		count	Constructi	202	1,000,	2,000	CGN/N	County			
		y	on of;	3-	000		G/Don	departm			
			Inpatient	203			ors	ent of			
			facility	2				Health			
			Outpatient					services			
			block	4							
			Maternity								
			block								
			Laboratory								
			Theater								
			X-ray								
			block								
			health								
			product								
			stores staff								
			houses								
	Improve	A	Constructi	202	1,000,	2,000	CGN/N	County			
e of sub	d health	healt	on of;	3-	000		G/Don	departm			
2	services	h	Inpatient	203			ors	ent of			
hospita	in the	popul	facility	2				Health			
ls to	county	ation	Outpatient					services			
level		in	block								
four		the	Maternity								
		count	block								
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		y	Laboratory								
			Theater								
			X-ray								
			block								
			mortuary								
			health								
			product								
			stores staff								
			houses								
Total					7,000						

County wide  County wide  County wide	To embrace digital learning in our ECDE centres  To improve education access by providing a bursary to the disadvantaged beneficiaries	impr oved pre- prim ary litera cy levels	•Procurem ent of the ECDE digital learning hardware/ gadgets •Train the ECDE teachers on digital learning •Carry out the hardware and software of the digital gadgets •Carry out Monitoring and quality assurance on the digitized curriculu m Provision of Bursary fund	202 3- 203 2 2 202 3- 203 2	250,00 0 learner s	1,100	County Govern ment of Nyanda rua  The county govern ment of Nyanda rua	Educati on, Childre n, Gender Affairs, Culture and Social Services  Educati on, Childre n, Gender affairs, Culture and Social Services
VTCs equippi ng, County wide	To facilitate practical Market oriented learning and training	social econo mic devel opme nt acros s the	Availing of Modern tools and equipment	202 3- 203 2	25,000	210	County Govern ment and Nationa l Govern ment	Educati on, Childre n, Gender affairs, Culture and

		count						Social Services
ECDE capitati on, County wide	To promote equitable e access to education and facilitate acquisition of requisite supplies for ECDE centers	impr oved rate of trans lation	Disbursem ent of funds as per the enrolment	202 3- 203 2	250,00 0	250	County govern ment of Nyanda rua	Educati on, Childre n, Gender affairs, Culture and Social Services
Vocatio nal Trainin g Centres capitati on, County wide	To promote equitabl e access to educatio n and facilitate acquisiti on of requisite supplies for VTCs	Impr oved level of enrol ment	Disbursem ent of funds as per the enrolment	202 3- 203 2	25,000	375	County govern ment of Nyanda rua;	Educati on, Childre n, Gender affairs, Culture and Social Services
Upgradi ng of 8 VTC centers to centers of Excelle nce	To improve accessib ility to quality VTC educatio n to trainees	Socia 1 econo mic Devel opme nt acros s the count y	Equipping of 8 VTCs with modern tools and equipment	202 3- 203 2	12,000	300	County govern ment of Nyanda rua;	Educati on, Childre n, Gender affairs, Culture and Social Services
Constr uction of Modern	To improve accessib ility to quality	Socia 1 econo mic Devel	Constructi on and equipping Modern Model VTC	202 3- 203 2	20,000	330	County govern ment of Nyanda rua;	Educati on, Childre n, Gender

model	VTC	opme			affairs,
VTCs	educatio	nt			Culture
	n to	acros			and
	trainees	s the			Social
		count			Services
		у			
Total				2,73	
				0	

The Sector's total budgetary requirement for the plan period is approximately Ksh 13.43 Billion out of which Ksh 8.0 Billion is for the Health services subsector and Ksh 5.43 Billion is for the Education sub-sector.

The flagship projects will have a share of Ksh 8.33 Billion out of which Ksh 5.6 Billion is for the Health services department. This is for the upgrade of JM Hospital and the sub-county hospitals. A sum Ksh 2.73 Billion will go to finance flagship projects in the Education sub-sector which include digitization of E.C.D.E learning, County bursary program, E.C.D.E and VTC capitation and equipping and upgrade of VTC centers in the County.

## 3.5 Cross-Sectoral linkages

Table 28:Cross-Sectoral linkages

**CROSS-SECTORAL LINKAGES** 

Programme Name	Linked Sector	Cross-secto	Measures to Harness or Mitigate the Effects	
		Synergies	Adverse Effects	
Solid Waste management	Infrastructure sector	There is need for an elaborate mechanism for preventive and promotive health for water disposal	Liquid waste disposal, solid waste disposal and drainage systems do not meet the demand of the growing population	Proper physical planning and improvement of infrastructure would assist in waste disposal.
Nutrition and dietetics	Production sector	Agriculture provides food for nutrition purposes  Schools are a key avenue in health education and advocacy  Department of health is a contributor to GHC	Food insecurity due to low production and poor agricultural practices results in nutrition deficiencies.  use of agrochemicals inappropriately affecting food safety issues	Sensitization to enhance agricultural practices that promote proper nutrition.  sensitization of framers on need to follow protocols in Agrochemical use  collaboration with the department to conduct advocacy sessions  sensitization to adapt climate change mitigation actions
Curative services	Human resource sector	Literacy levels correlates to the health seeking behavior	High illiteracy levels will affect the health seeking behavior and economic ability with other negative externalities	Education advocacy and intensified school health programs will promote health seeking behavior.

