



ADVOCACY AND PUBLIC ENGAGEMENT STRATEGY FOR SUSTAINABLE DEVELOPMENT

2018 - 2022

**National Council for Population and
Development (NCPD)**

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Advocacy and Public Engagement Strategy for Sustainable Development

2018-2022

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The Advocacy and public engagement Strategy for Sustainable Development 2019-2024 has been developed to support the implementation of the Sessional Paper No. 3 of 2012 on the Population Policy for National Development (PPND) for the next 5 years. The Population Policy for National Development (PPND) adopted by parliament in 2011 covers the following broad areas; population structures and vulnerable groups; population and socio-economic Development, Planning and Environmental sustainability; Reproductive Health and Reproductive Rights; Education, Science and Technology; Gender equity, Equality and women empowerment, and Morbidity and Mortality.

There has been tremendous achievements over the last decade on demographic and health indicators. However, there is still more to be done as a result of persisting and emerging issues. The Contraceptive Prevalence Rate (CPR) that had stagnated at 39 per cent from 2003 to 1998, increased to 46 and 58 percent in 2008 and 2014 respectively. The Total Fertility Rate (TFR) stagnated at 4.9 children per woman in 2003, with a slight drop of 4.7 in 1998. However, it again rose to 4.9 children per woman in 1998 before dropping significantly to 3.9 in 2014. The infant and child mortality has shown remarkable decline over the last ten years. In 2008, the infant mortality rate was 52 deaths per 1,000 live births while the child mortality rate was 39 deaths per 1,000 live births. This declined to 23 and 14 deaths per 1,000 live births respectively in 2014.

This strategy, which has been revised through a multi-sectoral approach, will guide the Advocacy and public engagement activities undertaken by various key players throughout the country. It will ensure that customized activities are undertaken throughout the country for sustained advocacy for support and leadership in implementation of population policy for sustainable development

Vigorous Advocacy and Behaviour Change Communication (BCC) programmes are envisaged in the PPND as being important in creating demand for reproductive health services, legitimacy and seeking support for population and health programmes. The Council as mandated by the Government, will continue to play a leading role in ensuring that programme implementers operate within a framework as provided for in the strategy and proper coordination of the Advocacy and BCC activities being undertaken throughout the country.

Acknowledgements

The Strategy gives a national implementation and monitoring and evaluation framework that various implementers of Advocacy and BCC activities can anchor their programmes on at all levels throughout the country. The review process involved desk review of population and health policies and their plans of actions to identify critical issues that can be addressed through Advocacy and BCC activities. This is in line with proposals in action plan for the Population Policy for National Development (PPND).

The draft Strategy was presented to various stakeholders for their input and ownership during the review process. The involvement of stakeholders in the process is strengthen partnership and ownership of the document as well as use in the design and implementation of advocacy and public engagement strategy.

NCPD acknowledges the role played by various stakeholders for their active participation in the review process. The process was undertaken by a team of technical officers in the Council, AFIDEP, DSW and PRB. We would also like to pass special thanks to the NCPD management for their enormous support during the development of this strategy. We also acknowledge other individuals and institutions who in one way or the other contributed to the success of the review process.

Abbreviations and Acronyms –

ARD&D:	Adolescent Reproductive Health & Development Policy	KEMRI:	Kenya Medical Research institute
ARI:	Acute Respiratory Infection	KGGA:	Kenya Girl Guide Association
ASAL:	Arid and Semi-Arid Lands	KHPF:	Kenya Health Policy Framework, 1994
BCC	Behaviour Change Communication	KIA:	Kenya Institute of administration
CBO	Community Based Organization	KIE:	Kenya Institute of Education
CBS:	Central Bureau of Statistics	KIMC:	Kenya Institute of Mass Communication
CHAK:	Christian Health Associations of Kenya	KMA:	Kenya Medical Association
CPR:	Contraceptive Prevalence Rate	KNA:	Kenya Nurses Association
CRE	Christian Religious Education	KWS:	Kenya Wildlife Service
CSA:	Centre for Study of Adolescence	MCH:	Maternal and Child Health
DIDC:	District Information Documentation Centre	MDGs:	Millennium Development Goals
DDC:	District Development Committee	MOE:	Ministry of Education
DRH:	Division of Reproductive Health	MOH:	Ministry of Health
RPC:	Regional Population Coordinator	MYWO:	Maendeleo ya Wanawake Organization
ERS:	Economic Recovery Strategy for Employment and Wealth Creation	NACC:	National AIDS Control Council
FAWE:	Forum for African Women Educationalists	NARC:	National Rainbow Coalition
FEMNET:	African Women’s Development and Communication Network	NASSEP:	National Sample Survey Evaluation Programme
FGC:	Female Genital Cutting	NCWK:	National Council for Women in Kenya
FHI:	Family Health International	NHSSP:	National Health Sector Strategic Plan
FIDA:	International Federation of Women Lawyers	NES:	National Environment Secretariat
FKE:	Federation of Kenya Employers	NGO:	Non-Governments Organization
FLE:	Family Life Education	NPPSD:	National Population Policy for Sustainable Development
FLPS:	Family Life Promotion Services	PDS:	Population and Development Strategies
FP:	Family Planning	PLWHA:	People living with HIV/AIDS virus
FHOK:	Family Health Options Kenya	PWD:	People with Disabilities
GDP:	Gross Domestic Product	RH:	Reproductive Health
ICPD:	International Conference on Population and Development	CPC:	County Population Coordinator
IDSR:	Integrated Disease Surveillance and Response	STDs:	Sexually Transmitted Diseases
IEC:	Information, Education and Communication	HIV/AIDS:	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IMCI:	Integrated Management Childhood Illness	STI:	Sexually Transmitted Infection
KAPAH:	Kenya Association for the Promotion of Adolescent Health	TFR:	Total Fertility Rate
KDHS:	Kenya Demographic and Health Survey	UNFPA:	United Nations Population Fund
		UNHCR:	United Nations High Commission for Refugees
		VCT:	Voluntary Counseling and Testing

VHC: Village Health Committee

1.0. Overview

Since the International Conference on Population and Development (ICPD) meeting held in Cairo in 1994, the role of communication and advocacy in population and sustainable development has been a key agenda in many countries, including Kenya. Deliberations on how to improve indicators in population and development have been followed in subsequent ICPD meetings. From the discussions and sharing of experiences, countries have continued to develop and operationalize communication and advocacy strategies to facilitate and foster progress in various programmes related to population and development.

Following the ICPD 1994, Kenya developed its first National Population Advocacy and Information Education and Communication (IEC) Strategy for Sustainable Development, covering the period 1996-2010. This was revised and replaced by the second National Advocacy, IEC and BCC Strategy for Population and Sustainable Development 2005-2015. The need to develop the third strategy is necessitated by various factors. First, the Constitution of Kenya 2010 was not in place at the time when the second strategy was formulated. In addition, there is need for this strategy to align with the Sessional Paper No. 3 of 2012 on Population Policy for National Development and Vision 2030. In line with the changing policies are emerging population issues that need an advocacy and strategic direction.

Further, with the lapse of the Millennium Development Goals (MDGs), there are new regional and international commitments namely; The African Union Agenda 2063 and Sustainable Development Goals (SDGs).

This strategy highlights strategies to enhance public education and advocacy for support of population and development programmes. It provides guidance on targeted messages for various audiences and channels of communication. It is important to note that this is only a guide and can be customized to suit different set-ups. Advancement in information and communication technologies (ICTs) has provided an opportunity to enhance communication and advocacy. This calls for renewed thinking on how communication and advocacy on population and development issues are implemented. The development of the strategy incorporated multi-sectorial stakeholder engagement. The strategy will guide the implementation of programmes during the period 2018-2022.

The Goal of the Strategy

The goal of this Strategy is to provide direction in advocacy, communication and public education to Ministries, Departments and Agencies (MDAs), civil society organizations, development partners and other agencies involved in population and development activities. It provides a framework within which Advocacy and BCC programmes or projects for population and development can be anchored.

1.1 Objectives of the Strategy

This National Advocacy, Communication and public education Strategy is intended to ensure a systematic, coordinated and integrated approach to the development, distribution and dissemination of population and development messages in Kenya. It is a planning tool useful in assisting organizations to determine areas of strategic importance and identify where to focus efforts and investments. The Strategy will be useful in systematic planning, implementation and evaluation of Advocacy and BCC activities.

When planning for Advocacy and BCC interventions, organizations will be encouraged to refer to the several chapters contained here for background and justification of their intended interventions. The Plan of Action in the document will act as the referral point for interventions for the next 5 years.

1.2 Demographic Situation

Kenya's population has increased steadily over the years: from 10.9 million in 1969 to 38.6 million in 2009 and estimated at 48 million in 2017. This translates into an annual population growth rate of 2.9 per cent during the 1989-2009 period, compared to 3.4 per cent for both the 1969 – 1979 and 1979 – 1989 inter-censal periods. Kenya is one of the countries in sub-Saharan Africa that has experienced a demographic transition since the 1980s. Mortality and fertility rates have continued to decline over the years. Between 1979 and 1994, fertility rates dropped from 8.1 to 5.4 children per woman and later to 3.9 in 2014.

