



Ministry of Health

THE NATIONAL AIDS CONTROL COUNCIL

Strategic Plan

2021/2022 – 2026/2027



TOWARDS
UHC 

COMMUNITIES UNITED FOR
A HIV FREE GENERATION

mai'sha!

National AIDS Control Council

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Ministry of Health

THE NATIONAL AIDS CONTROL COUNCIL

Strategic Plan

2021/2022 – 2026/2027



NACC is 9001:2015
Certified Institution





Vision

To be a global leader in provision of people-centred solutions to end epidemics.



Mission

To lead a people-centred and evidence driven response to end new HIV infections, AIDS and related epidemics in Kenya.

Values

The Core values of the National AIDS Control Council constitute fundamental beliefs drawn from the national values and principles of governance anchored in the Constitution of Kenya. These values shall guide NACC in the pursuit of its Vision and Mission.

Integrity

Act with honesty, fairness, and transparency in working with all stakeholders and in our internal operations.

Professionalism

Uphold ethics and commitment to high standards of excellence in working with all our stakeholders and in the day-to-day operations.

Accountability

Be responsive and accountable in the services provided and resources made available to ensure an effective and efficient HIV response.

Diversity

Work with and serve all persons without fear, favor or discrimination, based on race, tribe, gender, or sexual orientation.

Flexibility

To change and be dynamic based on evidence of the disease pattern and the attendant response.

Foreword



Kenya has registered remarkable progress in the management of the HIV epidemic. There has been a significant reduction in new HIV infections and AIDS-related deaths. However, HIV continues to be a public health threat that undermines the achievement of national development aspirations.

The 2021/2022-2026/2027 National AIDS Control Council (NACC) strategic plan redefines the organisation's vision and mission to align it with its mandate of leading the national response to HIV. Toward this end, NACC will strengthen its institutional capacity to accelerate the country's progress toward ending AIDS as a public health threat. In addition, NACC will promote the integration of HIV treatment and prevention as an essential health package in line with the Universal Health Coverage (UHC) agenda. NACC will also seek to mobilize additional resources by pooling contributions to HIV from infrastructure projects and strengthening partnerships with the private sector.

NACC aspires to strengthen its internal business processes and develop its financial, human, and technological capacity as a priority to enhance service

delivery through efficient and automated systems.

NACC shall strengthen existing collaborations with all its stakeholders and partners. In addition, use innovative approaches to bring on board new partnerships to support the implementation of the Kenya AIDS Strategic Framework II and the 47 County AIDS Implementation Plans.

Through implementation of the strategic plan, NACC aims to realise its vision of becoming a global leader in providing people-centred solutions to ending epidemics.

A handwritten signature in black ink that reads "Angeline Y. Siparo". The signature is fluid and cursive.

Angeline Y. Siparo
Chairperson, National AIDS Control Council

Preface



The overall mandate of the National AIDS Control Council (NACC) includes the prevention and control of HIV, coordination of development and implementation of national policies and strategies, resource mobilisation for the AIDS response, supervision and capacity building of implementing partners. NACC also monitors the progress made in the HIV response and sexually transmitted infections.

Kenya is implementing the fifth national AIDS Strategic Plan. Kenya AIDS Strategic Framework II 2020/2021-2024/2025, developed by stakeholders and adopted by the 47 counties, will be implemented through five-year County AIDS Implementation Plans.

The HIV Response in Kenya remains a top development agenda in line with the 2010 Constitution, the Third Medium Term Plan (MTP III) of the Kenya Vision 2030, Health Sector Plans, the Big Four agenda, the Sustainable Development Goals (SDGs) as well as other global and regional initiatives. This Second Strategic Plan for the NACC sets out to build on the achievements of the

previous Strategic Plan while acknowledging emerging critical social and economic shifts at the national and global level.

The strategic document contains six key result areas with attendant strategic objectives, strategies, and activities for effective implementation. In addition, it has an implementation framework to support monitoring and accountability of the result areas.

I wish to acknowledge the NACC board of directors, staff, and stakeholders for their invaluable contributions and support in the development of the strategic plan.

A handwritten signature in black ink, appearing to read 'Ruth Laibon - Masha', written in a cursive style.

Dr. Ruth Laibon - Masha
CEO, National AIDS Control Council

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Acronyms and Abbreviations

| | |
|--------|---|
| AIDS | Acquired Immuno-Deficiency Syndrome |
| ANC | Antenatal Care |
| ART | Antiretroviral Therapy |
| AYP | Adolescents and Young People |
| AGYW | Adolescents Girls and Young Women |
| BCC | Behaviour Change Communication |
| CAC | County AIDS Coordinator |
| CAIP | County AIDS Implementation Plan |
| CAPR | Community Activity Programmes Reporting |
| CEO | Chief Executive Officer |
| CHC | County HIV Committee |
| CHV | Community Health Volunteers |
| CHW | Community Health Workers |
| COP | Community of Practice |
| eMTCT | Elimination of Mother-to-child Transmission |
| FBO | Faith-Based Organization |
| GBV | Gender-Based Violence |
| GF | Global Fund |
| HAT | HIV and AIDS Tribunal |
| HIPORS | HIV Implementing Partners Online Reporting System |
| HIV | Human Immunodeficiency Virus |
| KASF | Kenya AIDS Strategic Framework |
| KP | Key Population |
| KES | Kenya Shillings |
| LISTEN | Local Innovations Scaled Through Enterprise Network |
| M&E | Monitoring and Evaluation |
| MDAs | Ministries, Departments, and Agencies |
| MoH | Ministry of Health |
| MSM | Men who have sex with men |
| MSW | Male Sex Workers |

| | |
|--------|--|
| MTCT | Mother-to-child Transmission |
| MTEF | Medium-Term Expenditure Framework |
| MTP | Medium-Term Plan |
| NACADA | National Authority for Campaign Against Alcohol and Drug Abuse |
| NACC | National AIDS Control Council |
| NASCOP | National AIDS and STIs Control Programme |
| NCDs | Non-Communicable Diseases |
| NCPWD | National Council for Persons with Disability |
| NGO | Non-Governmental Organisation |
| NHIF | National Hospital Insurance Fund |
| PEPFAR | President’s Emergency Plan for AIDS Relief |
| PETS | Public Expenditure Tracking System |
| PLHIV | People Living with HIV |
| PMTCT | Prevention of Mother-to-child Transmission |
| Prep. | Pre-exposure prophylaxis |
| QI | Quality Improvement |
| R&D | Research and Development |
| RMNCAH | Reproductive, Maternal, New-born, Child, and Adolescent Health |
| RMNCH | Reproductive, Maternal, New-born and Child Health |
| RNM | Resource Needs Model |
| RTKs | Rapid Test Kits |
| SCAC | Sub-County AIDS Coordinator |
| SGBV | Sexual and Gender-Based Violence |
| SRHR | Sexual and Reproductive Health and Rights |
| STIs | Sexually Transmitted Infections |
| TB | Tuberculosis |
| TWG | Technical Working Group |
| UHC | Universal Health Coverage |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| USAID | United States Agency for International Development |
| VL | Viral Load |
| WHO | World Health Organization |

Executive Summary





The National AIDS Control Council (NACC) was established as a State Corporation through Legal Notice No.170 of 1999. Following the re-organization of the Government in 2013 through Executive Order No. 2/2013, the NACC was placed under the Ministry of Health (MOH) as a Semi-Autonomous Government Agency (SAGA). The NACC is mandated to lead Kenya's HIV response by developing policies and strategies, mobilizing resources, supervising implementation of the programme through coordinated partnerships, and monitoring the progress of HIV and sexually transmitted infections.

In 2020, Kenya had 1,401,598 adults and 106,807 children living with HIV. 1.2 million of whom are on lifesaving antiretroviral medicines. In line with the global Sustainable Development Goal III, Kenya aims to end AIDS as a public health threat by 2030 by addressing various critical issues that have affected the HIV response. The NACC strategic plan (2021/2022-2026/2027) builds upon the success and lessons of the

previous strategic plan. The vision, mission, core values and priorities areas were identified through reviews and stakeholder consultations.

The first strategic objective covers the coordination aspects. The second objective focuses on building blocks to sustain resources and identify other funding options from domestic and non-traditional sources. The third objective is to enhance human resources for the HIV response through capacity building. The fourth objective seeks to strengthen and sustain strategic information, research, and innovative systems that provide quality data to guide coordination, programmatic decision-making, and policy formulation for HIV response and other emerging challenges. The fifth objective focuses on public education through strategic communication and advocacy. Finally, the sixth objective focuses on strengthening NACC institutional structures to deliver its mandate.