Programme Name	Linked Sector	Cross-secto	Measures to Harness or Mitigate the Effects	
		Synergies	Adverse Effects	
Health infrastructure	Infrastructure sector  Governance sector	Continuous infrastructure improvement has improved accessibility to health care services	Poor road networks hinder accessibility to health care services	Enhance continuous road improvement to increase health service accessibility.
Health administration and management	Governance sector	Continuous budget allocation to health services department has improved delivery of health care services	Inadequate budget allocation hinder effective delivery of health care services	Enhance budget allocation to increase health services delivery
ECDE Development, VTCs Development, Culture, Social services	Infrastructure sector	Preparation of BQs	Delayed preparation of BQs and issuing of necessary documents	Timely submission of BQ projects
VTCs Development	Governance sector	Promotion of higher education in the County Convenient access to higher education	Delayed establishment of the University	Fast-tracking establishment of the University
VTCs Development	Human resource sector	Registration of Youth VTCs	Non-certification of the students completing their courses	Liaise with TVETA on registration of our un- registered Vocational Training Centres
ECDE Development, VTCs Development, Culture, Social services	Infrastructure sector	Provision of good access roads to education institution centres with collaboration with the Education dept.	Lack of proper access of the educational institution centres	Grading and murraming of the education institution access roads

Programme Name	Linked Sector	Cross-secto	or Linkages	Measures to Harness or Mitigate the Effects
		Synergies	Adverse Effects	
Culture	Productive sector	Identification, documentation, and preservation of cultural heritage. Identification and development of talents during cultural events	Lack of proper coordination	Develop policies and provide proper coordination
Gender affairs	Human resource sector	Identification, mapping, and assessment of the PLWD	Lack of data across relevant Department	Policy development
Gender affairs	Productive sector	Effects of environment, Climate change and clean cooking on Gender	Lack of coordination	Cross-cutting policy
Gender affairs	Human resource sector	GBV, HIV AIDS Issues	Lack of proper coordination	Formation of county interdepartmental committee
VTCs Development	Human resource sector	Provision of mental health education and drug abuse	VTC trainees will be faced with mental related issues	Organization of sensitization programs for the trainees
VTCs Development	Productive sector	Collaboration in environmental greening programs	Environmental degradation	Organization of greening activities
Gender affairs	Human resource sector	Collaboration in mentorship programs on hygiene for both boys and girls	High dropout school cases	Sensitization and provision of hygienic kits to boys and girls
VTCs Development	Infrastructure sector	Collaboration in the construction of Biogas digester	Degradation of the environment	Train the VTCs trainees on construction of the biogas digester
VTCs Development	Governance sector	Collaborate in provision of full scholarship to deserving students admitted in	Inaccessibility to relevant quality education	Identification of deserving students and linking them to full scholarship providers

Programme Linked Sector Name		Cross-secto	Measures to Harness or Mitigate the Effects	
		Synergies	Adverse Effects	
		National schools and come from needy backgrounds		
Social services	Governance sector	Collaborate with the Ministry in mapping of the needy cases in the society	Lack of proper data for the Social services to assist the needy	Collaboration with the ministry of Interior and coordination of the National government in the mapping of the needy
Social services	Infrastructure sector	Collaborate with the public works department in provision of Machinery for transport purposes	Non-provision of the machinery will lead to hiring private transport means	Collaboration with the Public works, Roads, Transport, Housing & Energy department in provision of transport means on need basis
Social services	Governance sector	Collaborate in provision of assistive and medical assistance to PLWDs	Worsening situation of the PLWDs for lack of support services	Provision of the needy PLWDs data to the NGOs for support services
Social services	Human resource sector	Collaborate in assessment for registration of PLWD	Lack of proper documentation for PLWDs	Collaborate with the health department in provision of the necessary disability documents
Social services	productive sector	Collaborating in sporting for PLWD and exercises for the elderly	Unhealthy living	Collaborate with Youth Empowerment, sports, and Arts in making arrangements for the sports and exercises
Gender affairs	Governance sector	Provision of necessary enforcement, medical and	violated human rights	Collaborative efforts from the three departments

Programme Linked Sector Name		Cross-sect	Cross-sector Linkages	
		Synergies	<b>Adverse Effects</b>	
		legal support for the GBV victims		
Children	Governance sector	Collaboration in promoting and safeguarding children's rights for growth and development	Children's rights violation	Collaborative efforts from the departments
VTCs Development	Human resource sector	Collaboration in curriculum development, implementation, and assessment	compromised quality of education	Collaborative efforts in curriculum development, implementation and assessment between the County government and the Ministry of education
ECDE Development	Human resource sector	Collaboration in the assessment of children's growth, immunization, and deworming	The unhealthy living of the children	Collaboration with the Health Department for the well-being of the children
VTCs Development	Infrastructure sectors	Provision of infrastructural development, guidance, and counseling for trainees and	compromised moral behavior poor education institutions infrastructural development	Collaborative efforts between the NGOs/FBOs in providing material development for children and trainees

#### CHAPTER FOUR: IMPLEMENTATION MECHANISMS

#### 4.1 Institutional and Coordination Framework

## 4.1.1 Institutional Arrangement

The CECM incharge of the sector is to provide the requisite policy direction as per the County's development agenda. Policy issues and directions are to be approved by the County Executive Committee. Sectoral linkage is to be leveraged through the County Sectoral Committees.

The County Sectoral Committees in the County are responsible for providing specialized advice and support to the County Executive Committee in specific policy areas.

They will be responsible for developing and implementing policies and programs related to their respective sectors, as well as monitoring and evaluating the performance of the government in those areas. Additionally, they play a key role in coordination of the work of other sectoral government agencies and stakeholders to ensure effective and efficient delivery of services to the public.