The crude birth and death rates have continued to decline over the years. In 2009, the crude birth rate was 35 per 1,000 live births which declined marginally to 31 per 1,000 in 2014. The crude death was 10 per 1,000 population in 2009 and is assumed to remain constant over the intercensal period.

Life expectancy has improved over the years and is currently at 58 years. This is mainly attributed to improved health care and reduced deaths related to HIV/AIDS. The government have started several initiatives like free maternity services, Universal health care which have seen some improvements in health indicators. These coupled with other innovative practices like Beyond Zero have continued to supplement the government's effort in improving health care service delivery.

Kenya is experiencing a youth bulge; an increasing population of youth which presents an important resource and opportunity for economic development. Young people aged 10-24 years make up an estimated 36 percent of the population in Kenya. This youthful population is a demographic asset and investing in their education, health, skill development and employment prospects will accelerate a demographic dividend. A demographic dividend is the accelerated economic growth that may result from a rapid decline in a country's fertility and the subsequent change in the population age structure. With fewer births each year, a country's working-age population grows larger in relation to the young dependent population. With more people in the labor force and fewer young people to support, a

country can experience rapid economic growth. To reap the benefits of this dividend, Kenya must make sound investment in health, education and economic development.

Kenya is at the start of a demographic transition. As fertility declines and Kenyans live longer, we will see a dramatic improvement in the “dependency ratio”: the proportion of the working-age population will grow much faster than the young and elderly population. This implies that Kenya is in a position to benefit from a “demographic dividend”, especially by 2020, when this gap starts to widen. These Changes in age structure and decline in fertility are necessary for the demographic dividend but they do not happen automatically. Governments, donors and policymakers position the country by making the right investments to seize the dividend through a series of forward-thinking policy and funding decisions.

Table 1: Basic Demographic Indicators

Indicator	Year			
	1999	2009	2014	2016
Population (Millions)	28.7	38.6	43.0	45.4*
Density (pop/km ²)	49.0	66.4	73.9	
Percent urban	19.4	32.3	32.3	
Crude birth rate	41.3	34.8	30.5	
Crude death rate	11.7	10.4	10.4	
Inter-censal growth rate	2.9	2.9	2.9	2.9
Total Fertility rate	5.0	4.8	3.9	
Infant mortality rate (per 1000 births)	77.3	54.0	39.0	
Life expectancy at birth	56.6	58.0	58.0	

Source: KPHC 1999, 2009, KNBS 2008, 2014

**Projected indicators*

1.3 Economic Situation

The economy is predominantly agricultural with a strong industrial base. The performance of the economy since the country gained independence has been mixed. Recent years have seen an estimated 5-6 percent growth. From the demand side, growth has mainly been driven by an increase in private consumption and rapid growth in capital investment. From the supply side, the major drivers of the economy have been agriculture, forestry, and fishing; construction wholesale and retail trade; education; and finance and insurance.

Kenya’s Gross Domestic Product (GDP) is estimated to have expanded by 5.8 per cent in 2016 compared to a revised growth of 5.7 per cent in 2015. Accommodation and food services recorded improved growth of 13.3 per cent in 2016 compared to a contraction of 1.3 per cent in 2015. The other sectors that registered significant improved performance in economic activities were in the information and communication; real estate; and transport and storage. Persistent drought hampered growth in the fourth quarter of 2016 impacting negatively on agriculture and electricity supply. On the other hand, growth in construction; mining and quarrying; and financial and insurance activities decelerated in 2016. From the demand side, growth was buoyed by consumption in both the public and private sector.

Annual average inflation eased to 6.3 per cent in 2016 compared to an average of 6.6 per cent in 2015. This was mainly due to decline in prices of transportation; housing and utilities; and communication. The Shilling strengthened against the Pound Sterling, South African Rand, Ugandan Shilling, Tanzanian Shilling and the Rwandan Franc but weakened against the US Dollar, Euro, and the Yen in 2016. The capping of interest rates to a maximum of 4.0 per cent above the Central Bank Rate (CBR) resulted in a significant decline in interest rates during the month of September to 13.84 per cent compared to 16.75 in a similar month in 2015. Domestic credit slowed from a growth of 20.8 per cent in 2015 to 6.4 per cent in 2016 mainly on account of a decline in credit to the private sector. The current account deficit narrowed to Ksh 370.8 billion in 2016 from a deficit of Ksh 421.1 billion in 2015. The fiscal deficit in 2016/17 as a percentage of GDP is expected to rise to 9.9 per cent compared to 8.6 per cent in 2015/16 (KNBS, 2017).

Kenya Vision 2030

The *Kenya Vision 2030* is the country's long-term development blueprint which aims at making Kenya a globally competitive and prosperous country with a high quality of life for all its citizens. The *Vision* aspires to transform Kenya into a newly industrializing middle income country by 2030 offering all its citizens a high quality of life. Its first Medium Term Plan was implemented between 2008 and 2012. The Second Medium Term Plan outlined the policies, programmes and projects which the Jubilee Coalition Government intends to implement during the five year period starting 2013 to 2017 in order to deliver accelerated and inclusive economic growth, higher living standards, better education and health care, increased job creation especially for youth, commercialized agriculture providing higher rural incomes and affordable food, improved manufacturing sector and more diversified exports. All this was necessary in order to address the acute challenges of poverty, joblessness, and inequality and to facilitate faster realisation of Kenya Vision 2030.

The third Medium Term Plan is being developed and it aims to transform Kenya into a progressively industrializing and a globally competitive nation. The third MTP was launched in 2017 for the period 2018-2022. It will place emphasis on the structural transformation of the economy in terms of increasing the share of manufacturing and industrial sectors and increasing the shares of exports to Gross Domestic Product (GDP). In addition, it will put in place measures to facilitate faster growth of micro, small and medium enterprises which will outline strategic mitigation and adaptation mechanism that will be mainstreamed in all sectors of the economy.

Population Policy for National Development of 2012

In 2012, the government of Kenya launched a new policy on population and national development. The policy is described in the Sessional Paper No. 3 of 2012 and it outlines the goal of attaining a high quality of life for the people of Kenya by managing population growth to a level that can be sustained with the available resources.

The principal objective of the policy is to provide a framework to guide national population programmes and activities for the next two decades. Overall, the policy seeks to:

- Reduce the population growth rate in order to achieve harmony with the economic growth and social development goals envisioned in Vision 2030;

- Reduce fertility and mortality rates and at the same time assist individuals and couples who desire to have children but are unable to;
- Provide equitable and affordable quality reproductive health services, including family planning;
- Contribute to the planning and implementation of socioeconomic development programmes as a long-term measure to influence population dynamics, with a special focus on poverty reduction, technology and research, the environment, education, health and gender equity, and equality and empowerment of women; and
- Mobilise resources through government budgetary allocations, international cooperation, and public/private partnerships to ensure the sustainability of population programmes and significant impacts on population dynamics.

The Kenya Health Policy 2014-2030

The Kenya Health Policy, 2014-2030 gives directions to ensure significant improvement in overall status of health in Kenya in line with the Constitution of Kenya 2010, the country's long term development agenda, Vision 2030 and global commitments on population and development. It demonstrates the health sector's commitment, under the government's stewardship, to ensuring that the country attains the highest possible standards of health, in a manner responsive to the needs of the population.

This policy is comprehensive and focuses on the two key obligations of health: realization of fundamental human rights including the right to health as enshrined in the 2010 Constitution and; contribution to economic development as envisioned in Vision 2030; and it focuses on ensuring equity, people centeredness and a participatory approach, efficiency, a multi-sectoral approach, and social accountability in the delivery of healthcare services. The policy embraces the principles of protection of the rights and fundamental freedoms of specific groups of persons, including the right to health of children, persons with disabilities, youth, minorities, marginalized and older members of the society, in accordance with the Constitution.

Kenya Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH)

Investment Policy

Improving coverage for RMNCAH services is a priority for the government as is reflected in its Vision 2030, the Constitution of 2010 and the Health Sector Strategic and Investment Plan 2014-18. The Government has introduced new policies as well as initiatives such as Free Maternity services, Elimination of User Fee for Primary Care and the Beyond Zero campaign to address the critical barriers. Globally, there is also a renewed momentum and support for RMNCAH as part of the Sustainable Development Goals (SDGs) and the updated Global Strategy for Women, Children and Adolescent's Health (2016-2030) which aims to achieve the highest attainable standard of health for all women, children and adolescents, and ensures that every newborn, mother and child not only survives, but thrives. The Global Financing Facility creates a new platform for collective action at the country level and is one of the main funding streams for the Every Woman Every Child movement. Such growing national and international commitments provide an opportune time to enhance both domestic and external support for RMNCAH to ensure smart, scaled-up, and sustained financing.