The Plan outlines six strategic areas.

| | | | | | |
|--|---|---|---|---|---|
|  |  |  |  |  |  |
| Coordination of stakeholders in the development and implementation of HIV Policies, Strategies, and Guidelines | Resource Mobilization | Technical Support and Capacity Building | Strategic Information, Research, and Innovation (SIRI) | Public Education, Communication and Advocacy | The NACC Institutional Strengthening |



01

Introduction



New HIV infections among
young people (15-24 years)

11,229

.....



Children newly infected
through Mother-to-child
Transmission of HIV

5,201

.....

Source: Kenya HIV Estimates 2021

I.0 Overview —

This chapter presents the brief history of the NACC, its mandate and its functions. It also examines the global, regional, and national perspectives on building an effective HIV response, the role of NACC in the national development agenda, including Vision 2030, the Medium-Term Plan (2018-2022), the Universal Health Coverage, the Sustainable Development Goals, Africa's Agenda 2063, among other national and international obligations.



1.1 Background

In 1984, the Government of Kenya officially declared the first case of HIV in the country. To effectively respond to the challenge, the Government established a National AIDS Committee to develop an immediate strategic response. In 1985, with 27,388 cases of HIV documented in the country, the AIDS Programme Secretariat was established to lead the response against HIV.

In 1987, the AIDS program secretariat was expanded and renamed the Kenya National AIDS Control Programme to lead the initiatives to address HIV in the country. The medium-term plan for 1987-1991 recommended the need to create awareness, strengthen clinical management of AIDS, enhance blood safety and build capacity for the management of AIDS control programmes.

During the review of 1992-1996 medium plan, the following recommendations were made on how to involve all sectors to sustain gains and strengthen interventions:

- i. Prevention of HIV infection through information campaigns.
- ii. Prevention of HIV transmission through effective screening of blood.
- iii. Prevention of perinatal transmission of HIV.
- iv. Healthcare, counselling, and social support for AIDS patients; and
- v. National coordination and mobilisation of funds to cope with the disease.

In 1997, through the Sessional Paper No. 4 of 1997 on AIDS in Kenya, the Government acknowledged that HIV had become one of the significant causes of illness in Kenya, placing a tremendous burden on the health system and affecting all sections of the society. The

paper recommended the establishment of a National AIDS Council to provide leadership at the highest level possible. AIDS was recognised as a development issue and incorporated into the Seventh National Development Plan, the Fifth District Development Plans, and other succeeding policy documents. In 1999, the government declared the AIDS pandemic a national disaster that required increased government spending and involvement. This declaration was also followed by increased attention from other sectors, including non-governmental organisations and the private sector, in funding the HIV response.

1.2 Mandate and Functions

The mandate of the NACC as outlined in the Legal Notice No.170 of 1999 is to provide leadership, inform and coordinate the efforts of all the stakeholders through the following functions:

- i. Development of strategies, policies, and guidelines for the prevention and control of HIV
- ii. Mobilising resources and providing grants to implementing partners in HIV response
- iii. Coordinating and supervising the implementation of HIV programmes in the country
- iv. Identifying and addressing sector-specific training needs and devising appropriate workforce development strategies
- v. Facilitating the setting up of effective sectoral programmes for the management and control of HIV
- vi. Mobilising stakeholders, including state and non-state actors to participate in the prevention and management of HIV response

- vii. Developing national management information systems for the HIV response
- viii. Developing appropriate mechanisms for the monitoring and evaluation of HIV and sexually transmitted infections programmes
- ix. Leading in the advocacy and public relations for the HIV response and the Council's programmes

1.3 Global, Regional and National Development Challenges

The management and control of HIV has been one of the world's most severe health and development challenge. About 38 million people live with HIV, and tens of millions of people have died of AIDS-related illnesses since the beginning of the epidemic.

Globally, many people living with HIV and those at risk of HIV infection do not have adequate access to prevention, treatment, and care mechanisms. There is still no cure for HIV. Despite this challenge, great strides have been made globally to respond to the epidemic.

Under Sustainable Development Goal 3, the global community agreed to end the AIDS epidemic by 2030. While gains have been made, they have been uneven. The interim UNAIDS "90-90-90" - an ambitious treatment target that seeks to help end the AIDS epidemic by 2020 - was missed.

In 2020, the emergence of the COVID-19 pandemic led to the disruption of essential HIV services such as testing, treatment, and prevention programmes.

Other challenges include climate change that disproportionately impacts regions induced movements and continue to drive HIV transmission through increased sexual networks, sexual exploitation due to

food insecurity, increased drug use, urbanization, reduced accessibility to prevention and treatment services, and reduced adherence to antiretroviral medications for those on treatment.

On the national front, Kenya faces the challenge of sustained commodity security. Every year the country requires KSh25.4 billion to procure essential HIV commodities. Disruption in procurement and distribution of HIV treatment commodities is an overall security concern for any country. It reverses the gains made and has the potential of erupting into a public outcry, distress, and civil disobedience as people living and affected by HIV demand treatment. It is likely to erode the trust and confidence of citizens to Government with respect to healthcare development. Highly effective antiretroviral therapy is accessed through a single platform managed by the Government.

The diagnosis and treatment programme remains fragile, due to the over-dependence on donor funding through off-budget arrangements. During the Fiscal Year 2020/2021, Kenya experienced one of the longest disruptions of the HIV treatment programme, setting the country into a crisis. Kenya will have to invest in an efficient HIV prevention programme to end AIDS as a public health threat while increasing domestic resources for HIV treatment.

The COVID-19 global pandemic has also strained and exposed the inadequacies of health systems and consequently affected the effective implementation of HIV programmes in the country. This novel pandemic has had devastating effects on the economy, limiting the resources available for health. HIV funding is also affected by the rebasing of the Kenyan economy to a Lower Middle-Income Country. Donor funding arrangement will shift from grants to counterpart financing models, and concession loans.

1.4 Alignment of the National AIDS Control Council Role to Local and Global Legislation, Policies and Guidelines

Global Goals

Global efforts to combat HIV began in the first decade of the epidemic by creating the World Health Organisation's Global Programme on AIDS in 1987. Over time, new initiatives and financing mechanisms have helped increase attention to HIV and contributed to efforts to achieve global goals. These include:

- i. the Joint United Nations Programme on AIDS (UNAIDS), which was formed in 1996 to serve as the UN system's coordinating body and to help galvanise worldwide attention to HIV and AIDS.
- ii. the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) established in 2003, which works with partners in 50 countries, has accelerated progress toward controlling the HIV pandemic.
- iii. the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), which was established in 2001 by a UN General Assembly Special Session (UNGASS) on HIV as an independent, international financing institution that provides grants to countries to address HIV, TB, and malaria.



The contributions of affected governments and civil society have also been critical to achieving global targets. Sustainable development goal 3 adopted in 2015, aim to end the AIDS epidemic by 2030.

In 2020, UNAIDS set and launched global targets to end the epidemic by 2030. Countries will need to work toward reaching the interim "95-95-95" targets - 95% of people living with HIV knowing their status; 95% of people who know their HIV positive status on treatment; and 95% of people on treatment with suppressed viral loads by 2025. These ambitious targets will be implemented in the context of the emergence of COVID-19, which has exacerbated inequalities across the world.

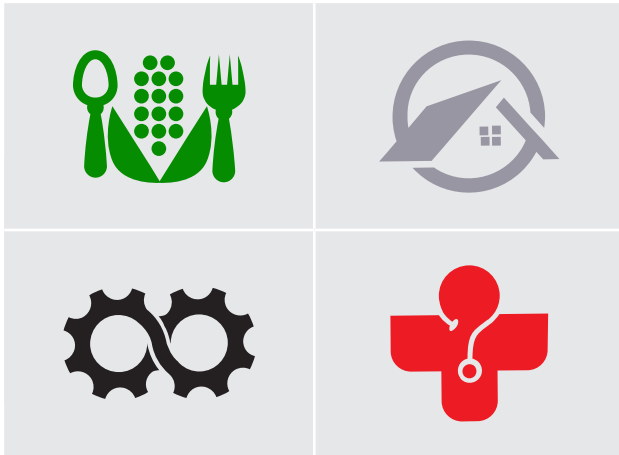


Kenya Vision 2030 and Medium-Term Plans

The Government of Kenya, through Vision 2030, envisions an industrialised, middle-income country. The Vision recognises the importance of high-quality, equitable, and affordable healthcare for all citizens.

The management and control of HIV, a major health threat to human resources, is crucial in the attainment of Vision 2030 targets. NACC is mandated to ensure efforts to end AIDS as a public health threat bear fruit.

The Third Medium Term Plan (MTP III) of the Kenya Vision 2030 outlines policies, legal and institutional reforms, programmes, and projects for the period 2018 to 2022. MTP III identifies HIV and AIDS, Climate Change, and Disaster Risk Management, as key thematic areas of in-country development.