Table 29:Role in Implementation of the Sector Plan

S/N	1	ition of the Sector Plan
0	Institution	Role in Implementation of the Sector plan
1.	County Executive Committee	<ul> <li>Provide leadership and policy direction of the county development agenda</li> <li>Approve county policies, plans and budgets;</li> <li>Coordinate departmental functions.</li> </ul>
2.	County Executive Sectoral Committee	Provision of specialized advice and support to the County Executive Committee
3.	County Assembly	<ul> <li>Approve county policies, plans and budgets;</li> <li>Provide oversight over the implementation of programmes, plans and budgets</li> </ul>
4.	County Government Department of Education, Children, Gender Affairs, Culture and Social Services	<ul> <li>Implement the subsector projects and programmes;</li> <li>Report to the county executive committee, county -Assembly and other oversight agencies on the implementation progress and challenges</li> </ul>
5.	County Planning Unit	<ul> <li>Coordinate the preparation of annual development plans, sector plans and budgets;</li> <li>Coordinate M&amp;E and CIMES Periodical reporting on progress</li> </ul>
6.	Office of the County Commissioner	<ul> <li>Ensure Security, conflict management and peace building</li> <li>Coordinate national government functions at the county level</li> <li>Mobilize national government agencies for national events and programmes</li> </ul>
7.	National Planning Office at the county	<ul> <li>Provide guidance in linking the county development agenda to the national development agenda as envisaged in the Kenya's Vision 2030 and MTP IV</li> <li>Coordinate the NIMES</li> </ul>
8.	Other National Government Departments and Agencies at the county	<ul> <li>Provide support and guidance;</li> <li>Facilitate release of fund for implementation of planned projects and programmes;</li> <li>Capacity building;</li> </ul>

S/N O	Institution	Role in Implementation of the Sector plan
9.	Development Partners	<ul> <li>Provide resources and finances to supplement county government funding;</li> <li>Capacity building;</li> </ul>
10.	Civil Society Organizations	<ul> <li>Oversight</li> <li>Provide resources and finances to supplement county government funding</li> </ul>
11.	Private Sector	<ul> <li>Partnership in implementation of sector plan projects and programmes;</li> <li>Participation in project implementation and M&amp;E committees</li> </ul>
12.	Ministry of Education	Provide policy guidelines
13.	National Museums of Kenya	Document and preserve cultural and natural heritage.
14.	National Construction Authority	Ensure construction projects are up to standards.
15.	Kenya Police	Maintain law and order/apprehend children's offenders
16.	The Judiciary	Ensure fair judgement on any litigation that may arise
17.	County Executive Committee	<ul> <li>Provide leadership and policy direction of the county development agenda;</li> <li>Approve county policies, plans and budgets;</li> <li>Coordinate departmental functions.</li> </ul>
18.	County Executive Sectoral Committee	Provision of specialized advice and support to the County Executive Committee
19.	County Assembly	<ul> <li>Approve county policies, plans and budgets;</li> <li>Provide oversight over the implementation of programmes, plans and budgets</li> </ul>
20.	County Government Departments	<ul> <li>Implement the CIDP projects and programmes;</li> <li>Report to the county executive committee, county         -Assembly and other oversight agencies on the implementation progress and challenges     </li> </ul>

S/N O	Institution	Role in Implementation of the Sector plan
21.	County Planning Unit	<ul> <li>Coordinate the preparation of annual development plans, sector plans and budgets;</li> <li>Coordinate M&amp;E and CIMES</li> <li>Periodical reporting on progress</li> </ul>
22.	Office of the County Commissioner	<ul> <li>Ensure Security, conflict management and peace building</li> <li>Coordinate national government functions at the county level</li> <li>Mobilize national government agencies for national events and programmes</li> </ul>
23.	National Planning Office at the county	<ul> <li>Provide guidance in linking the county development agenda to the national development agenda as envisaged in the Kenya's Vision 2030 and MTP IV</li> <li>Coordinate the NIMES</li> </ul>
24.	Other National Government Departments and Agencies at the county	<ul> <li>Provide support and guidance;</li> <li>Facilitate release of fund for implementation of planned projects and programmes;</li> <li>Capacity building;</li> </ul>
25.	Development Partners	<ul> <li>Provide resources and finances to supplement county government funding;</li> <li>Capacity building;</li> </ul>
26.	Civil Society Organizations	<ul> <li>Oversight</li> <li>Provide resources and finances to supplement county government funding</li> </ul>
27.	Private Sector	<ul> <li>Partnership in implementation of Sectoral projects and Programmes;</li> <li>Participation in project implementation and M&amp;E committees</li> </ul>
28.	Parliament	<ul><li>Carry oversight</li><li>Appropriate the county budgetary allocation/equitable share.</li></ul>
29.	Ministry of Labor and Social Protection	Upholding children rights and welfare