The vision of the RMNCAH investment framework is:

- A Kenya where there are no preventable deaths of women, new-born or children and; no preventable still-births, where every pregnancy is wanted, every birth celebrated and accounted for; and where women, babies, children and adolescents are free of HIV/AIDS, survive, thrive and reach their full social and economic potential.

Reproductive Health Bill 2014

This is an Act of Parliament to provide for the recognition of reproductive rights; to set the standards of reproductive health; provide for the right to make decisions regarding reproduction free from discrimination, coercion and violence; and for connected purposes. The Bill has the following objectives with regard to reproductive health of populations:-

- Provide a framework for the protection and advancement of reproductive and health rights for women
- Promote women's health and safe motherhood
- Achieve a rapid and substantial reduction in maternal and child mortality rate
- Ensure access to quality and comprehensive provision of health care services to women and children.

Adolescent Sexual and Reproductive Health Policy (ASRH) 2015

The goal of the Policy is to enhance the Sexual Reproductive Health status of adolescents in Kenya and contribute towards realization of their full potential in national development.

The specific objectives of the Policy are to:

- Promote adolescent sexual reproductive health and rights;
- Contribute to increased access to ASRH information and age appropriate comprehensive sexuality education (AACSE);
- Contribute to reduction of STIs burden, including Human Papilloma Virus (HPV) and HIV as well as improvement of appropriate response for infected adolescents;
- Reduce early and unintended pregnancies;
- Reduction of harmful traditional practices;
- Reduce drug and substance abuse;
- Reduce Sexual and Gender-Based Violence (SGBV) incidences amongst adolescents to improve response; and
- Address the special SRHR-related needs of marginalized and vulnerable adolescents.

The National Youth Policy

The National Youth Policy which is being reviewed is aimed at ensuring that the youth play their role, alongside adults, in the development of the country. The goal of the youth policy is to promote youth participation in community and civic affairs and to ensure that youth programmes are youth centred and engage the youth. The policy proposes guidelines and strategies that can be used to facilitate participation of the youth in national development.

The policy also spells out the strategic areas that must be addressed in order for Kenya's young people to effectively play their role in nation building. These are: Employment creation, health, education and training, sports and recreation, the environment, art and culture, media, participation and empowerment.

Gender Policy, 2011

The Kenya National Policy on Gender and Development (NPGD), 2000 spells out a policy approach of Gender mainstreaming and empowerment of women and clearly states that it is the right of women, men, girls and boys to participate in and benefit equally from the development process. The NPGD provides a framework for mainstreaming gender in all policies, planning and programming in Kenya and puts in place institutional mechanisms to ensure effective implementation.

The purpose of the Gender Policy is to institutionalize Kenya National Policy on Gender and Development (NPGD), 2000 within the Ministry of Gender, Children and Social Development. It articulates the policy approach of gender mainstreaming and empowerment of women at the ministry level. This policy is designed to provide a framework for the conceptualization, design, implementation, monitoring and evaluation of the Ministry's programmes.

The Ministry firmly believes that women, men, girls and boys are actors in and beneficiaries of development. Through this policy, the Ministry seeks to deepen its work around understanding power relations and its dynamics so as to ultimately dismantle practices, institutions and structures that sustain inequality. Therefore this policy is intended to guide the Ministry in its work of leading positive transformations around the social order with a view of having equity, equality and full enjoyment of human rights for all.

HIV and AIDS Prevention and Control Act

The HIV and AIDS Prevention and Control Act makes specific reference to HIV and AIDS in relation to discrimination, privacy, confidentiality and personal rights.

Specifically the Bill provides:

- Under section 13, no person shall compel another to undergo an HIV test; save where a person is charged with an offence of a sexual nature under Chapter XV of the Penal Code;
- Section 22 prohibits the disclosure of an HIV test result of another person without his written consent; and
- In Part VIII, the Bill makes it an offence for any person to be discriminated against on the grounds of actual, perceived or suspected HIV status, in relation to employment, access to education, credit, insurance, healthcare, travel, habitation and seeking public office, national laws, policies, guidelines and regulations.

National Environment Policy 2013

The National Environment Policy 2013 addresses a wide range of issues on environmental quality and the linkage to health. The areas covered include air quality, water and sanitation, waste management, radiation, toxic and hazardous substances, noise and environmental diseases. The quality of the environment affects the health of populations and particularly air and water pollution, water supply and sanitation, waste management, chemical and food safety. In order to safe guard environmental and quality and health, the policy seeks to promote Environmental Health Impact Analysis (EHIA) as a component of EIA for all development projects; Enhance the provision of occupational health and safety services; Promote capacity building in the field of health impact analysis.

Policy commitments to combat air quality include; Ensure compliance with air quality standards and strengthening enforcement capacity; Promote efficient non-motorized, non-polluting and efficient infrastructure for mass transport system; Promote non-polluting modes of transport; Promote alternative cooking stoves and technologies that are none polluting and construction of well-ventilated houses.

Policy objectives to improve water and sanitation include: Improve the management and conservation of water supply sources; Promote technologies for efficient and safe water use, especially in respect to waste water use and recycling; provide incentives for private sector investment and development of appropriate water and sanitation technologies and infrastructure for waste management.

High noise levels can lead to hearing impairments among populations. The policy objectives on tackling noise pollution are: Develop a national strategy on noise pollution; Strengthen capacity and infrastructure to monitor, enforce and regulate noise pollution.

Climate change is also a priority issue in this policy. The policy stipulates mechanisms to build climate-resilience by reducing carbon emissions and adopting a green economy. Commitments under this policy the establishment of a National Climate Change Policy; Capacity strengthening for national and county level institutions to support national climate resilience, low carbon development through integrating climate change into implementation strategies; Involving and empowering communities in mitigating and adapting to climate change.

The policy also tackles emergency preparedness and disaster management. In the event of emergencies or disasters, populations are adversely affected with dire consequences on their health, economic and social wellbeing. The need for populations to be educated and involved disaster reduction is critical. Further, the policy underscores the need for all gender and vulnerable groups such as people with disabilities, marginalized and minority groups to have access to natural resources.

National Curriculum Policy, 2015

The Second Medium Term Plan of the Vision 2030 outlined curriculum reform as a key area of government intervention in order to address the gaps not filled through the Education for All framework under the MDGs. The education sector also needed to be aligned to the new Constitution of Kenya 2010.

This policy outlines a competency-based curriculum that will ensure all learners acquire competencies and qualifications capable of promoting national values, inspiring individual innovation and life-long learning. It will also ensure that learners are not unnecessarily delayed at any level of education. The policy will also enhance access to education provide relevant pathways for transition of all learners and contribute to strengthened governance of education at various levels.

One of the key goals of the policy is to provide educational opportunities that allow learners to harness their potential for their personal development and empower them to be nationally and globally competitive. Key policy objectives in order to achieve this goal include:

1. Establish a competence based curriculum at all levels
2. Utilize technology to enhance innovation in the implementation of competence based curriculum

Another policy goal is to promote inclusive education and ensure equity in education and training of learners with disabilities and vulnerable groups in nomadic and Arid and Semi-Arid Lands (ASAL) counties and those living in extreme poverty and informal settlements. To achieve this goal, the government shall;

1. Facilitate CWD to access learning infrastructure and technologies that support their learning and training
2. Building capacity of Education Assessment Resource Centers (EARCs) to get all Children with Disabilities (CWDs) to receive education
3. Use affirmative action to get all children in informal settlements to access education including provision of special enhanced grants to vulnerable groups to improve learning outcomes
4. Design and implement curricula specific to learners in ASAL counties

Urban Areas and Cities Act 2011

This An Act of Parliament to give effect to Article 184 of the Constitution; to provide for the, classification, governance and management of urban areas and cities; to provide for the criteria of establishing urban areas, to provide for the principle of governance and participation of residents and for connected purposes.

Provisions of the Act:

1. Residents have to contribute to the decision-making processes of the city or urban area and be informed of decisions that affect their rights, property and reasonable expectations
2. Residents have a right to use and enjoyment of public facilities
3. Have access to services which the city or urban area provides
4. Urban planning should take into account the special needs of people who cannot read and write, people with disabilities, youth, gender equity, and minority and marginalized groups.

CHAPTER 2: SITUATIONAL ANALYSIS AND PRIORITY ISSUES

2.0 Situation Analysis: Population Structure

2.1 Population Age Distribution

By 2017 Kenya's population had risen to approximately 45 million (KNBS, 2018; NCPD, 2018) with an inter-censal growth rate of 2.9 per cent. Further estimates indicate the following population distribution patterns: approximately 70 per cent of the population is below 24 years of age, and 28 per cent are youth age 15-24. The elderly (aged 60 and above) constitute about 5 per cent of the total population.