The Presidential Big Four Agenda initiatives for development aim at:

- i. Increasing the manufacturing share of GDP from 9.2 percent to 15 percent and agro processing to at least 50 percent of total agricultural output.
- ii. Providing affordable housing by building 500,000 houses across the country.
- iii. Enhancing Food and Nutrition Security through the construction of large-scale multi-purpose and smaller dams for irrigation projects, construction of food storage facilities, and implementation of high impact nutrition interventions and other FNS initiatives; and
- iv. Achieving 100 percent Universal Health Coverage.

The HIV response is anchored on the universal health coverage principle. NACC will leverage the successes of implementing the HIV programme to contribute to the Universal Health Coverage agenda.

The Constitution of Kenya 2010

The Constitution of Kenya 2010 stipulates that every citizen has a right to the highest attainable standard of health. The rights include sexual and reproductive health, emergency treatment, care, and support. All the 47 County Governments are responsible for healthcare services delivery functions.

The Kenya Health Sector Policy 2014-2030

The policy outlines the policy and strategic direction of healthcare service delivery in the country. The policy aims to:

- i. Eliminate communicable diseases.
- ii. Reduce and reverse the rising burden of Non-Communicable Diseases.
- iii. Reduce the burden of violence and injuries.
- iv. Provide essential health care.
- v. Minimise exposure to health risk factors; and
- vi. Strengthen collaboration with non-health-related sectors.

The NACC will significantly contribute to these strategic directions.

Stanley Ngara
'King of Condom' educates
members of public on HIV
prevention during the
International Condom Day
2020.



02

Situation Analysis

2.0 Overview —

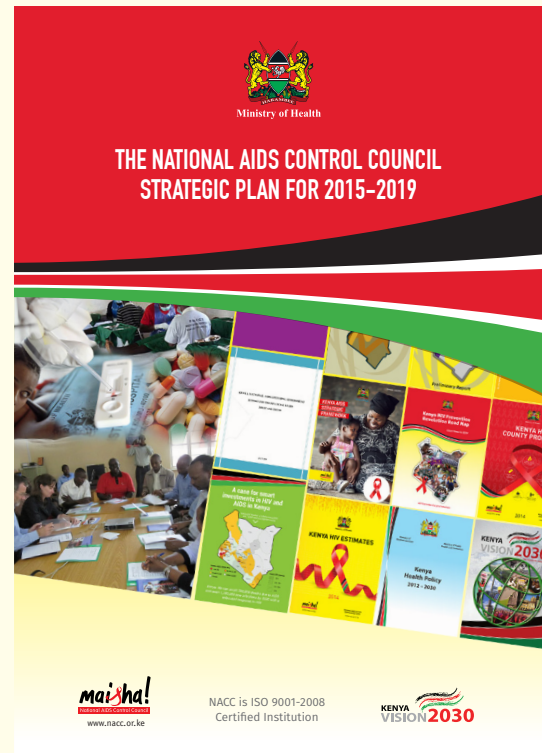
This chapter outlines the progress made during the 2015 - 2019 Strategic Plan implementation period. It outlines the challenges encountered and gives recommendations for the 2021/2022 - 2026/2027 Strategic Plan. Further, the chapter examines the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, the Political, Economic, Social, Technological, Environmental, and Legal (PESTEL) analysis for NACC. It also presents a stakeholder analysis of the Council's key audiences and expectations.

2.1 Review of the NACC Strategic Plan 2015–2019

The end-term review of the NACC Strategic Plan 2015 - 2019 was conducted through desk reviews, interviews with Board of Directors, staff, and stakeholders. The transformational and operational aspirations of NACC over the **2021/2022 - 2026/2027 Plan Period** were also gathered and triangulated during consultative workshops to ascertain key milestones, achievements, and lessons learnt.

The review of the Strategic Plan 2015-2019 focused on its three main objectives:

- i. Delivery of NACC's functions.
- ii. Oversight for the delivery of the Kenya AIDS Strategic Framework (KASF); and
- iii. Strengthening of NACC's institutional capacity.



2.1.1 Implementation, Key Achievements, and Milestones

Table 2.1: NACC 2015-2019 Strategic Plan Milestones and Key Achievements

| 2015-2019 Strategic Goal | Key Achievements | Milestones | Challenges | Recommendations for the Strategic Plan 2021/2022 - 2026/2027 |
|------------------------------|---|---|---|---|
| Delivery of NACC's functions | Policy and Strategy Development | Development and delivery of Kenya AIDS Strategic Framework and County AIDS Implementation plans for coordinating the delivery of results | Lack of an agreed coordination and accountability framework for partners and stakeholders in the HIV response | Develop and implement a coordination and accountability framework for results |
| | Coordination and Supervision of implementation of HIV programs | Relevant guidelines and policies developed and disseminated | Failure to enforce the rule of supervision for relevant actors in the HIV response | Strengthen the role of the coordination body to supervise the response through the provision of policies and guidelines |
| | Resource Mobilization | The National and County Governments appropriate resources for HIV prevention and management through their annual budgets and the Midterm Expenditure Framework (MTEF) Partners support the response through procurement of commodities and targeted prevention interventions | Resource gaps occasioned by competing priorities for domestic and external resources | Prepare for phased out approaches to transition HIV response to exchequer |
| | Development and management of national information systems | A robust information management system, the HIV Situation Room | Poor utilisation of data to inform programming and policy at all levels of government | Strengthen surveillance and utilisation of data, deploy big data analytics for programming and policy formulation. |
| | Technical support and capacity building for effective sectoral programmes | Targeted training and relevant capacity building targeting public, private, non-governmental organizations, non-state actors, and vulnerable groups. | Lack of adequate resources to scale up outreaches, training, and capacity building initiatives | Develop a wholistic sustainable capacity building plans through a human centred approach |

| 2015-2019 Strategic Goal | Key Achievements | Milestones | Challenges | Recommendations for the Strategic Plan 2021/2022 - 2026/2027 |
|---|-------------------------------|---|---|--|
| | Public education and advocacy | Availability of strong advocacy and public education platforms | Poor access to information by marginalised populations in hard-to-reach areas | Universal access to information and targeted education for all sectors and geographical regions through Human Centered Design Approach |
| Strengthening NACC's Institutional Capacity | Institutional Strengthening | Strong governance and accountability structures. Strong quality management systems ICT infrastructure and automated functions | Weak legal instruments and unsustainable resource base to mount an efficient and effective HIV response | Strengthen and broaden the mandate of NACC for effective response to HIV and other epidemics. |

2.1.2 Lessons Learnt from implementing the NACC Strategic Plan 2015 - 2019

During the last Strategic Plan Period, several lessons were drawn from the implementation of the HIV response.

- i. The need to broaden and intensify interventions in regions most affected and allocate more resources to programmatic areas that have the highest impact on the prevention of new HIV infections.
- ii. National and county governments' capacity needs to be improved, and a framework to guide their HIV, STIs and related epidemic response developed.
- iii. NACC should explore unexploited opportunities for domestic resource mobilisation such as, social impact bonds, private sector financing, and community-led approaches.
- iv. Structured collaborations with key and relevant stakeholders were necessary and should be strengthened to provide effective oversight over implementing partners across the country.
- v. It was essential to establish a research fund for HIV and co-morbidities in collaboration with partners of similar interest to inform HIV and AIDS programming and interventions.
- vi. The enhancement of compliance to policies, standards, procedures, and applicable laws and regulations at all levels of the organisation was crucial to avoid any eventualities of adverse nature to the operations of NACC; and
- vii. NACC needs to make robust its delivery of strategic information and communication on HIV and related epidemics to enhance its effectiveness in the delivery of its mandate.