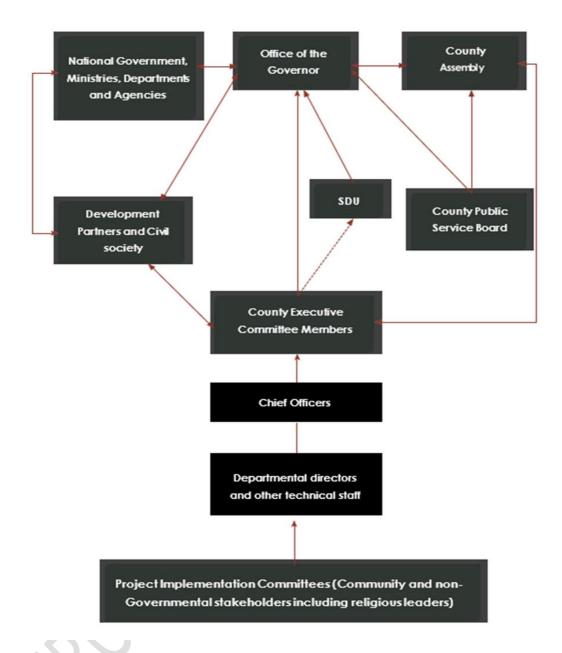
S/N O	Institution	Role in Implementation of the Sector plan
30.	Teacher Service Commission	Register and regulate teachers
31.	National Industrial Training Authority	Assess trainees
32.	TVETA	Register vocational training centers
33.	Kenya Institute of Special Education (KISE)	Assessment of learners with special needs for placement
34.	Kenya Institute of Curriculum Development (KICD)	<ul><li>Development of curriculum</li><li>Approval of teaching learning materials</li></ul>
35.	National Gender and Equality Commission (NGEC)	Provision of policy guidelines on gender issues
36.	Kenya Primary Schools Heads Association (KEPSHA)	<ul> <li>Promote transition of learners from pp2 to grade</li> <li>1.</li> <li>Improve teaching and learning environment</li> </ul>
37.	Kenya National Examination Council (KNEC)	<ul> <li>Assessment and evaluation of learners and trainees</li> <li>Award of certificates</li> </ul>
38.	National Council of Persons with Disability	<ul> <li>Assess persons with disability</li> <li>Register persons with disability</li> </ul>
39.	Albinism Society of Kenya	<ul> <li>Register people living with albinism</li> <li>Create awareness to the public on albinism</li> </ul>
40.	National Disaster Management Authority	Response to disaster and natural calamities
41.	Kenya National Commission on Human Rights	Advocate for human rights
42.	National Aids Control Council	Coordinate stakeholders' response to HIV/AIDS
43.	Kenya National	<ul> <li>Identification on county heritage sites which include sites, monuments, and landscapes</li> <li>Identification of intangible cultural heritage</li> <li>Identification of documentary heritage</li> </ul>

S/N O	Institution	Role in Implementation of the Sector plan
44.	National Government Department of Gender, Cultural Heritage, and the Arts	Policy formulation and registration of cultural practitioners
45.	National Archives	Preservation of documentary heritage
46.	Kenya Music and Cultural Festival	Promotion of integration and national cohesion
47.	Nathepa	Promotion of traditional medicine
48.	NACADA	Support in control of drugs and substance abuse
49.	National Department of Tourism	Promotion of ecocultural tourism

## 4.1.2 Coordination Framework

These sectoral plans will be coordinated by various agencies among them the county Governor office, it will also work closely with the other 3 sectors. and subsectors.

Figure 3:Coordination Framework



The above diagram depicts coordination structures from the National government, Ministries, all the way to the departmental directors and other technical staff.

## 4.2 Financing Mechanism

This section indicates the total cost of funding the Human Resource sectoral plan for the 10 years as summarized in the table below.

Table xx: Resource requirement by subsectors

	Resource requirement by subsectors								
Subs ector	202 3/2 4	202 4/2 5	202 5/2 6	202 6/2 7	202 7/2 8	202 8/2 9	202 9/3 0	203 0/3 1	203 1/3 2
Educ ation, Child ren, Gend er affair s, Cultu re and Social Servic es	261, 395, 954	271, 851, 792	282, 725, 863	294, 034, 898	305, 796, 294	318, 028, 146	330, 749, 272	343, 979, 243	357, 738, 412
Healt h Servic es	669, 437, 792	696, 215, 303	724, 063, 915	753, 026, 472	783, 147, 531	814, 473, 432	847, 052, 369	880, 934, 464	916, 171, 842

Table xx: Anticipated sources of resources for the Human Resource sector

	1	ı		ı		1			
Sour ce of fund s	202 3/2 4	202 4/2 5	202 5/2 6	202 6/2 7	202 7/2 8	202 8/2 9	202 9/3 0	203 0/3 1	203 1/3 2
Ordi nary reve nue- equit able shar e and own sour ce reve nue	805, 833, 746	843, 067, 095	881, 789, 778	1,04 7,06 1,37 0	1,08 8,94 3,82 5	1,13 2,50 1,57 8	1,17 7,80 1,64 1	1,22 4,91 3,70 7	1,27 3,91 0,25 4
Con ditio nal gran ts	125, 000, 000	125, 000, 000	125, 000, 000	-	-	-	_	-	-

Tota 1	930, 833, 746	968, 067, 095	1,00 6,78 9,77 8	1,04 7,06 1,37 0	1,08 8,94 3,82 5	1,13 2,50 1,57 8	1,17 7,80 1,64 1	1,22 4,91 3,70 7	1,27 3,91 0,25 4
ent part ners				<	O,				
Deve lopm						$O_{2}$			
Exte rnal	-	-	-	-	-	- 5		-	-
devel opm ent part ners							(	6/J	S
Loca	-	-	-	-	-	-	-	-	-
(GO K)									

## 4.3 Capacity Development

Efficient and effective implementation of the Human Resource Sectoral Plan relies on the development and enhancement of the capacity of our workforce and systems. This Capacity Development Plan outlines measures to address capacity gaps, encompassing skills and knowledge, systems and processes, and tools and equipment. By bridging these gaps, we aim to ensure the successful realization of the sectoral initiatives through;

- 1. Carrying out of Trainings to the Staff and key stakeholders to fill in training needs and capacity gaps.
- 2. Provision of the necessary tools and equipment so as to staff facilitate staff.
- 3. Leveraging on technology and digital platforms to enhance and improve on any data collection, monitoring and reporting activities.
- 4. Liasing with the Finance, Economic planning and ICT Department to sufficiently allocate funds for proper running of the Human Resource sector.