2.1.1 *Children Under 5*

Children below the age of five (5) years constitute 18 percent of the total population. This is as a result of decades of high fertility rates and improvements in infant and child mortality. A large number of children live under difficult circumstances because of poverty and disruptive social changes. To survive their childhood years they require to be breastfed, properly weaned and fully vaccinated including other health needs and shelter among others. Under 5 mortality in Kenya currently stands at 52 per 1000 live births (KDHS 2014).

2.1.2 *Children 6-14 years*

This segment of the population is expected to be in primary school if all other factors are held constant and the Kenyan Constitution 2010 were fully implemented. Kenya's Vision 2030 identifies education and training sector as a key element and one of the pillars in the country's plans for socioeconomic development.

According to the Economic Survey report of 2018, primary school net enrolment rate rose from 88.1 per cent in 2013 to 91.2 in 2017. However, gross enrolment rate has remained over 100 per cent.

2.1.3 *Adolescents 10-19 years*

According to the Kenya Population Situation Analysis (2013), the country has a rapidly growing population with the majority (24 per cent) being below 20 years. This segment of the population has implications on the social, economic and political agenda of the country. A youthful population puts great demands on provision of health services, education, water and sanitation, housing and employment. It also provides opportunities for the country's development if the adolescents get opportunities to attain educational goals that address skills required in the job market and receive an all-round preparation for responsible adulthood through guidance and counselling.

2.1.4 *Youth 18-34 years*

Article 260 of the Constitution of Kenya 2010 uses the following definition: *“youth” means the collectivity of all individuals in the Republic who--*

- (a) have attained the age of eighteen years; but
(b) have not attained the age of thirty-five years.

Youth constitute about 80 per cent of the total population in Kenya. The current number of youth presents an opportunity for them to drive the economy if they have the right skills and are gainfully engaged. However youth face many challenges including lack of access to reproductive health, skills to match the job market and unemployment among others. Mental health and NCDs are a common challenge nowadays. Developing and implementing appropriate strategies, policies and programmes to mitigate the risks and challenges the youth face must be a priority for the government. The youth are face with unwanted pregnancies, early marriage, HIV and AIDS and drug and substance abuse however access to youth friendly services is still a challenge. These challenges affect the youth in achieving their educational goals.

2.1.5 Active Population 15-64 years

The working age population (15-64 years) represents 49 per cent of the population. The working population requires skills, enabling environment and jobs to meaningfully participate in economic development of the country. The dependency ratio as of 2015 was 80.4 per cent and is expected to reduce to 66.2 per cent by 2020.

2.1.6 Reproductive Age Population 15 – 49 years

The reproductive age population is made up of women aged (15-49) who constitute 24 per cent and men aged (15-54) who are about 25 per cent of the population. The large number of women and men in the reproductive age implies increased demand for reproductive health and related services. The current family planning uptake is 58 per cent with a total fertility rate of 3.9 children per woman.

2.1.7 Aging Population 64+ years

In Kenya the elderly are defined as persons aged 64 and above. They have limited regeneration abilities and are more prone to diseases than other adults. They constitute about five per cent of the population. The absolute number of people in this category has been increasing and by 2009, there were over 1.9 million citizens who had reached this age. The increase could present a challenge because of greater demand for provision of basic needs and care for them. There is therefore urgent need for long-term programmes to ensure socio-economic support and security for this group.

2.1.7 Persons with Disability

The World Programmes of Action concerning disabled persons recommends that governments should ensure their full participation in social life and development. There are a number of educational and vocational institutions meant to equip PWD with the appropriate skills for their participation in the social, cultural and economic life. Legislation has also been passed to eliminate all forms of discrimination against the disabled. The biggest challenge is to determine the exact number of PWD, and their distribution by type and region, for proper planning and service provision. Furthermore, the number of people living with disabilities is growing as a result of factors such as population increase, aging and medical advances that preserve and prolong life, thus increasing their demand for education, health care and social services.

The World Health Organization estimates that about 10 per cent of the population has some form of disability. In Kenya, almost five per cent of the population has some form of disability, while there are no major differences in prevalence in rural or urban areas, or by sex.

2.2.1 Population Distribution, Urbanization and Migration

The proportion of the population living in urban areas in Kenya is estimated to be lower than the global average. It increased from eight per cent in 1969 to 15 per cent in 1979 and then to 18 per cent, 19 and 21 per cent in 1989, 1999 and 2006 respectively. By 2009, urban population had grown to 31.8 per cent. According to the census report, five counties – Nairobi, Mombasa, Kiambu, Machakos and Kisumu – have more than half of their populations living in urban centres. Nairobi and Mombasa are totally urban.

Urbanization has profound impact on the livelihoods of individuals in terms of economic, social, and environmental implications. Urbanization is inevitable and managing its emerging trends and patterns constitutes a challenge in Kenya given the lack of a national urban policy to guide the development of sustainable cities. According to the 2009 Population and Census report, 15 per cent of urban population lives in poor urban informal settlements under deplorable conditions. While 46.5 per cent of urbanites are economically active, majority (53.1%) work in the informal sector and 6.2 per cent remain unemployed. Only 53.7 per cent of Kenyans living in urban areas have attained secondary school education.

Migration has contributed to changing the population dynamics in Kenya, in terms of size, structure and distribution. The emerging trend in human mobility has contributed to expansion of urban settlements, household sizes and composition by age and sex. Generally, married people form the highest percentage of lifetime migrants. According to the Kenya Population and Housing Census Analytical Report of 2012, a high proportion of male and female lifetime migrants had secondary and above level of education. Lifetime migrants with no education attainment were lowest in Nairobi, at 4.3 per cent and highest in North Eastern region, at 66.0 per cent.

The Policies designed by the Government to influence population distribution, direction and pattern of internal migration are integrated into programmes dealing with socio-economic development. The new devolved structure of government provides means of reducing excess rural-urban migration.

2.2.2 Population, Education and Skills Development

Education and skills development remain the most important factors in sustainable development. Apart from supporting the attainment of Big Four Agenda, V2030, DD and SDGs, the sector remains crucial in demographic and social-economic factors. Access to knowledge, is a precondition for coping with today's complex world.

According to the Economic Survey report of 2018, the total enrolment in ECDE centres was estimated to have increased by 2.9 per cent from 3.2million in 2016 to 3.3million in 2017. The total number of ECDE teachers also grew by 6.7 per cent to 118,276 in 2017, while those trained increased by 9.4 per cent from 97,717 in 2016 to 106,938 in 2017. Pre-primary Gross Enrolment Rate (GER) rose from 76.6 per cent in 2016 to 77.1 per cent in 2017, while the Net Enrolment Rate (NER) increased to 76.9 per cent in 2017. These increases are attributed to expansion of ECDE centres and employment of more teachers by County Governments.

Total enrolment in primary schools increased marginally from 10.3 million in 2016 to 10.4 million in 2017. Enrolment in Standard one went up by 1.3 per cent to 1.37million in 2017. During the same period, boy's enrolment grew by 1.4 per cent to 5.3million while that of girls grew marginally to 5.1million. However, the retention rate for boys in Std 8 declined from 78.9 per cent in 2016 to 77.0 per cent in 2017 while that of girls decreased marginally to 76.3 per cent in 2017.

Secondary schools recorded a growth in total enrolment rate of 4.1 per cent from 2.72million in 2016 to 2.83million in 2017. Girls' enrolment increased by 4.3 per cent to 1.38million while that of boys went up by 3.9 per cent to 1.45million in 2017. The retention rate at Form 4 for boys and girls was 87.8 per cent and 85.1 per cent, respectively.

The enrolment in registered TVET institutions increased by 35.8 per cent from 202,556 in 2016 to 275,139 in 2017, mainly due to registration of more TVET institutions. During the review period, enrolment in national polytechnics and technical universities grew by 31.4 per cent from 36,915 in 2016 to 48,492 in 2017. At the same time, enrolment in Vocational Training Colleges rose by 29.1 per cent from 80,905 in 2016 to 104,441 in 2017.

University enrolment is expected to decline by 7.7 per cent from 564,507 in 2016/17 to 520,893 in 2017/18. Similarly, student enrolment in both public and private universities is expected to decrease by 8.2 per cent and 5.0 per cent, respectively in 2017/18. The decline in enrolment was mainly occasioned by reduction in the number of candidates who met the minimum university entry requirements. Half of the public universities were expected to register a drop in the number of students during the review period with the decrease in enrolment being observed for both male and female students.

Adult education enrolment continued to exhibit a declining trend since 2015. Overall enrolment decreased by 24.1 per cent from 271,769 in 2016 to 206,224 in 2017. Overall, females accounted for 70 per cent of the total adult education enrolment. Only nine counties showed some slight increase in adult education enrolment during the year in review. Marsabit, Lamu and Nyandarua had adult education enrolment below 1,000 while Nairobi County had the highest adult education enrolment at 13,307 in 2017.