2.2 Internal and External Environment

2.2.1 Strengths, Weaknesses, Opportunities and Threats Analysis

NACC's internal and external analysis revealed several strengths, opportunities, and strategic gaps. After interrogating the Council's internal and external environment, a list of the main Strengths, Weaknesses, Opportunities, and Threats was generated as shown below:

Table 2.2

| STRENGTHS | WEAKNESSES | OPPORTUNITIES | THREATS |
|--|---|---|---|
| <ul style="list-style-type: none"> Existence of Legal Notice No.170 of 1999 to establish the National AIDS Control Council through an executive order as a State Corporation under Act Cap 446 published to coordinate HIV response | <ul style="list-style-type: none"> Inadequate harmonised accountability mechanisms for overall performance for both health and non-health sectors | <ul style="list-style-type: none"> Potential of Maisha Youth as an innovative platform for programme design and implementation to curb new infections among adolescents and young people | <ul style="list-style-type: none"> Inability to reinforce reporting, sharing of information and knowledge for a better response between government, private sector, and civil society |
| <ul style="list-style-type: none"> HIV response integrated in the Medium-Term Expenditure Frameworks Political commitment to assure universal access to treatment | <ul style="list-style-type: none"> Limited capacity (of officers, managers, implementers, and service providers) to effectively use existing networks and develop others, from national to community level to coordinate multiple strands of actions (data, technical support, capacity building) limits the effectiveness of the response | <ul style="list-style-type: none"> Expanded financial options (e.g., HIV Trust Fund) to boost funding for the response with contributions from both exchequer and private sector | <ul style="list-style-type: none"> Looming institutional mandate changes may hamper effective response Decreased funding from donors towards competing agendas e.g., COVID-19, Climate Change, and adaptation |
| <ul style="list-style-type: none"> Existence of decentralised institutional arrangements and structures for effective coordination from national, county, sub-county, ward, and community levels | <ul style="list-style-type: none"> Limited investments for existing and operationalising networks/committees to deliver on their mandates at all coordination levels | <ul style="list-style-type: none"> Leverage on community-led programmes and monitor effectiveness | <ul style="list-style-type: none"> Dwindling budgetary allocations in support of the response from the Exchequer and County Governments. |

| STRENGTHS | WEAKNESSES | OPPORTUNITIES | THREATS |
|---|--|--|---------|
| <ul style="list-style-type: none"> ▪ Presence of international and local philanthropists to support the response | <ul style="list-style-type: none"> ▪ Limited involvement of private sector and civil society in the HIV response | <ul style="list-style-type: none"> ▪ Emerging epidemics/pandemic and their reliance on the NACC's decentralised institutional arrangements and structures | |
| <ul style="list-style-type: none"> ▪ HIV response mainstreamed through the Maisha Certification System which monitors implementation of performance contract HIV and AIDS prevention indicator in Ministries, Departments and Agencies | <ul style="list-style-type: none"> ▪ Limited shared knowledge between government, private sector, and civil society investments (on and off budget) for HIV programmes with a view of avoiding duplication of efforts, wastage of scarce resources and improving the quality of people-level outcomes and impacts | <ul style="list-style-type: none"> ▪ Robust M & E systems provide information and data on the drivers of the epidemic | |
| <ul style="list-style-type: none"> ▪ Robust M & E systems for epidemic surveillance and programme monitoring | <ul style="list-style-type: none"> ▪ Lack of alignment of government, civil society, and private sector towards effective delivery of the Kenya AIDS Strategic Framework | <ul style="list-style-type: none"> ▪ Leverage on existing trained government MDAs and networks to build capacity throughout the country for HIV response | |
| <ul style="list-style-type: none"> ▪ Existence of policies, guidelines, tools for policy advocacy, resource mobilisation, technical support, reporting and capacity building ▪ Existence of biennial Maisha Conference as a knowledge platform for sharing best practices, lessons learnt and innovative actions for HIV programming and policy formulation | <ul style="list-style-type: none"> ▪ Lack of shared and clear goals, strategies, indicators to measure success for effective multisectoralism in the HIV and AIDS response. | | |

| STRENGTHS | WEAKNESSES | OPPORTUNITIES | THREATS |
|--|--|---------------|---------|
| <ul style="list-style-type: none"> Well-known corporate brand that coordinates the HIV response in Kenya | <ul style="list-style-type: none"> Insufficient channels for disseminating strategic and well packaged information to the masses | | |
| <ul style="list-style-type: none"> Committed and visionary leadership within the Council as well as qualified and competent staff | <ul style="list-style-type: none"> Weak alignment between Strategic Information, Research Information and programmes limiting the application of data to inform policies, programme design and implementation | | |
| | <ul style="list-style-type: none"> Dependence on different actors to fully absorb donor funds during programme design and implementation | | |

2.2.2 Political, Economic, Trends, Socio-Political Dimensions and Technological, Environmental and Legal (PESTEL) Analysis

NACC operates within a highly dynamic environment with increasing challenges posed by major developments in the external environment that has the potential to impact its effectiveness and efficiency. The NACC strategy provides direction for the next five years with the aim of achieving desired outputs against a changing micro and macro environment. See below a summary of key developments in the external environment that may impact the Council's operations.

Table 2.3

| POLITICAL | ECONOMIC | SOCIAL | TECHNOLOGY | LEGAL | ENVIRONMENTAL |
|--|---|--|---|---|---|
| Availability of public information dissemination platforms that can be used during the 2022 General Election | Increased domestic resources through increased tax collection | Lack of HIV commodities can result to decreased human security | Rapid change in technology may affect delivery of public education and advocacy | Legal issues around HIV testing that would affect diagnosis and treatment | Changes in climate (resulting in drought; flooding; air pollution that affects livelihoods, resulting to increased vulnerabilities and risks to HIV |

| POLITICAL | ECONOMIC | SOCIAL | TECHNOLOGY | LEGAL | ENVIRONMENTAL |
|--|--|---|---|--|---------------|
| Government transition could affect the placement of HIV agenda | Gradual reduction of funding from major donors Additions of domestic resources results to bridge the gap in funding | Prioritization of COVID-19 could affect the focus/ investment on other health issues such as HIV | Mobile penetration of 109% provides an opportunity to leverage on digital space to enhance the HIV response | Legal framework establishing NACC expires in 2023 and this could affect delivery of the NACC's mandate | |
| High level political goodwill and support for local manufacturing of ARVs | Adverse effects of the COVID-19 pandemic on the economy impact on key sectors of the economy that could lead to loss of income creating additional vulnerabilities | Medium term planning provides an opportunity to bridge gaps in the HIV response | Compliance with Data Protection Act gives assurance for a human rights approach to HIV programming | | |
| Global call to end HIV as a public threat by 2030 | Competing national and county priorities for limited resources affects allocation to the HIV response | HIV related stigma and discrimination and negative cultural practices can affect the gains made in the HIV response | | | |
| County governments will require additional support for funds received directly from donors for HIV | Opportunity to ..Utilize available in infrastructure development for the HIV response | | | | |

2.3 National AIDS Control Council Stakeholder Analysis

Stakeholders are an integral part of the Council’s operations. NACC is committed to stakeholder engagement and building good working relationships with a view to meet stakeholder expectations and galvanise their support to deliver an effective HIV response.

Table 2.4

| Stakeholder Category | Stakeholder | Stakeholder expectation of NACC | NACC Responsibility |
|-----------------------|---|---|---|
| Internal Stakeholders | The Board | Oversight, strategic leadership, good governance, and organizational performance | Policy development, accountability structures and mechanisms Board and management adherence to policy and allocated budget |
| | The Staff | Support development and adherence to policies, guidelines, accountability for resources, and availability of information | Develop and disseminate a clear service delivery charter which spells out NACC’s obligations |
| State Actors | National Government and State Agencies | Efficient and effective delivery of NACC mandate through multi-level and multi-sectoral coordination of HIV response | Create effective platforms for coordination of the HIV response |
| | County Governments | Provide technical assistance to implement policies and strategies | Provide support in the implementation of County AIDS Implementation Plans |
| | Research institutions and institutions of higher learning | Coordinate and disseminate of HIV research | Translate research findings into policy and programmes |
| | Parliament | Effectively respond to HIV | Accountability in the use of appropriated resources |
| Non-State Actors | Development Partners | NACC provides oversight for the implementation of HIV regulatory frameworks Mobilize resources for the HIV response Provide leadership on the development of policies and guidelines for the HIV response Collect data and share strategic information | Provide financial, technical support and build human resource capacity Advocate for NACC activities among the partners Mobilize resources for a fully funded HIV response |

| Stakeholder Category | Stakeholder | Stakeholder expectation of NACC | NACC Responsibility |
|----------------------|--|---|--|
| | Private sector | <p>Guidance and technical advice on the implementation of workplace policies on HIV</p> <p>Mobilize resources for HIV commodities</p> <p>Collect data and provide strategic information</p> | <p>Implementation of HIV response interventions in the workplace</p> <p>Partnership in HIV response</p> <p>Complement NACC's funding</p> |
| | Implementing partners | Capacity building and technical assistance | Efficient implementation of effective initiatives |
| | Community-led networks including (People Living with HIV, Key Populations, People Living with Disability, Adolescents Girls, and Young Women | <p>Training, supply of commodities, and financial support</p> <p>Invest in interventions to eliminate HIV related stigma and discrimination</p> <p>Resource mobilization</p> | <p>Implement activities that mitigate the social and economic impacts of HIV.</p> <p>Ensure a rights-based and community centred response to HIV is in place</p> |
| | Faith-Based Sector | Capacity building | Service delivery |
| | Citizenry | Prompt service delivery Availability and access to information | Provide prompt services and information |



End teenage pregnancies,
gender-based violence towards
eliminating inequalities and
new HIV infections