# 4.4 Risk Management

This section should provide risks that may hinder implementation of the sectoral plan and discuss proposed mitigation measures, as indicated in Table 30.

Table 30:Risks, Levels, Owners, and Mitigation Measures

Risk	Risk	Risk Owners	Mitigation mass
1/191/	Level	1/19V OMIICL2	Mitigation measures
	(Low,		
	Medium,		
	High)		
Poor plans and	High	- Department	Strategic planning and
priorities	8	of ECGC	management
•			
Lack of goodwill			275
Political			Effective conflict
interference			resolution
Conflict of interest			
Confinct of interest			
			Partnership and
			collaboration
Inadequate	High	-Department	Development and
aucquatt	111811	of Finance	implementation of a
Financial resource		of Finance	resource enhancement
		-County	plan.
Unrealized revenue		assembly	pian.
targets			
		- National	
Untimely exchequer		Government	Effective Cashflow
release of funds			projection plans
Embezzlement of			
funds			
			Asset management
Non-compliant			Asset management
financial reporting			
$\wedge$			
			Enforce full Compliance
			with the PFM Act
Inadequate human	high	-Department	Adequate staffing and
resource and		of ECGCSS	Continuous training.
capacity			
V		-County	
		Public Service Board	Succession planning
		DOATU	and management
Flawed processes	-	- Department	Strengthening internal
anda Processo		of ECGCSS	control systems.
Unavailability/	-	- Department	
systems failure		of ECGCSS	
<b>y</b>	I .		

Risk	Risk Level (Low, Medium, High)	Risk Owners	Mitigation measures
Adverse media coverage and public attitude	Medium	- Department of ECGCSS	Public involvement and participation  Effective communication strategy
Non-compliance with existing laws and procedures	Medium	- Department of ECGCSS -Contracted Suppliers	Punitive measures in place
Climate change  Pandemic diseases	High high	-Department of ECGCSS -learners and parents	-Plant trees in all learning institutions -Advocacy for community involvement in tree planting
Rapid Technological changes	Medium	-Department of ECGCSS -Contracted suppliers -Learning Institutions	Training and retraining of staff on emerging technologies

Risk	Risk Level (Low, Medium , High)	Risk Owners	Mitigation measures
Limited/delayed planning period and resources. Limited funding can be explained by competition for county funds with other sectors. Late disbursement of funds may cause delay of implementation during the planning period.	Medium	Department of Health	Resource mobilization and involve key players/stakeholders.
Political influence/interference. The political establishment in the county may have populist priorities other than what is in the strategic plan	Low	Department of Health	Involve key opinion leaders during planning, implementation, and evaluation
Competing activities. The implementation might be impeded by other competing activities within the county and from the national government.	Low	Department of Health	Prioritizing and mid- term reviews of implementation plans

Risk	Risk Level (Low, Medium , High)	Risk Owners	Mitigation measures
National/ County Policy changes /reviews. Frequent reviews and changes in policy and guidelines impact on implementation timelines.	Low	Department of Health	Integrate planning with the national/county policies.
Non – committal funders. Some implementing partners may neither honour their commitments nor reveal their resource envelop.	Low	Department of Health	Make signed agreements with funders -Encourage intersectional and intersectoral collaboration
Conflict between implementing sectors. Some projects require a multi-sectoral approach e.g., constructions. These other players might delay implementation of the project.	Low	Department of Health	-Better coordination/collaboratio n among the implementing sectors -Outsourcing
Over reliance on donor funding on some projects. Examples include HIV, TB, HSSF etc.	High	Department of Health	-Improved allocation by the county government -Alternative sources of funds (IGA, FIF)

Risk	Risk Level (Low, Medium , High)	Risk Owners	Mitigation measures
whose funds may be withdrawn.			×C
Emerging and reemerging diseases. Examples include Covid-19. This may require reorganization of our planning.	Medium	Department of Health	-Intensifying surveillance and research
Natural calamities/disasters. This would mean reallocation of funding to mitigate their effects. E.g., Elnino	Low	Department of Health	Disaster preparedness
Activism in the health sector (better wages, terms of service etc.). This may interrupt the implementation of the programs and service delivery. e.g., immunization.	Medium	Department of Health	-Better working conditions and remunerations
Climate change. This may cause the emergence of new strains of disease causes agents. It may also cause changes in	Low	Depj,,,,,artmen t of Health	Surveillance and preparedness

Risk	Risk Level (Low, Medium , High)	Risk Owners	Mitigation measures
distribution of diseases to new ecological zones e.g., highland malaria, Leishmaniasis			ONS
Unpredictable International relations (donor support withdrawal).	Low	Department of Health	-Alternative health care financing and technical support
Rapid changing technology. Equipment get obsolete too fast requiring replacement.	Medium	Department of Health	-Keep abreast with the change -Invest heavily in technology

#### CHAPTER FIVE: MONITORING AND EVALUATION FRAMEWORK

#### 5.0 Overview

This chapter provides an analysis of how the strategic priorities for implementation during the plan period will be monitored, evaluated, and reported. The tracking of planned interventions is crucial in ensuring that implementation is on track and how to address any deviations. The findings of Monitoring and Evaluation (M&E) process are to be used to improve future programme implementation as a result of the lessons learnt. The review of this plan has also been analyzed to facilitate capture of realistic programmes which can be implemented satisfactorily and attain the desired outcomes and impacts

## 5.1 Monitoring, Evaluation, Reporting and Learning

The Kenyan constitution outlines a legal process that mandates the creation of Monitoring and Evaluation (M&E) systems for County Governments. The M&E processes, methods, and tools are guided by Section 232 of the Constitution and Section 47 of the County Government Act, 2012, which charges the County Executive Committee with designing a performance system to evaluate the county public service's performance in relation to county policies, projects, and programs.