2.2.3 Population and Health

The Kenya Health Policy, 2014 – 2030 aims to contribute to the attainment of Kenya's V2030 through the provision of high quality health services to maintain a healthy and productive population. The goal of the national Health policy is to attain the highest possible standard of health in a responsive manner. The policy prioritizes the following components for implementation:

- a) Provide essential healthcare
- b) Elimination of communicable conditions
- c) Rising burden of non-communicable diseases and mental disorders

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions and processes. RH therefore implies that people have a satisfying and safe sex live, capability to reproduce and freedom to decide if, when and how often to do so.

The goal of the Reproductive Health Strategy 2014-2018 is to achieve universal access to RH towards achieving the right of the individual and couples to protect their reproductive health.

- d) Family planning
- e) Maternal and newborn health.
- f) Preventing unsafe abortions
- g) Prevention and management of STIs/HIV
- h) Promoting sexual health

The National Adolescent Sexual and Reproductive Health (ASRH) Policy 2015 focuses on Adolescent/youth sexual and RH.

According to the Economic Survey Report (2018), Pneumonia, malaria and cancer remained among the top three leading causes of death in the country. The national Full Immunization Coverage (FIC) for children below one year decreased from 69 per cent in 2016 to 63 per cent in 2017.

Kenya is committed to achieving the goal of achieving Universal Health Coverage (UHC) by 2022 as part of the Big Four Agenda. The country aims to use the National Health Insurance Fund (NHIF) to deliver UHC to all Kenyans. While NHIF targets 100 per cent membership by 2022, only 6.8 million Kenyans had registered by 2016/17 hence the need for the advocacy and public education strategy.

2.2.4 Family Planning and Development

Family planning is critical for development. Simply put, when families are not planned development will remain elusive. Families need to be given an opportunity to make informed decisions and choices about: the number of children that they can have and be able to provide for; when to have children and when to stop. Kenya is a signatory to improving mCPR (increase the number of women accessing modern contraception) under the FP2020. According to the latest PMA2020 report (2018), Contraceptive Prevalence Rate (CPR) for all methods stood at 62.8 per cent among married. Modern Contraceptive Prevalence Rate (mCPR) was reported at 60.7 per cent compared to 59 per cent among married women. Total unmet need (proportion of women who wish to space births, delay pregnancy or stop having children but are not using any method of contraception) was reported at 13.8 per cent. PMA2020 is a project set up to track FP2020 indicators achievement. In Kenya it works in 11 counties.

2.2.5 Male Involvement in RH

Just like females, males have their own rights. That to be informed about matters relating to RH is one of them. As females are empowered about their RH, corresponding attention should be given to males. A good and successful service module is one that will cater for both sexes.

The 1994 International Conference on Population and Development in Cairo Program of Action stated that “Special efforts should be made to emphasize men’s shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including FP, prenatal maternal and child health, prevention of STDs, including HIV, prevention of unwanted and high-risk

pregnancies, shared control and contribution to family income, children's education, health and nutrition, and recognition and promotion of the equal value of children of both sexes". Many programmes in the country recognize the influence men have on women's health. The programmes also recognize that men have distinct RH needs. It is this that encouraged setting up of male-only FP clinics in the country.

According to a study conducted by NCPD in 2014, there exist mixed reactions on male involvement in FP/RH stemming from experiences with the use of FP methods, myths and misconceptions, cultural norms and religious beliefs. Cultural gender norms support the notion that the care of young children and use of contraception is the sole responsibility of women; men therefore fear to be involved because they will be seen as disempowered. Meanwhile, Islam and Christian teachings oppose the use of permanent FP methods but support birth spacing and the use of natural methods. These teachings offer an opportunity to build support around birth spacing.

2.2.6 HIV and AIDS

HIV and AIDS remain a serious public health and socio-economic problem in Kenya. The principal mode of transmission of HIV is through heterosexual contact followed by prenatal transmission. Programmes that have been designed in the past to slow the spread of HIV have mainly focused on reducing transmission through sexual contact. Past KDHS results show that the level of knowledge about AIDS is almost universal. Abstaining from sex, being faithful to one uninfected partner, and using condoms are important ways to stem the spread of the disease.

The first ever population-based HIV testing in Kenya estimated a prevalence of 6.7 per cent: 8.7 per cent among women and 4.6 per cent among men aged 15-49 years. Peak prevalence among women was found to be at age 25-29 years (13 per cent) while for men it was among ages 40-44 years (nine per cent). By 2017, the National adult HIV prevalence rate was estimated at 4.9% (5.2% among women and 4.5% among men). The epidemic remains geographically diverse – ranging from 21.0% in Siaya to about 0.1% in Wajir. Apart from Siaya, Homa Bay, Kisumu, Migori, Busia, Nairobi and Vihiga reported prevalences higher than the national average (21.0 to 5.4%). HIV prevalence among youth aged 15-24 was estimated at 1.98% (1.34% male and 2.61% female). This translates to about 184,718 young adults living with HIV.

According to NACC (2018) approximately 52,800 new HIV infections occurred across all ages in 2017 (44,800 in adults aged 15+ years and 8,000 among children aged <14 years). Five counties, namely, Nairobi, Homa Bay, Kisumu, Siaya and Migori made an estimated 43% of all new infections. Women aged 15-24 accounted for a third of all new HIV adult infections.

The 2017 HIV/AIDS estimates further indicated a decline in AIDS related deaths in the country since 2005. Compared to 53900 AIDS related deaths reported in 2010, 2017 recorded only 28200. The decline can be attributed to increased access to ART, treatment of co-infections and provision of HIV care services. In children below 15 years, there was a drastic drop of AIDS related deaths from 10200 reported in 2010 to 4300 in 2017. A decline was also reported among young adults aged 15-24 from 3900 in 2010 to 2100 in 2017.

Despite the above trends, Kenya is committed and making progress towards attaining the global targets of Zero new HIV infections, Zero HIV-related deaths and Zero HIV discrimination by 2022.

2.2.7 *Population, Technology, Research and Development*

Valid, reliable, and timely data forms the basis for policy and programme development, implementation, monitoring and evaluation. Though marked improvements have been made in the provision of population and related development data, gaps still exist. These improvements have been mainly due to advances made in methodologies and technologies in data collection, analysis and presentation. Access to data collected has also improved greatly in the last decade but more still needs to be done. Research has been intensified to provide information required for population policy development, improvement of population programmes and evaluation of the impact of these programmes at various levels.

Collaboration among relevant research institutions has been greatly enhanced. The collection of population data through population and housing censuses and household based sample surveys is the responsibility of the Kenya National Bureau of Statistics (KNBS). The collection, analysis and dissemination of this data is undertaken by KNBS in collaboration with other institutions/stakeholders in population and development activities. Censuses are taken after every 10 years (the next census is planned for 2019), and Demographic and Health Surveys after every five years (the next one is scheduled for 2020). The continued collection, analysis and dissemination of population and demographic data will greatly enhance research and development.

2.2.8 *Population and Environmental Sustainability*

The number of people, where they live, and how they live all affect the environment. People alter the environment by clearing land for development, using natural resources, and producing wastes. Changes in environmental conditions, in turn, affect human health and well-being. Rapid urbanization, deforestation, and polluted water and air, for example, all pose challenges for policymakers in Kenya and elsewhere in Africa.

As the country's population increases, natural resources are under increasing pressure. This is threatening development. Improving the welfare of the population without destroying the environment is one of the biggest challenges the Government is facing. Unclean water and poor sanitation particularly in urban slum and rural areas are causing health problems.

A large percentage of the country's original forest cover has been lost over the years, and every year more is being cleared. The country is therefore threatened with deteriorating environment unless sustainable development is practiced. It is due to these threats that the Government considers environmental management and conservation a major area of concern. Consequently, it has adopted a number of sectoral strategies and policies for balanced resource use, investment in research, and promotion of re-forestation and public health programmes.

One of the targets under the agenda for sustainable development goals is to build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate related extreme events and other economic, social and environmental shocks and disasters.

2.2.9 *Harmful Traditional Practices*

Women in Kenya are still subjected to harmful traditional practices that are a violation of their human rights. These practices include FGM, early and forced marriage and gender-based violence. The most practiced forms of harmful traditional practices in this country are FGM (which takes different forms) and gender-based violence. FGC poses a potentially great risk to the health and wellbeing of women subjected to the practice. In some communities, it is leveled collectively on particular age groups.

Results of the 2014 KDHS show that almost all women (96 percent) have heard of female circumcision, with only small differentials by background characteristics. Twenty-one per cent of women reported having been circumcised. The prevalence of female circumcision varies widely by background characteristics. The practice appears to be less common among younger women and is perhaps on the decline; 11 percent of women age 15-19 are circumcised compared with more than 20 per cent among those aged 30 and above. More than 40 per cent of women aged 45-49 are circumcised. Rural women (26 per cent) are more likely to have been circumcised compared with their urban counterparts (14 per cent). The data show that 72% of Kenyan women living with FGM/C reside in three provinces: Northeastern, Rift Valley and Nyanza.