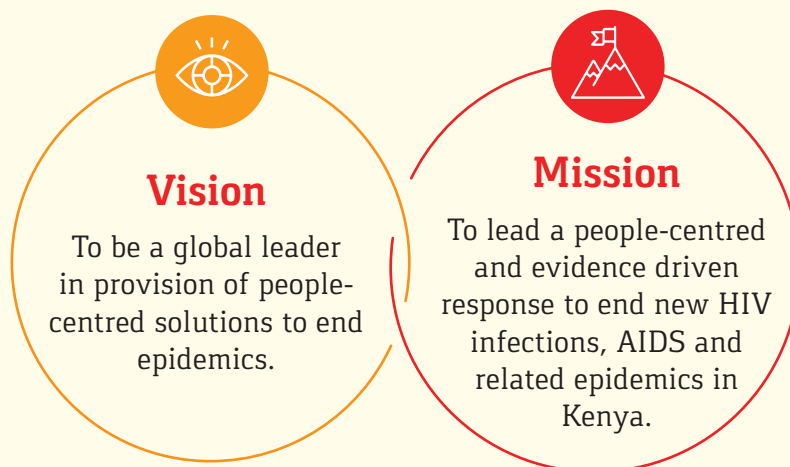
03

Strategic Model

3.0 Overview —

The strategic focus of the NACC is informed by the mandate bestowed to it by the National AIDS Control Council Order of 1999, the operational laws, policies, sector priorities, best practices, and the national and international commitments of the Council. The Key Result Areas (KRAs) related to strategic objectives, strategies, and activities support the realisation of the Council’s mandate. NACC will utilise an integrated approach in the implementation of this Strategic Plan.

3.1 Vision, Mission, and Values



Values

The Core values of the National AIDS Control Council constitute fundamental beliefs drawn from the national values and principles of governance anchored in the Constitution of Kenya. These values shall guide NACC in the pursuit of its Vision and Mission.



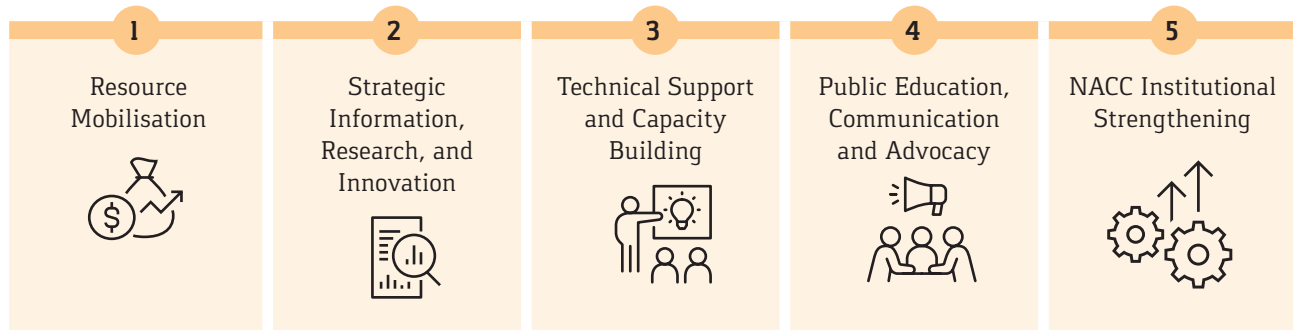
Kenya re-commits to expand access to HIV prevention and treatment



President Uhuru Kenyatta with officials from the Ministry of Health, National AIDS Control Council Directors, National Council for Population and Development and development partners.

3.2 Key Strategic Areas and Objectives

The lessons learnt over the years, trends in the HIV epidemic environment will scan the challenges and opportunities that will shape the HIV response in Kenya going forward. The NACC will focus on the following six key result areas: To effectively coordinate the development and monitor the implementation of policies, strategies, and guidelines.



In this section, each key result area is expounded, including specific strategies that help to define each goal.

3.2.1 **Strategic Objective I: To effectively coordinate the development and monitor the implementation of policies, strategies, and guidelines for HIV response.**

To coordinate and supervise an effective and efficient multi-level and multi-sectoral response to HIV, STI, and related epidemic response, NACC will provide leadership in the development of policies, strategies, and guidelines as outlined in Key Result Area 1.

Key Result Area 1: Enhanced coordination of a strategic, coherent, and result-based multisectoral HIV response

NACC is charged with the responsibility of leading the country to formulate policies and strategies for the management and control of HIV. Since its inception, NACC has led the development of five national AIDS strategic plans and frameworks:

1. The Kenya National AIDS Strategic Plan 2000 to 2005 recommended the mobilisation of citizens to participate in the HIV response at the community level. It also recommended the establishment of constituency AIDS Control Committees.
2. The Kenya National HIV and AIDS Strategic Plan 2005/6-2009/10 embraced the 'Three ones' principles of One Coordinating Agency, One Agreed Action Framework, and One Agreed Monitoring and Evaluation system.
3. The Kenya National AIDS Strategic Plan 2009/10 to 2012/13 focused on the need for evidence-based strategies to provide a comprehensive, high-quality combination of prevention, treatment, and care services toward an HIV-free society.
4. The Kenya AIDS Strategic Framework (KASF I) 2014/15-2018/19 promoted universal access to comprehensive HIV prevention, treatment, and care services in the context of devolved governance.

5. The Kenya AIDS Strategic Framework (KASF II) 2020/2021-2024/2025 provides strategic directions to scale up cost-effective and socially inclusive interventions for the management of HIV.

Strategies

1. **Provide effective leadership to coordinate, supervise and monitor the implementation of strategies, policies, and guidelines**

NACC will coordinate stakeholders to implement the KASF II 2020/21 - 2024/25, which provides strategic direction for AIDS response for the next five years. A



Dr. Fred Matiang'i, Cabinet Secretary for Interior and Coordination of National Government addresses participants during the National Dialogue on Teenage Pregnancies, New HIV infections and Sexual and Gender Based Violence.

monitoring and evaluation framework, the Kenya HIV Research Agenda, and a Communication Strategy are support documents for key prioritized areas. NACC will also provide technical assistance to counties to implement the 47 County AIDS Implementation Plans, other sector-based plans, policies, and legal frameworks. NACC will also seek the implementation of guidelines such as meaningful involvement of people living with HIV and engagement of specific populations and sectors.

For effective delivery of KASF II, NACC has established a coordination framework at all levels. The committees will be multi-sectoral to ensure key stakeholders are represented ranging from the public sector, private sector, civil society, development, and implementing partners. Key and vulnerable populations including people living with HIV will be included in each of the coordination groups. A stakeholder accountability framework will also be developed to ensure all stakeholders deliver on their expected results.

To effectively monitor and track the progress of implementation of HIV response, annual reviews will be undertaken for corrective action and to inform best practices. A mid-term and end-term review of KASF II, supporting documents, and sector-specific plans will be undertaken to inform further programming of HIV response. NACC will continue to promote leadership, advocacy, and communication at all levels during the implementation of KASF II and County implementation plans.



NACC will coordinate stakeholders to implement the Kenya AIDS Strategic Framework (KASF II) 2020/21 - 2024/25, which provides strategic direction for the AIDS response for the next five years



Dr. Mercy Mwangangi, CAS Health, poses with Hon Joseph Ole Lenku, Governor, Kajiado during the 2020 World AIDS Day.

3.2.2 Strategic Objective 2: To mobilise and effectively manage resources for sustainable financing of HIV response

To build sustainable financing options for HIV from domestic and non-traditional sources, the NACC will focus on several funding initiatives.

Key Result Area 2: Strengthened advocacy for a diversified and fully funded AIDS response

NACC is mandated to mobilise resources for the HIV response in Kenya and for optimal functioning of the institution to achieve its mandate.

In the rapidly changing financing context characterised by the rebasing of the Kenyan economy to a Lower Middle-Income Country, the epidemic shift from communicable to non-communicable diseases, the shift of HIV from acute to chronic, and the emerging epidemics, Kenya's HIV response finds itself at a pivotal phase, where the gains of the past are at risk of being eroded and the current approaches are reaching their limits. The decline in donor funding without a corresponding increase in domestic resources impedes the progress towards the achievement of ambitious programme targets to end HIV and AIDS by 2030. Consequently, the outlook of Kenya's funding for the HIV response remains uncertain.

Strategies

1. Advocacy for increased resources for an effective and efficient HIV response

The Kenya HIV programme relies heavily on external donor funding. In the fiscal year 2020/21, funding for HIV commodities resources contributed 84% of the US Government and Global Fund with 16% sourced funding from Government of Kenya. External donor funding has been steadily reducing without a commensurate increase

in domestic financing for the HIV commodities leading to unstable supply chain. Under this Strategic Plan, the following strategies will be employed:

Expanding options for increased public and private funding sources for HIV commodities

Innovative mechanisms to raise funds and new partnerships will be explored with greater attention to maximise on allocative efficiencies. NACC will leverage the momentum created through the Universal Health Coverage to ensure HIV treatment and prevention are prioritized.