The Sector Plan will undergo continuous monitoring and evaluation, employing a participatory approach involving government entities, the private sector, development partners, non-state actors, and the public. The Monitoring and Evaluation Framework will guide the County Government in tracking the progress made towards achieving the desired outcomes of the sector plan.

In the monitoring phase, those responsible for program and project implementation will systematically collect both qualitative and quantitative data to track progress toward predefined targets. This data will provide implementers and stakeholders with insights into the extent to which objectives have been met. The monitoring process will adhere

to a structured framework that covers indicator identification, data collection, frequency of data collection, data custodianship, data analysis, utilization, reporting, and sharing.

To address specific questions about development interventions, evaluations will be conducted, primarily focusing on reasons for achieving or not achieving results, their relevance, effectiveness, impact, and sustainability. These evaluations may be internal or external, with stakeholders involved in all phases, from planning, data collection to analysis, reporting, feedback, dissemination, and follow-up actions.

The Monitoring and Evaluation processes, methods, and tools will align with the National Monitoring and Evaluation Policy, County M&E Policy, County Integrated Monitoring and Evaluation System (CIMES) Guidelines, Kenya Norms and Standards for Monitoring and Evaluation, and Kenya Evaluation Guidelines.

### 5.2 County Monitoring and Evaluation Structure

The County Government has established the necessary structures to support the M&E process for implementing the plan as guided by the County Integrated Monitoring and Evaluation System (CIMES), the Sector Plan will be subject to multi-level monitoring and evaluation. The CIMES structure includes:

- · The County Executive Committee in charge of the sector,
- The County Monitoring and Evaluation Committee comprising of chief officers,
- · The technical committee comprising of the County Directors,
- The Sector M&E Committees (SMEC) which will comprise of sector-specific departments' technical officers,
- · The sub-county committee comprising of the sub-county heads of departments,

- · The ward committee comprising of the departmental heads at the ward level, and
- · The Project Management Committee (PMC).

The County M&E unit under the department responsible for economic planning will coordinate the monitoring and evaluation function and will work closely with the statistics unit. In addition, the Service Delivery Unit (SDU) will complement the monitoring and evaluation unit in tracking the Sector Plan implementation. The Sector M&E Committees (SMEC) will be responsible for producing sector M&E reports, developing sector indicators, undertaking sector evaluations, and presenting sector M&E reports.

Capacity building and the establishment of frameworks will ensure the professional execution of the M&E function. This function will be institutionalized across all county entities to facilitate the preparation and release of necessary reports.

To streamline the M&E function, the national government and other non-state actors will be integrated into the CIMES framework. With the County Assembly sectoral committees overseeing implementation.

#### 5.3 Data sources and collection method

Effective data management is vital for proper planning, implementation, monitoring, evaluation, and reporting of public sector programs. The county will utilize primary and secondary methods to collect quantitative and qualitative data. Data collection tools will be developed by the M&E unit in collaboration with the departments and tailored to meet specific sector needs. They will include questionnaires, structured, semi-structured, and unstructured interviews, focus group discussions, photography, videography, and observation, among others. The M&E unit will undertake capacity

building on data quality issues to ensure that the data collected meets the required quality standards.

The data collected will be analyzed and reports generated to help inform decisionmaking.

Data analysis will actively involve various categories of programme stakeholders in the critical analysis of successes, constraints, and the formulation of strategies, conclusions and lessons learned. Data collection tools and reporting tools will be developed and supplied to all county entities. Automation of data collection and archiving will help in real-time access to development information. Quality assurance on the county statistics will be conducted to ensure authenticity. Data analysis methods are mainly through tables, graphs, pie charts, histograms, and percentages. Comparison with national baselines will continuously be carried out to ensure the county affairs are kept in sync with acceptable standards.

## 5.4 Types of reports to be produced and their frequency, and consumers

Collated data will be reported through various media, encompassing both physical and digital formats. Data will be analyzed and presented to meet the diverse needs of stakeholders. The Monitoring and Evaluation reports will transparently communicate the extent to which County programs address issues such as sustainable development goals, climate change, gender, and regional balance.

The following reports will be prepared and disseminated;

i) The County Annual Progress Report (CAPR) is a requirement by the County Governments Act outlining the progress made by the County Government towards achieving its goals and objectives. The CAPR will provide the overall status of the Sector Plan implementation on an annual basis and

should be ready within 90 days after the lapse of the previous financial year. The report will evaluate all the activities undertaken during the year, clearly showing the milestones, challenges and outlining plans for the next year.

- **ii) Mid-term Review Report (MTER)** The report will be undertaken midway (After 5 years) in the implementation of the sector plan to assess the extent to which the implementation is meeting plan objectives and timelines.
- **End-term Review Report (ERR)** At the end of the Plan period, there will be an external evaluation carried out by an external evaluator. The task will lead to identification of achievements against performance indicators; constraints encountered during the plan period and make recommendations towards the development of the next plan.