The largest differentials are seen by region. Female circumcision is nearly universal in North Eastern region (98 per cent) while Western region recorded the lowest prevalence at one per cent. The practice decreases as education increases. About 58 per cent of women with no education are reported to have been circumcised compared with 12 per cent of those with a secondary level of education. Similarly, circumcision among women declines with increasing wealth.

Gender-based violence is defined to include any physical, sexual, or psychological violence. In the Kenyan context, gender-based violence has only been recently recognized as a significant social problem. Data from the 2014 KDHS show that women are more likely to experience physical violence committed by their spouse/partner than men and that sexual violence committed by a spouse/partner is not as prevalent as physical violence. About 38 per cent of ever-married women age 15-49 have ever experienced physical violence committed by their husband/partner, while 23 per cent experienced violence in the 12 months prior to the survey. Nine percent of ever-married men age 15-49 have ever experienced physical violence committed by their wife/partner.

The priority issues are:

- Early and forced marriages among girls.
- High prevalence of gender-based violence and FGM.
- Intensify training of all stakeholders, including policy makers, health providers, and community leaders so that women can use the existing laws effectively.
- Girl child education and empowerment

2.3 Challenges

- i. Inadequate awareness in government on the implementation of population and development policies and programmes
- ii. Insufficient funds for population and development programmes
- iii. Diverse views on the relationship between population and economic growth and their implications
- iv. Population issues have received low priority in the national development agenda.

- v. Inadequate strategies and lack of skills for integration of population issues into the county and national policies and programmes
- vi. Socio-cultural and religious misconceptions about women empowerment, family size and modern family planning methods

2.4 Emerging Issues

- Changing family structure – rising number of female headed households
- Decline in Child Immunization Coverage
- Changing governance structure through introduction of devolved units (counties)
- High rural urban Migration and enhanced urbanization rates without matching infrastructure and services leading to rapid growth of urban poor settlements
- Increased use and abuse of alcohol, drugs and substances with implications on harnessing the demographic dividend
- Climate change and depletion of natural resources leading to food insecurity
- Migration and displacement triggered by environmental disasters
- technological advancements can propagate myths and misconceptions on population issues
- Increased incidences of non-communicable diseases among population of all ages

This chapter outlines the advocacy and public education strategies that have been identified to increase awareness on population and development issues.

The advocacy and public education strategy is national in scope. The overall time-frame for the five years and will run concurrently with the Medium-Term Plan III (MTP III) 2018 - 2022. In the 5-year strategies, the objectives contained are attainable and realistic.

Technical working groups (TWGs), inter-ministerial steering committees and county population coordinators (CPCs) will take the lead in adapting the advocacy and public education strategies at county level.

3.1 Advocacy strategy

Overview

3.2 Public Education Strategy

NCPD creates public awareness on population and development issues. This is done while undertaking public education activities in the Exhibitions/ASK shows, chiefs barazas etc. NCPD strengthens partnerships with relevant institutions in order to have a buy in and support for population and development issues. NCPD also creates and empowers population champions who also create awareness in various sectors in population and development issues. The Media is an important tool to create awareness and NCPD engages the Media in order to empower the Media on population and development issues so that there is positive reporting on population and development issues. NCPD also creates public awareness on the PHE concept.

3.3 Target Audience

Primary Audience: The Primary Audience is the group of people you want to reach with your messages. This may be the people who are directly affected by the challenge or who are most at risk for the challenge. Or it may be the people who are best able to address the challenge or who can make decisions on behalf of those affected, e.g. caregivers of young children.

Influencing Audiences: People who influence the primary audience, either directly or indirectly. Influencing audiences can include family members and people in the community such as service providers, community leaders, and teachers but can also include people who shape social norms, influence policies, or influence how people think about the challenge

3.4 Advocacy issues

1. Reduced funding for population and development
- 2 Strengthening the Policy environment
3. Strengthen political commitment for population and development issues

Advocacy strategies

3.5 Advocacy Objectives

1. Advocacy to increase domestic financing for population and development issues at County and National levels
2. Enhancing support for the National Population Policy
3. Promote a vibrant political discourse for population and development

3.6 Public Education strategies

1. Strengthen partnerships with relevant institutions
2. Scale up knowledge on population and development to targeted audiences
3. Enhance Media outreach
4. Support Population Champions' model
5. Popularize DD as a population and development issue

3.7 Objectives of Public engagement strategy

1. To increase awareness on interlinkages of population and development issues
2. To influence behaviour change among the populace through continuous engagement on current and emerging population and development issues

Key Result Area	Objective	Strategies	Target audience	Key Message(s)	Channel/format	Key activities	Implementers
Public Education	To increase awareness on interlinkages of population and development issues	Strengthen partnerships with relevant institutions	Development Partners, MDAs, CSOs, Private Sector	NCPD mandate Role of population in planning and service provision	Choir, meetings/partner forums, documentary Kenpop NCPD Resource Centre NCPD Website Research reports	Develop partnership guidelines Map key partners Form partners' forum Disseminate part-nership guidelines Hold quarterly partner forums	NCPD

		Scale up knowledge on population and development to targeted audiences	Public	<p>Importance of managing population</p> <p>Importance Education, skills, health, environment and achievement of Big 4, V2030, DD, SDGs</p>	<p>Mass media</p> <p>IEC materials</p> <p>Social media</p> <p>Exhibitions</p> <p>Dialogue sessions</p> <p>Kenpop</p> <p>NCPD Resource Centre</p> <p>NCPD Website</p> <p>Folk media</p> <p>Feature stories</p>	<p>Translate published policies into Kiswahili</p> <p>Develop and disseminate targeted IEC materials</p> <p>exhibit in Public exhibitions/ Forums</p> <p>Hold Population week at national and county level</p> <p>Hold World Population Day celebrations</p>	
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			National Government Administration Officers (NGAO)	Prioritizing Education, skills, health, environment and achievement of Big 4, V2030, DD, SDGs	Meetings IEC materials	Sensitize National administration at county level	
		Scale up knowledge on population and development in Education co-curricula programmes	County officers	Prioritizing Education, skills, health, environment and achievement of Big 4, V2030, DD, SDGs	Meetings IEC materials	Sensitize counties on population and development Disseminate DD roadmap	
			Students Youth in school Teachers	Importance of Education, skills, Health, Environment	IEC materials Exhibitions Meetings Music/drama Folk media	Participate/Hold Career days Conduct school based Debates on population and development Participate in Drama and music festivals	

			Out of school Youth	Prioritizing Education, skills, health, environment and achievement of Big 4, V2030, DD, SDGs	Social media Mass media Dialogue sessions Kenpop NCPD Resource Centre NCPD Website Feature stories Research reports	Hold dialogue forums on population and development Sensitize youth on DD	
			Institutions of higher learning	Importance of managing population Prioritizing Education, skills, health, environment and achievement of Big 4, V2030, DD, SDGs		Participate in dialogue forums in higher Learning Institutions	

				Importance of managing population			NCPD Schools MoE Institutions of Higher Learning MC&Sports Partners
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		Enhance Media outreach	Media houses Media owners Media personalities Social media influencers	Role of population development planning and service provision	Meetings Forums Events Documentaries NCPD Resource Centre NCPD Website Kenpop	Media engagement strategy developed Train journalists and social media influencers on reporting population and development Hold sensitization forums for editors Hold media dialogues and annual awards events Media avail increased airtime and space for coverage of population and development	NCPD Media
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		Support Population Champions' model	Religious leaders, administrators, MYWO, CBOs	Importance of managing population	<p>Social media</p> <p>Meetings</p> <p>Community Dialogue sessions</p> <p>Kenpop</p> <p>NCPD Resource Centre</p> <p>NCPD Website</p> <p>Mobile phone technologies</p>	<p>Develop Criteria/guidelines for population champions</p> <p>Engage public participation in identifying population champions</p> <p>Develop Training module for population champions</p> <p>Train population champions</p> <p>Champs participation in public forums/dialogues</p> <p>Organize annual awards for champs</p>	NCPD NGAO, FBOs, CBOs
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		Popularize DD as a population and development issue	MDAs, Counties, Partners, Private Sector, CSOs	<p>Role of population in planning and service provision</p> <p>Harness the potential of the huge youth population</p>	<p>Meetings</p> <p>National and County forums</p> <p>Social media</p> <p>Mass media</p> <p>Policy briefs</p> <p>Kenpop</p> <p>NCPD Resource Centre</p> <p>NCPD Website</p>	<p>Develop IEC materials to unpack DD</p> <p>Sensitize the public on DD</p> <p>Sensitize national leaders on DD</p> <p>Disseminate DD roadmap at county level</p> <p>Participate in development of Curriculum for youth engagement</p> <p>Publicize the Youth Engagement guidelines/Curriculum</p> <p>Develop a documentary on DD</p>	NCPD MDAs Counties
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	3. To influence behaviour change among the population through continuous engagement on current and emerging population and development issues	Popularize PHE concept in population and development programmes	MDAs, Counties, NGAO, Partners, Private Sector, CSOs	Role of population, health and environment in development Optimizing resources using PHE concept	Meetings National and County forums Social media Mass media IEC materials Schools Documentary Kenpop NCPD Resource Centre NCPD Website	Sensitize the public on PHE Participate in activities around World Environment Day Create awareness on environmental sustainability Initiate PHE clubs in schools Promote PHE Household model	NCPD MDAs Counties Schools FBOs
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Issue	Objective	Strategies	Target audience	Key Message(s)	Channel/format	Key activities	Implementers
Reduced funding for population and development	Advocacy to increase domestic financing for population and development issues at County and National levels	1. Promote P&D agenda	1. KEWOPA, PNP, PHE-NPSC, IRCK, KEPSA, CAF, CSOs Network	-Change in Kenya economic status from LDC to Lower Middle Income -Increase domestic funding for population and development	Executive memos, Policy briefs, presentations and informal meetings (One on one interactions, elevator speech, social media platform) - documentaries -multimedia communication	1. -Hold forums with the Networks -Develop policy communication materials (Executive memo, elevator speech, policy briefs) -Develop a documentary for resource mobilization	-NCPD -CSOs