Opportunities to mobilize funding from the private sector remain largely unexplored. While the private sector is engaged in service provision, their contribution to resource mobilisation strategies remains sub-optimal. NACC will engage the private sector with an investment case that provides a value proposition for the institutions, while contributing to the pool of resources for the HIV response. At the service delivery level, NACC will promote the need for reforms towards integrated patient-centred models while strengthening the health system to create efficiencies.

Commodity security is rapidly becoming a human security issue. The inability of the government to provide ARVS and other essential HIV commodities lead to increased vulnerability. The NACC will explore all options to secure the country's supply chain for HIV commodities. The approaches will include but be not

limited to framework contracting mechanisms, pooled procurement, local manufacturing, or packaging of pre-processed commodities.

Kenya has capacities for local manufacturing of pharmaceutical products. The NACC will facilitate learning from other advanced countries in Africa and elsewhere which have been successful at manufacturing of essential HIV commodities.

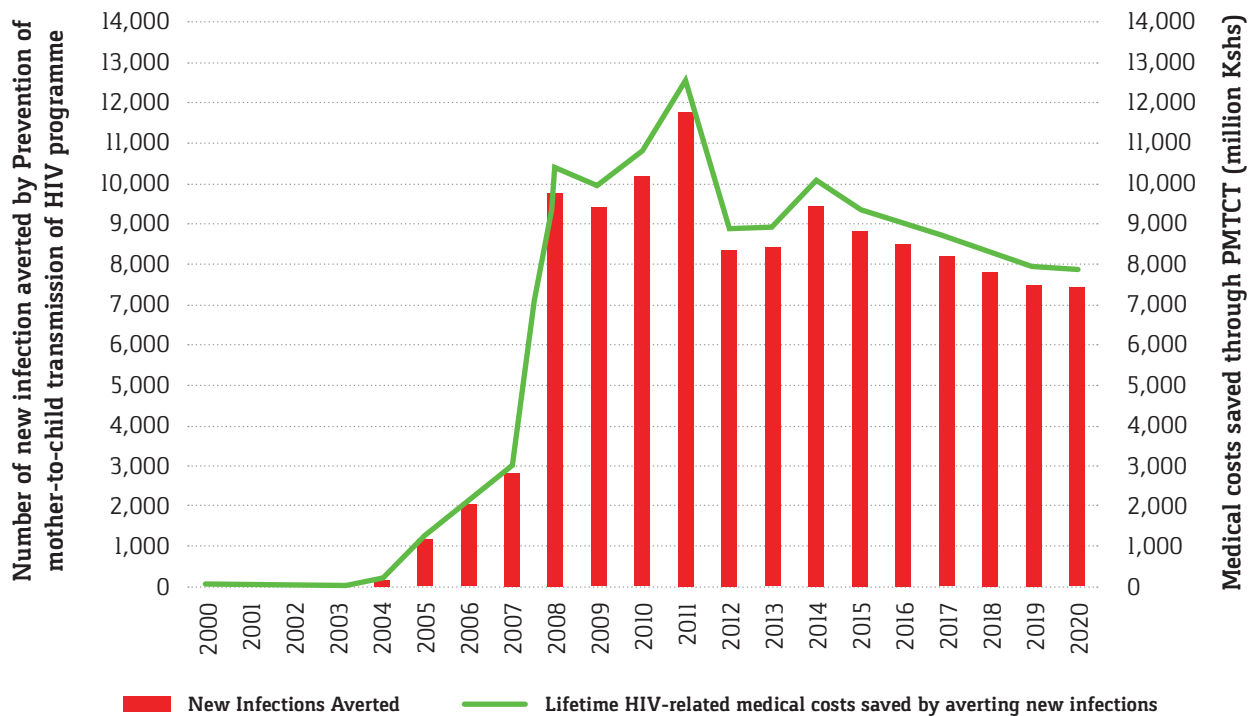
Expanding options for increased investments in primary HIV prevention

Kenya is cognisant that investment in treatment alone will not end AIDS as a public health threat by 2030. NACC's strategic leadership and long-standing mandate

of multi-sectorial engagement in HIV, especially in prevention, remain relevant. The lessons drawn from more than two decades of facilitating people-centred, community-led approaches remain critical. The central role of NACC in convening sectors and stakeholders, ensuring the availability of up-to-date strategic information, and resources; and leading progress reviews of national HIV prevention responses will be enhanced.

With the widening gap between resource needs and resource availability, increasing investment in HIV prevention reduces the cost of lifelong treatment for HIV. The NACC will focus on elimination of HIV among children and adolescents as a key intervention toward ending new HIV infections.

Medical Cost saved due to averted New HIV Infections through Prevention of Mother-to-child transmission of HIV



*Medical cost related to human resources not included
Source- Kenya HIV Estimates and Unit cost analysis

2. Establish a Community-led Maisha HIV Fund

The NACC has extensive experience in designing and financing community led initiatives. The NACC has implemented two large projects, namely, Kenya HIV and AIDS Disaster Response Project (KHADREP) (2000 to 2005) and the Total War against AIDS (TOWA) (2008-2015). These projects which were implemented through a call for proposal model - were funded by the Government, through a concession loan from the World Bank and grants from other development partners.

Since the close out of the TOWA grants in 2015, the NACC has been providing support to community-level implementers through an activity-based funding model that does not include the transfer of funds.

In 2018, the NACC adopted a person-centred model for community engagement. The model dubbed LISTEN is a community mobilisation approach that supports the utilisation of social capital to develop sustainable solutions based on needs identified and prioritised by a community of practice.

A community of practice is defined as a group of people with shared interests who come together to fulfill both individual and group goals. The NACC has implemented the model through a pilot approach in Kiambu and Homa Bay Counties since April 2018 with diverse groups comprising commercial motorcycle riders referred to as *Boda Boda* Riders, Fisherfolk and adolescent and young women. NACC funds the communities of practice prioritized interventions through an activity-based funding model.

NACC will scale up the Local Innovations Scaled Through Enterprise Network model approach to other counties while prioritising geographical locations and populations left behind or underfunded.

In addition, NACC will:

1. Advocate for the progressive increase in domestic resources from the National Government and County Governments in line with the Abuja Declaration 2001, the agenda 2030 commitment to sustainable development, and the East Africa Community Heads of State commitments to sustain a progressive increase in national and county health budget.
2. Advocate for the development and implementation of policies and strategies that explore other more cost-effective means to procure competitively priced commodities including public-private partnerships in local contract manufacturing of HIV commodities and other strategic public health commodities.
3. Develop and implement an HIV transition plan that outlines the progressive increase in domestic resources for priority HIV interventions and wean the programme from heavy dependence on external donor funding.
4. Establish a Maisha Fund - a ring-fenced fund for the HIV response that pools mobilised resources that come from diverse sources.
5. Oversee the implementation of the Guidelines for Mainstreaming Health and HIV Programmes, in the Infrastructure Projects, to redirect the economic and social impact assessment funds for capital and infrastructure projects towards a pooled funding mechanism (proposed Maisha Fund) for the financing of the HIV response.
6. Invest in HIV prevention interventions to reduce the incidence of HIV, consequently reducing the cost of lifelong treatment for HIV.

3.2.3 **Strategic Objective 3: To provide technical support and capacity building for effective sectoral programmes for HIV response**

Kenya has invested in a multi-sectoral approach to respond to HIV for more than 20 years. The sectoral programming approach emphasises the active involvement of all sectors of the economy in addressing the causes and impact of HIV and AIDS. This approach requires partnerships and strengthening of capacities. All sectors in Government are required to effectively contribute to prevention and mitigation services targeting staff, their families, external stakeholders, and surrounding communities.

Key Result Area 3: Enhanced capacity for effective sectoral response to HIV

NACC provides technical assistance to health and non-health partners for HIV prevention, treatment care, and support through capacity development programmes. A digitalised system of MDAs on HIV response to monitor performance dubbed Maisha Certification is in place. The capacity building is also aimed at empowering Kenyans to make informed decisions concerning risky behaviour and to reduce their vulnerability to HIV infection. The NACC will systematise the processes of providing technical support and expand the scope to include the private sector.



NACC provides technical assistance to health and non-health sectors for HIV prevention, treatment care, and support through capacity development of counties, ministries, departments and agencies, and other stakeholders

Strategy

Strengthen the capacity of internal and external stakeholders in the implementation of the HIV response

HIV impacts many sectors including the public and private sectors, health, education, agriculture, and other sectors. The impact depends on the unique characteristics and vulnerabilities of each sector. NACC shall focus on the expansion and transformation of workplace programmes into wellness centers for the public and private sectors. The AIDS Control Units established across the public sector will be enhanced to be more effective in addressing both communicable and non-communicable diseases.