## 5.5 Dissemination, Feedback Mechanism and Citizen Engagement

The County will make data and information available to stakeholders, government officials, academic researchers, policymakers, County senior management, project participants, and the public for use in making evidence-based decisions. The data/information will be disseminated through State of County Address, oral presentations in stakeholder meetings, written reports, fact sheets, press releases, posters, flyers, social media platforms county websites and any other forum.

Assessing the effectiveness of programs in meeting the needs of beneficiaries requires their input. A robust feedback mechanism will be established to enable citizens to provide feedback on service delivery. Feedback collection methods include conducting "barazas," using automated feedback platforms through the county website, and deploying questionnaires and surveys. These mechanisms will ensure the County

receives quality and timely feedback. In case of any grievance associated with service delivery, the feedback systems will support the redress of the same in an amicable manner. Through integrated feedback mechanism and open-door policy, value for money, accountability and good governance will be enhanced. Feedback received will enhance future decision-making processes.

To continuously improve service delivery programme implementation, monitoring, evaluation, reporting and feedback management in line with *gemba kaizen* principle, peer learning on best practices should be advocated. Identification of peer entities both public and private will be inevitable to ensure that the County's monitoring, evaluation, and reporting systems are strengthened and in line with enviable standards. The Council of Governors (CoG) together with some state departments have been instrumental in advocating for County peer review events of which Nyandarua was a beneficiary. Peer learning will also be encouraged across county sectors to ensure that best practices are diffused within themselves.

#### 5.6 Mechanism for reviewing and updating the sectoral plan

The Sector Plan will undergo annual evaluation, Mid-term (after five years) and at the end of the plan period. The reviews will be critical for the county policies/programmes/projects to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact, and sustainability. Reports generated will outline achievements in comparison to targets, factors facilitating or hindering progress, challenges faced, and lessons learned. These reports will be submitted to the Governor's office for information, use, and dissemination to stakeholders, including the County Assembly, development partners, beneficiaries, and the public. Issues requiring policy interventions will be submitted to the County Executive Committee for action. The reports will be stored manually and electronically and will be posted on the official County website.

The monitoring and evaluation Matrix presented in Table 31 will be used to effectively monitor the progress of implementation of programmes in the plan and eventually evaluate them.

*Table 31:Monitoring and Evaluation Matrix* 

Programme	Outco	Key		eline	Tar	gets
	me Performa nce Indicator( s)		Year	Value	Five Year Target(s	Ten Year Target(s )
PREVENTIV E AND PROMOTIVE	Improv ed			2		
HEALTH	primar y health care	No. of PCN establishe d	2023	2	3	5
	Improv ed water and food quality control	Proportion of population accessing clean water	2022	40	50%	60%
	Control	Proportion of food premises inspected for complianc e on food safety	2022	30	40%	55%
	Improv ed nutriti on	Prevalence of stunting growth	2021	29.4	20	18
						89

Programme	Outco	Key	Base	eline	Tar	gets
	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s	Ten Year Target(s
SOLID WASTE MANAGEME NT AND CEMETERIE S	Improved environment al health across the county	Increase the tonnage of solid waste disposed into the designated disposal sites.	2022	1,092	1,456	1,820
	Improv ed solid waste and huma n remain s dispos al.	Complete the cemeteries' operations Manual	2022	0	50%	70%
CURATIVE AND REHABILITA TIVE SERVICES	Improved access ibility of	Doctor patient ratio per 10000	2022	5 per 100,000	7 per 100,000	10 per 100,000
	basic health service s.	increase budget allocation for health products and technology allocation	2022	130,000, 000	160,000, 000	250,000, 000
		Percentage reduction	2022	10%	5%	3%

Programme	Outco	Key	Base	eline	Targets	
J	me	Performa nce Indicator( s) in patients	Year	Value	Five Year Target(s )	Ten Year Target(s )
		referred to specialized hospitals.				xS
		Average time spent by patients in the health facility.	2022	2hours	1.5hr	1 hour
		Increase skilled delivery coverage	2021	40	60	75
		Increase immunizat ion coverage	2021	85	90	95
20.	20	Percentage increase in level of automatio n.	2022	5%	20%	50%
		Reduce patient waiting time(minut es)	2021	25	20	15
		Increase 4 <sup>th</sup> AnteNatal	2021	42	48	50

Programme	Outco	Key	Base	eline	Targets	
	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s	Ten Year Target(s
		Clinic Visit coverage				
		Reduce maternal Mortality rate per 100,000	2021	60	54	42
		Percentage increase in medical emergenci es timely responded by ambulance services	2022	11	3	6
	Improv ed health care service deliver	Lead time to acquire and distribute health products (days)	2021	30	29	28
168		Staffing level as compared to the recommen ded	2021	55%	20	15
	A motiva ted and efficien	Proportion of staff promoted	2021	50%	70%	100%

Programme	Outco	Key	Base	eline	Targets	
	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s	Ten Year Target(s
	t health workfo rce					
INFRASTRU CTURE DEVELOPM ENT AND EQUIPMENT	Improv ed access to health care faciliti es	Average distance from one health facility to the next	2021	7km	6	5km
	Provisi on of adequ ate health care in the health facilities	Additional specialized services offered in level four facilities	2021	0	2	5
Early Childhood Developmen t Education	Impro ved pre- primar y	No. of Centres of excellence constructe d	2014- 2023	0	5	5
	enrol ment	No. of Modern Classroom s constructe d	2014- 2023	423	25	50
		No. of Toilets	2014- 2023	127	28	50