			2. Policy and Population champions			2. -Identify and train population and Development champions -Engage Champions -Develop advocacy materials (Advocacy kits)	-NCPD -CSOs
		2. Advocate for enactment of the NCPD Bill	3. Legislators- National Assembly			-Prepare a draft Bill -Hold forums with parliamentarians	-State Counsel -NCPD -CSOs
		3. Advocate for full disbursement of allocated funds for P&D activities	4. National Treasury -NCPD Board	-To achieve the full mandate of NCPD, committed development funds should be disbursed	-Memos -Elevator speech -One on one interactions	-Prepare NCPD position paper, budget and analysis -Board Agenda Item -Strategic engagement with NCPD Desk Officer	-NCPD

		4. Strengthen NCPD participation in the MTEF process	5. State Department for Planning	-To achieve NCPD mandate, sufficient resources are necessary	Position paper, High level delegation in MTEF deliberations	-Prepare NCPD position justification paper, budget status and analysis -Hold negotiation forums	-NCPD -CSOs
		5. Advocate for County budget allocation on population and development	-MCAs -County- Finance, Health, Planning, Education, Environment, Youth and Gender	-Allocation of resources for P&D	-Forums -Training/ workshops -Documentary -IEC materials	- Conduct forum for P&D County Budget -structured meetings with key county officials -Trainings on population projections and planning	NCPD
		6. Strengthen private sector partnerships	Individuals/phil anthropists -Private sector stakeholders -PPP networks -CSOs	Quality Population for sustainable development	-Forums -Multi-media presentations -Media engagement - One on one interactions	-Develop presentations -Engage High net worth individuals to support P&D -Hold forums -Media feature Stories	NCPD

Strengthening the Policy environment	Enhancing support for the National Population Policy	1. Support implementation of the Population Policy	MCDAs, CSOs, private sector players	Sustainable development requires development and implementation of relevant policies	-Forums -Media -Presentations -Fact sheets -Documentary -NCPD Choir	-Develop presentations -Hold forums -Hold media briefings -Develop and disseminate fact sheets - Develop and disseminate the NCPD documentary	NCPD
		2. Advocate for Establishment/Review of relevant policies/strategies (Ageing, PHE)	MCDAs, CSOs, private sector players	Ensure programmes are anchored on relevant policies	-Forums -Presentations -Media	-Develop presentations -Hold forums to advocate for Development of new/review of relevant policies -Policy development Policy dissemination	NCPD CSOs

		3. Mainstream population and development issues into other national policies	MDAs, Private Sector	<ul style="list-style-type: none"> - Mainstreaming population issues into national policies ensures systematic planning -Integrate population issues into programming 	<ul style="list-style-type: none"> -Forums -Presentations -Media -Documentary -Fact sheets 	<ul style="list-style-type: none"> -Develop presentations -Hold forums -Hold media briefings -Develop and disseminate fact sheets - Develop and disseminate the NCPD documentary 	NCPD MDAs
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Strengthen political commitment for population and development issues	Promote a vibrant political discourse for population and development	1. Enhance political commitment to P&D	Legislators -Senators -National Assembly -MCAs	Quality population for sustainable development -Invest in the youth population to harness the demographic dividend -Population and achievement of Vision 2030 -Population and the Big 4 Agenda	-Feature stories - Documentaries -Presentations -Fact sheets -Elevator speech -One on one discussions -Media kits	Identify and empower population champion -Develop targeted advocacy kits - Seminars/Forums -Media engagement programmes -Support population champion to attend international and regional conferences/forums -Hold dialogues with the target audience	NCPD CSOs
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PUBLIC EDUCATION	INDICATOR	BASELINE (2017/18) What is the current status/achievement?	TARGET What is the target value?	DATA SOURCE Where will info be obtained from	FREQUENCY How often will it be measured?	REPORTING How will it be reported	RESPONSIBLE Who will measure it?
Goal Improved quality of Life				KDHS, Census, Economic Surveys	3-5years		
Outcome1 Increased awareness on population and development issues	Proportion of targeted audiences reporting increased knowledge on population and development	35	60	Survey Stakeholder Analysis reports,	3-5 years Annual	Annual reports	NCPD
Outcome2 Increased awareness and implementation of the Population, Health and Environment (PHE) concept	Proportion of targeted audiences reporting increased knowledge on PHE Proportion of targeted audiences adopting tree planting	20	40	Survey	3-5 years	reports	NCPD
PUBLIC EDUCATION	INDICATOR	BASELINE (2017/18)	TARGET	DATA SOURCE	FREQUENCY	REPORTING	RESPONSIBLE

		What is the current status/achievement?	What is the target value?	Where will info be obtained from	How often will it be measured?	How will it be reported	Who will measure it?
Strategy1: Strengthen partnerships with relevant P&D institutions							
Output1 P&D Partnership guidelines developed	Existence of partnership guidelines No of agreements signed	0 4	6	Implementing partners agreements	annual	reports	DG DD CAPE
Output2 partners actively participating in forums	No of Quarterly forums	4	10	Participants lists	quarterly	reports	DD CAPE SPPO Partner Coordination
Strategy 2: Scale up knowledge on population and development to targeted audiences							
Output1 Published documents Translated into Kiswahili	No of published documents translated	3		Published documents	annual	Translated documents	DD CAPE
Output2 Targeted IEC materials Developed, printed and disseminated	No and type of materials			invoices	annual	IEC materials	DD CAPE PRO
PUBLIC EDUCATION	INDICATOR	BASELINE (2017/18)	TARGET	DATA SOURCE	FREQUENCY	REPORTING	RESPONSIBLE

		What is the current status/achievement?	What is the target value?	Where will info be obtained from	How often will it be measured?	How will it be reported	Who will measure it?
Output3 Public exhibitions/ Forums held	No of people reached with P&D messages No of forums			Attendance Lists Visitors book CPC reports	annual	Events reports Media photos	DD CAPE CPCs PRO
Output4 Population week at national and county level held	No of people reached with P&D messages No of forums	0		Attendance Lists Visitors books CPC reports	annual	Activity reports media	DD CAPE CPCs PRO
Output5 World Population Day celebrations held	No of people reached with P&D messages No of WPD events	5		Participants lists CPC reports	annual	Activity reports	DD CAPE CPCs
Output6 National officials sensitized on population and development	No of administrators reached with P&D messages	0	330	Participants lists	annual	Activity reports	DD CAPE CPCs
County officials sensitized on population and development	No of county officers reached with P&D messages			Participants lists	annual	Activity reports	DD CAPE CPCs

PUBLIC EDUCATION	INDICATOR	BASELINE (2017/18) What is the current status/achievement?	TARGET What is the target value?	DATA SOURCE Where will info be obtained from	FREQUENCY How often will it be measured?	REPORTING How will it be reported	RESPONSIBLE Who will measure it?
Strategy3: Scale up knowledge on population and development in Education co-curricula programmes							
Output1 Career days in schools held	No of students reached with P&D messages	300	To be confirmed	Event reports (annexed Lists of participants) NCPD website	annual	Events reports CPC reports	DD CAPE CPCs
Output2 Population & development dialogues conducted in institutions of higher learning	No of students reached with P&D messages	1000		Event reports (annexed Lists of participants) NCPD website	annual	Events reports CPC reports	DD CAPE CPCs
Output3 School based Debates on population and development held	No of students reached with P&D messages	200	11000	Event reports (annexed Lists of participants) NCPD website	annual	Events reports CPC reports Photos	DD CAPE CPCs
Output4	No of items with population and	0	1	Event catalogue (annexed Lists	annual	Events reports	DD CAPE CPCs