This transformation process will be used as an advocacy tool for expanding access towards universal coverage for prevention and treatment of HIV and other priority diseases including mental health. NACC will support processes aimed at standardising human resource capacities and essential packages of services. During the implementation period, NACC will give priority to programmes targeting uniformed services and paramilitary that play a critical role in public education and country security.



Adolescents and young people, male champions and boda boda riders from Kiambu County during a training on the online data collection tool for HIV programs.



Communities of practice in Mbita, Homabay County during a training on Open Data Kit online tool.

3.2.4 Strategic Objective 4: To strengthen and manage a robust and coherent National Information System for HIV and Sexually Transmitted Infections

NACC has invested in infrastructural development to manage strategic information of the HIV and sexually transmitted infections. Accurate and timely data play a critical role in support of coordination efforts, programmatic decision-making, and policy formulation. During the implementation period, NACC will enhance the data reporting and collating systems through training of stakeholders and enhancing digital processes. The programme will strive to expand the granular approaches of engineered data to the lowest geographical location and population to routinely measure progress and inform the design of tailored interventions.

Key Result Area 4: Strategic Information, Research, and Innovation

NACC is mandated to develop an appropriate mechanism for monitoring and evaluation of AIDS and sexually transmitted infections. This requires a robust data and knowledge management framework responsive to emerging challenges such as technological advances and population dynamics.

Strategies

1. Generate quality strategic information for the HIV and Sexually Transmitted Infections

Kenya is a signatory to various global, regional, and national reporting commitments; including the global AIDS monitoring report, and the annual HIV Estimates report which inform the Global AIDS report. NACC will lead coordination efforts to report and utilise the

strategic information. Strategic information is critical for an evidence-based HIV response. The NACC will seek to adopt technology to strengthen the country's monitoring and evaluation system. To enhance data quality, NACC will seek opportunities to enforce reporting and accountability for all partners implementing HIV interventions, certification processes, data audits and data analysis and visualisation.

2. Coordinate the uptake of research findings to inform policy and practice

Kenya is recognised regionally as a pacesetter in HIV research. Translation of the research into policies and practice is slow. To enhance access and promote utilization, NACC will strengthen its knowledge management function and platforms to collate and disseminate research findings. These will include expanding dissemination platforms.



H.E. President Uhuru Kenyatta during a demonstration on the HIV situation room at the 2021 World AIDS Day exhibition in Nakuru County.

3.2.5 **Strategic Objective 5: To Enhance Public Education, Communication and Advocacy on HIV and STIs**

Public education and awareness are key interventions in the HIV response

Key Result Area 5: Enhanced platforms for public education and advocacy

The NACC involves diverse stakeholders in policy development, implementation, and monitoring of the HIV response. During this strategic period, NACC will leverage technology to develop and implement targeted communication and advocacy strategies. The institution will utilise big data analytics and collaborate with other agencies to inform, educate and sensitise different stakeholders.



Community HIV and AIDS sensitization forum targeting marginalized and vulnerable communities in Loiyangalani, Marsabit County.

Strategies

1. Reinvigorate and strengthen the advocacy capacity of policy and decision-makers in HIV

Over the years, the advocacy for HIV responses has weakened. To change this narrative, NACC will identify new champions and build a constituency of advocates who are bold and possess political courage to address HIV-sensitive issues. NACC will provide training and mentorship programmes targeting multiple influencers in media, education, health, and other sectors.

2. Raise the profile of the NACC nationally, regionally, and globally

During the term of this Strategy, the NACC will strive to raise its profile as a trusted partner in the management of epidemics through the multi-sectoral approach. A good public profile of the NACC will support the advancement of HIV response. Additionally, the NACC will enhance its internal capacity for institutional branding.

3. Promote programmatic HIV communication and advocacy

A great deal of HIV communication aims to influence social and behaviour change. It is increasingly obvious that various socio-economic and political factors affect the effectiveness of HIV programmes in Kenya. Audience-centred approach will be adopted to expand access to an accurate knowledge of prevention and management of HIV.

A section of Maisha Youth from NACC discussing HIV testing as a prevention strategy.



3.2.6 **Strategic Objective 6: To strengthen the institutional capacity of NACC to deliver on its mandate**

To establish sustainable structures that support effective and efficient delivery of NACC's mandate.

Key Result Area 6: Strengthened NACC institutional capacities to deliver on its mandate

NACC staff will play a critical role in convening policy dialogues, involving communities including key populations, and advocating for policy change to guide national prevention responses that invest in areas where people are left behind. These interventions will be guided by an unwavering commitment to the principles of human rights, gender equality, and social justice. NACC will review its functional model to remain fit for purpose. Growing political commitment to universal health coverage will require an integrated approach to disease management. To function effectively, the NACC will review and align its structures to strengthen institutional arrangement and human resource capacities at all levels. This will be achieved by enhancing corporate governance, strengthening internal systems and controls, adopting appropriate technology, and promoting a culture that contributes to remarkable organisational performance. To improve the performance of HIV response, NACC workforce will have opportunities to increase the knowledge, skills, technology, and infrastructure needed to implement and sustain science-based, culturally appropriate HIV response.

Strategies

1. Strengthen the capacities of NACC leadership in line with Mwongozo code of conduct

NACC will invest in prioritising high level leadership for the HIV response. The capacity of Board members and

staff will be enhanced for effective corporate governance in line with the Mwongozo Code and good corporate governance practices. **Invest in human resource development, institutionalise knowledge transfer, and restructure NACC to effectively deliver on its mandate.**

Human capital is one of the most crucial resources in any organisation and determines operational efficiency. The NACC will focus on strengthening its institutional capacity through investing in human resource development, institutionalising knowledge transfer, and restructuring to effectively deliver on its mandate. **Re-engineering the NACC Business Model.**

The NACC will continuously focus on improving business processes and gaining efficiencies. The internal business processes will be strengthened in line with best practices including automation of key internal processes to enhance the efficiency of its operations. Key changes will include enhanced capacity to oversee a result-oriented national HIV prevention programme aligned to universal health coverage. The NACC will enhance the oversight role through effective result-oriented coordination platforms. Processes to monitor national and subnational targets will be implemented. The HIV prevention programme in the country remains too small in scale, scattered, and poorly coordinated among different implementers. NACC will play a vital role in linking and rationalising different projects under a single national prevention programme and facilitate oversight and management.

The NACC will provide leadership for the multisectoral national HIV prevention programme to ensure available prevention packages meet the diverse and

dynamic needs of people most at risk of HIV, and reach populations left behind. Adequate space and platforms will be guaranteed for non-state actors across sectors (civil society, community-based organisations, key populations, high-priority groups, private sector) to participate meaningfully in the HIV prevention response.

NACC will adopt result-oriented advocacy to achieve technical and political commitment to implement HIV programmes. The NACC will strive to deal with persistent legal, policy, and sociocultural barriers that impede access to services among key and high-priority groups.

2. Manage risk and build resilient systems for NACC

With the digital and technological advancements, NACC will focus on securing its electronic infrastructure interruptions and unforeseen events. A risk management plan will be implemented with a focus on a preventive approach.



Young women require comprehensive information to prevent both HIV and Pregnancy



Young people at a sensitization event on HIV and STIs prevention, Kiambu County.

Delegates follow proceedings during the County Commissioners National Dialogue on ending teenage pregnancies, HIV infections and gender-based violence.



04

Implementation and Coordination Framework

4.0 Overview —

The NACC Management comprises the Chief Executive Office headed by the Chief Executive Officer, Departments, headed by deputy directors and Divisions led by Heads.

The NACC values staff and will continuously invests in building appropriate skills, attitudes, and competencies.

4.1 Organisational Structure

The current staffing levels at NACC may require re-alignment to help successfully implement the strategic plan. Realignment will allow establishment and maintenance of an optimal staffing level with clearly defined job descriptions for all roles.

The NACC will undertake a comprehensive review of all its Human Resource instruments, namely:

- i. Organisational Structure
- ii. Human Resources Manual
- iii. Staffing Establishment
- iv. Career Progression Guidelines.

4.1.1 Departments and Divisions

As at December 2021, the NACC secretariat was managed through four departments and 16 divisions.