Programme	Outco	Key	Base	eline	Tar	gets
	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s	Ten Year Target(s
		constructe d			,	,
		No. of Classroom s renovated	2014- 2023	-	50	100
		No. of learners facilitated with capitation	0	0	23,900	26,000
	Impro ved pre- primar y literac y levels	No. of ECDE teachers trained in CBC and ICT	2014- 2023	900	900	900
	Impro ved pre- primar y welfar	No. of ECDE centres installed with solar panels	2014- 2023	0	125	250
20.	е	No. of feeder ECDEs' fenced	2014- 2023	-	25	50
		No. of ECDEs provided with water harvesting structures installed	2014- 2023	-	100	200
		No. of ECDEs equipped	2014- 2023	423	25	50

Programme	Outco	Outco Key		Baseline		Targets	
	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s )	Ten Year Target(s	
		with Furniture					
Vocational Education and Training Developmen t	Impro ved livelih ood and partici	No. of trainees provided with capitation	2014- 2023	23,000	11,500	24,000	
	pation social- econo mic develo pment	No. of VTCs equipped through external partners	2014- 2023	15	15	15	
		No. of sanitation facilities provided to the existing VTCs	2014- 2023	-	28	50	
	5	No. of hostels constructe d	2014- 2023	-	8	15	
		No. of twin workshops constructe d	2014- 2023	-	8	12	
		No. of administra tion blocks	2014- 2023	-	9	12	

Programme	Outco	o Key	Baseline		Targets	
	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s	Ten Year Target(s
		constructe d				
		No. of completed 'ongoing projects'	2014- 2023	-	5	15
		No. of VTCs equipped	2014- 2023	15	15	15
		Percentage of completion level for the modern	2023- 2032	0	100%	-
		model VTCs				
Education Access and Standards	Impro ved enrol ment	No. of beneficiari es from the bursary Fund	2014- 2023	300,000	150,000	300,000
	Impro ved Qualit y of	No. of Quality assurance reports	2014- 2023	30	15	30

Programme	Outco	Key	Base	eline	Targets	
	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s	Ten Year Target(s
	Educa tion	Establishe d University taskforce	2014- 2023	1	1	0
Children's Affairs	Impro ved Child wellbei ng	No. of linkages and exchange programm es created with other institution s	2014-2023		3	5
		No. of Day cares constructe d at the ECDE centres	2023	o de la companya de l	O .	
Gender Affairs	Improved gender equality and equity	No. of Gender policies formulated	2014- 2023	-	1	1
	cquity	Establishe d lobbying committee on GBV	2014- 2023	_	1	1
		No. of household s socially	2014- 2023	2,000	1,000	2,000

Programme	Outco	Key	Baseline		Targets	
	me	Performa nce Indicator(	Year	Value	Five Year Target(s	Ten Year Target(s
		and economical ly supported on gender issues  No. of data collection activities conducted across all	2014- 2023		5	10
		sub- counties on GBV issues	<0'			
	5	No. of gender capacity building, psychosoci al and sensitizati on meeting conducted	2014- 2023	-	25	50
Culture	Impro ved Cultur al herita ge preser vation	Percentage of refurbishm ent for existing communit y Libraries	2014- 2023	_	100%	0%

Programme	Outco	Key	Base	eline	Targets		
	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s	Ten Year Target(s	
	for posteri ty	No. of heroes and heroines enrolled and supported	2014- 2023	-	2500	2500	
		No. of cultural villages' centres establishe d across the sub-	2014- 2023	COL	5	5	
		counties  Percentage of constructi on completion status for a County Museum	2014- 2023	-	100%	-	
		at Kinyaweh  Approved County cultural heritage policy	2014- 2023	-	1	1	
Social Services	Impro ved empo	No. of vulnerable	2014- 2023	10,000	5000	10,000	

Programme	Outco	Key	Base	eline	Tar	gets
	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s	Ten Year Target(s
	werme nt and wellbei ng of individ uals and comm unity	of household s assisted through the provision of basic needs			Nes	
		No. of persons supported to pursue employme nt opportunit ies in foreign countries (Airlifting)	2014-2023		200	200
		No. of vulnerable household s supported to establish in income generating activities	2014- 2023	1250	625	1250
		No. of PLWDs supports with	2014- 2023	1000	1000	2000

Programme	Outco	Key	Base	eline	Tar	gets
3	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s	Ten Year Target(s
		assistive devices				
		No. of	2014- 2023	5,000	5000	10,000
		persons registered with NHIF			6	
		under County UHC		20		
		programm e		(7)		
		No. of social halls constructe d and equipped	2014- 2023		5	5
	0	No. of establishe d and sustained chaplaincy office	2014- 2023	1	1	1
168		County Annual Prayer Breakfast	2014- 2023	-	1	1
		Operationa 1 County Policy under social	2014- 2023	-	1	1

Programme	Outco	Key	Baseline		Targets	
	me	Performa nce Indicator( s)	Year	Value	Five Year Target(s	Ten Year Target(s
		No. of Elderly persons mapped	2014- 2023	-	12,500	1500
		No. of PLWDs (inclusive of children) supported with corrective surgeries services	2014-2023	50	On need basis	On need basis
Alcohol drink control	Improved compliance with the Count	Operationa 1 Alcohol drink control board	2014- 2023	1	1	1
119	y alcoho l drinks manag ement and contro l Act	No. of Sub- County committee s in place	2014- 2023	5	5	5

<sup>\*</sup>Baseline year and value should be based on the most current survey or research/review reports/progress reports