Drama and music festivals sponsored	development messages presented			of items from different schools/colleges)		CPC reports Photos media	PRO
Strategy4: Enhance Media outreach							
Output1 Media engagement strategy developed	Existence of a media engagement strategy	0	1	Media engagement strategy	once	Strategy	PRO
PUBLIC EDUCATION	INDICATOR	BASELINE (2017/18) What is the current status/achievement?	TARGET What is the target value?	DATA SOURCE Where will info be obtained from	FREQUENCY How often will it be measured?	REPORTING How will it be reported	RESPONSIBLE Who will measure it?
Output2 Increased media coverage on population and development	No and type of media products published	0	4	Media monitoring reports	Quarterly	Media Reports Resource Centre NCPD website	PRO
	No and type of ICTs platforms utilized	4	4	ICT platforms	once	Reports	PRO
Output3 Media dialogues and annual awards events held	No of media personnel participating	0	100	List of participants NCPD website	annual	Reports Resource Centre, Photos	PRO

				invoices			
Strategy5: Support Population Champions' model							
Output1 Criteria/guidelines for population champions developed	No of population champions identified and introduced to the network	50	100	List of signed up champions	annual	report	DD CAPE CPCs
Output2 Training module for population champions Developed	No of population champions trained	20	100	List of participants CPC reports	annual	report	DD CAPE CPCs
PUBLIC EDUCATION	INDICATOR	BASELINE (2017/18) What is the current status/achievement?	TARGET What is the target value?	DATA SOURCE Where will info be obtained from	FREQUENCY How often will it be measured?	REPORTING How will it be reported	RESPONSIBLE Who will measure it?
Output3 annual awards for champions Organized	No of champions participating No of champions awarded	0	100	List of participants List of awardees CPC reports	annual	Report Photos Media reports	DD CAPE CPCs
Strategy6: Popularize DD as a population and development issue							
Output1	Existence of DD Brochure/factsheet	0	1	DD Roadmap	once	Brochure/factsheet	DD CAPE CPCs

IEC materials to unpack DD developed							
Output2 DD roadmap disseminated at county level	No of county disseminations	0	47	Event reports County Progress reports (CPCs)	once	report	DD CAPE CPCs
Output3 National and county leaders, youth and the general public sensitized on DD	No of targeted audiences reached To be discussed (DD & ADPs)	0	550	Event reports County Progress reports (CPCs)	annual	Report Photos	DD CAPE CPCs
PUBLIC EDUCATION	INDICATOR	BASELINE (2017/18) What is the current status/achievement?	TARGET What is the target value?	DATA SOURCE Where will info be obtained from	FREQUENCY How often will it be measured?	REPORTING How will it be reported	RESPONSIBLE Who will measure it?
Strategy7: Popularize PHE concept in population and development programmes							

Output1 Public sensitized on PHE	No of people reached			Event reports County Progress reports (CPCs)	annual	Reports media	DD CAPE ADP PHE CPCs
Output2 Active PHE clubs in schools	No of active school clubs	0	12	County Progress reports (CPCs) List of club members Club Reports	annual	reports	DD CAPE ADP PHE CPCs
	No of trees planted			County Progress reports (CPCs) Club reports	annual	report	DD CAPE
Output3 PHE Household model promoted	No of households implementing PHE model	0	30	County Progress reports (CPCs) Chief's report	annual	report	DD CAPE ADP PHE CPCs

Advocacy	INDICATOR	BASELINE (2017/18) What is the current status/achievement?	TARGET What is the target value?	DATA SOURCE Where will info be obtained from	FREQUENCY How often will it be measured?	REPORTING How will it be reported	RESPONSIBLE Who will measure it?
Goal Improved quality of Life				KDHS, Census, Economic Surveys	3-5years	Survey	KNBS/NCPD
Outcome1 Increased funding for Population and Development Programmes	Percentage increase in resources for population and Development programmes	-	-	Survey Stakeholder Analysis reports,	3-5 years Annual	Annual reports	NCPD
Outcome2 Strong Policy environment for population and development programmes	No. of new/existing policies developed/revised to support P&D	1	2	Survey	3-5 years	reports	NCPD
Outcome 3 Enhanced political support for Population and development programmes	Number of political champions supporting P&D	5	10	Strategic meetings/round table meetings	Continuous	Memorandums/agreements	NCPD

Advocacy	INDICATOR	BASELINE (2017/18) What is the current status/achievement?	TARGET What is the target value?	DATA SOURCE Where will info be obtained from	FREQUENCY How often will it be measured?	REPORTING How will it be reported	RESPONSIBLE Who will measure it?
Strategy1: Strengthen partnerships for Population and Development programmes							
Output1 P&D Partnership guidelines developed	Existence of partnership guidelines No of agreements signed	0 4	6	Implementing partners agreements	annual	reports	DG DTS DD CAPE
Output2 Partners actively supporting and engaged	No of Partners engaged in P&D	4	10	Participants lists	quarterly	reports	DD CAPE SPPO Partner Coordination
Strategy 2: Advocate for enactment of NCPD Bill							
NCPD Bill debated and enacted	No. of Forums held with parliamentarians to influence debating of the bill	3		Participants list	quarterly	Reports	DD CAPE
Strategy 3 Advocate for full disbursement of Allocated funds to NCPD P&D							
Output 1 position paper on budget and analysis prepared	No of position papers on budget analysis done	0		Budgets	annual	Budget summary reports	DD CAPE DCS/ DTS

Output 2 Strategic engagement with Treasury Desk Officer for NCPD held	No. of strategic engagement held with desk officer	??	???	Minutes	Continuous	Budget reports	

Strategy 4 Strengthen NCPD participation in MTEF process

Advocacy	INDICATOR	BASELINE (2017/18) What is the current status/achievement?	TARGET What is the target value?	DATA SOURCE Where will info be obtained from	FREQUENCY How often will it be measured?	REPORTING How will it be reported	RESPONSIBLE Who will measure it?
Output1 Position paper on budget justification written and submitted	No. of position papers on budget justification written and submitted	??/	???	Preiovoius budget report/ Population projections Costed Implementati on Plans Strategic plans and Annual work plans	Continuous	Reports	DDCAPE DCS DTS
Output 2 Negotiation forums held	No. of negotiations for budget justification held	??	??	Scheduled meetings	annual	Minutes	DD CAPE DCS

							DTS
Strategy 5							
Advocate for County budget allocation for P&D							
Output1 - forum with key County budget officers held -	No of forum with budget officials held	0		Attendance Lists Visitors books CPC reports	annual	Activity reports media	DD CAPE
Output 2 Trainings on population projections and planning held	No. of trainings/participants reached	0	4	Participants list	quarterly	Training reports	DD CAPE
Strategy 6							
Strengthen /high net-worth individuals/private sector partnership							
Output1 High net worth individuals to support P&D engaged	No of high net worth individuals engaged	5	10	Participants lists	annual	Memorandum of Understanding	DG DTS DD CAPE
Output 2 Public private sector partnerships developed	No. of private sector Partnerships developed	0	3	Minutes	Bi-annual	Memorandum of Understanding	DG DTS DD CAPE

Output 3 Presentations to communicate P&D to privates Sector Partners developed	No of Multimedia advocacy toolkits/presentations developed	2	2	Minutes	Annual	Advocacy kits	DG DTS DD CAPE
Output 4 Media feature Stories for P&D developed	No. of feature stories developed	2	10	media	annual	Media reports	DG DTS DD CAPE PRO
Strategy 7 Support implementation of Population policy							
Output1 MCAs forum held Media briefings held -	No of MCAs engage with P&D messages	150	330	Participants lists	annual	Activity reports	DD CAPE CPCs
Output 2 Fact sheets develop and disseminated	No. of fact sheets developed and disseminated	1	2	Fact sheets	Annual	Fact sheets	DD CAPE
Strategy 8 Advocate for development and reviewing of relevant polices							

Output 1 Forums to advocate for Development of new/review of relevant policies held	No policies to developed/reviewed relevant policies held	1	2	Policies	annual	Activity reports	DD CAPE CPCs
Policy developed and disseminated	No. of dissemination of relevant policies developed and disseminated	1	2	Dissemination forum	Quarterly	Activity report	DD CAPE
Strategy 9 Advocate for mainstreaming of Population and development issues into development planning							
Output 1 Develop presentations to link P&D developed	No. of Presentation linking P&D developed	1	3	Programme reports/Situational analysis	Quarterly	Activity report	DD CAPE
Targeted forums held	No. of targeted forum with relevant policy makers held	2	4	Programme reports	quarterly	Activity reports	DD CAPE
Strategy 10 Enhance political commitment 1							
Output 1 population champion identified and empowered	No. of champions identified and empowered	2	10	Names of champions	Annual	Meetings	DDCAPE

Output 2 Hold dialogues with the target audience	No. of dialogues held with target audience	11	22	Participants list	Annual	Activity Report	DDCAPE
Output 3 Develop targeted advocacy kits	No. of advocacy kits developed and shared	0	4	Advocacy kits	annual	Activity Report	DD CAPE
Output 4 Support population champion to attend international and regional conferences/forums	No. of population champion champions supported to attend conferences	0	10	Conference report	Annual	Activity Report	DG DTS DD CAPE

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