The Office of the Chief Executive Officer

The office the Chief Executive Officer is responsible for providing leadership, direction, and coordination to ensure execution of NACC strategy and goals. It consists of the following divisions:

- **Procurement Division** - This division ensures the procurement of quality goods and services through a competitive and efficient procurement process.
- **Performance Management Division** - This division is responsible for coordinating NACCs performance initiatives, quality assurance, and overseeing implementation arrangements.
- **Communication Division** - This division is responsible for promoting and maintaining the Council's public image. Further, developing elaborate communication strategy to guide interaction with stakeholders to achieve organisation's vision and to support organisation's objectives
- **Legal Division** - This division plays an advisory role to the management and board on legal issues affecting the council. It also ensures that the council's legal obligations are met in adherence to its policies and procedures.
- **Internal Audit Division** - This division puts in place and ensures adherence to internal controls to help manage mitigate risk exposures both internally and externally. It conducts both scheduled and *ad hoc* internal audits, and makes recommendations for improvement of processes and procedures.

The Department of Finance and Administration

This department is responsible for guiding and directing the development and implementation of appropriate policies and systems in the areas of finance, administration, information, communication, and technology that support the implementation of NACC's agenda. It consists of three divisions:

- **Finance Division** - This division ensures prudent management of finances in the council and provides accurate and timely financial information for decision-making purposes by management and board.
- **Human Resources and Administration Division** - This division coordinates the logistics for the council's activities, provides strategic direction in the recruitment and management of human resources and provides leadership in the areas of compensation, labour relations, benefits, training, and employee services.
- **Management Information Systems Division** - This division is responsible for managing the information systems and technology function at the council. The division ensures that it has the right Information Technology platforms to fulfil its mandate, achieve its goals, and deliver robust and efficient ways of working.

The Department of Coordination and Support

The department is responsible for program planning, designing, capacity building and coordination of partners. It consists of three divisions:

- **Stakeholder Coordination Division** - This division is responsible for coordinating stakeholders engaged in the national response and facilitating them with appropriate tools and materials.
- **County Support Division** - This division is responsible for coordinating county level initiatives including the implementation of policies and strategies.

- **Technical Support Division** - This division is responsible for providing technical assistance to support the NACC HIV Prevention activities of NACC.

The Department of Policy, Monitoring and Research

The department is responsible for providing oversight in the development, implementation, and review of HIV policy, strategic framework, monitoring, and evaluation framework, and research. The divisions under the department are:

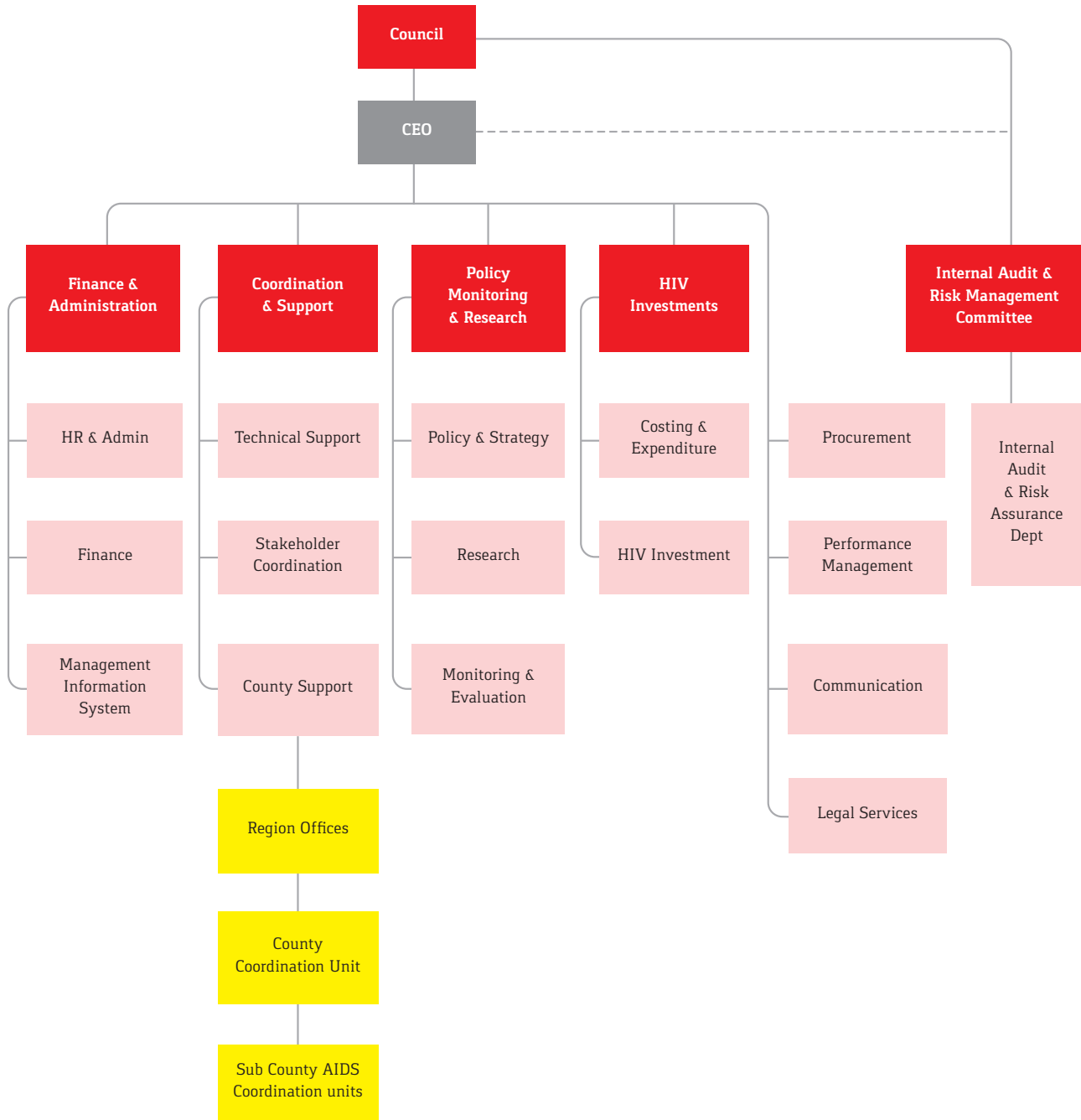
- **Policy and Strategy Division** - The division is responsible for coordinating the development, implementation, and review of HIV policy and strategic framework.
- **Research Division** - is responsible for coordinating the development, implementation, and review of the research agenda and strategy to support the HIV Strategic Framework at different levels.
- **Monitoring and Evaluation Division** - The division is responsible for coordinating the development, implementation, and review of the HIV Monitoring and Evaluation framework across all levels.

The Department of HIV Investments

This department is responsible for leading and mobilising resources for HIV, facilitating its management and prioritisation into programmatic options. It consists of two divisions:

- **Costing and Expenditure Analysis Division** - The division is responsible for providing modules for financing, costing, and expenditure analysis to inform HIV investments by the National Treasury, Counties, and development partners.
- **HIV Investments and Private-Public Partnerships Division** - This division is responsible for identifying and implementing options that will increase Kenya's domestic contributions to the HIV response and facilitate long-term financing, with a focus on private and public sectors.

4.1.2 Organogram Structure



4.1.3 Staff Establishment

| TITLE | GRADE | APPROVED ESTABLISHMENT | IN POST |
|---|-------|------------------------|---------|
| Chief Executive Officer | 1 | 1 | 1 |
| Head, Legal Services | 3 | 1 | 1 |
| Head, Internal Audit & Risk Management | 3 | 1 | 1 |
| Head, Communication | 3 | 1 | 1 |
| Personal Assistant to the CEO | 4 | 1 | 1 |
| Communication Officer | 4 | 1 | 1 |
| Senior Internal Auditor | 4 | 2 | 1 |
| Legal Officer I | 4 | 2 | 2 |
| Legal Officer II | 5 | 1 | 0 |
| Internal Auditor I | 5 | 6 | 2 |
| Chief Assistant Office Administrator | 5 | 1 | 1 |
| Communication Officer III | 6 | 2 | 1 |
| Internal Auditor II | 6 | 4 | 3 |
| Deputy Director, Policy, Monitoring & Research | 2 | 1 | 1 |
| Head, Research | 3 | 1 | 1 |
| Head, Policy & Strategy | 3 | 1 | 1 |
| Programme Officer I (Research), Programme Officer I (Strategy) | 4 | 5 | 5 |
| Programme Officer, Development & Implementing Partners | 4 | 1 | 1 |
| Head, Performance Management | 3 | 1 | 1 |
| Head, County Support | 3 | 1 | 0 |
| Head, MIS | 3 | 1 | 1 |
| Communication Officer (Advocacy) | 4 | 1 | 1 |
| Senior Programme Officer Communication | 4 | 2 | 0 |
| Programme Officer I (Performance Management) | 4 | 1 | 0 |
| Programme Officer I (Performance Management) | 5 | 5 | 1 |
| Systems Administrator | 5 | 2 | 1 |

| TITLE | GRADE | APPROVED ESTABLISHMENT | IN POST |
|---|-------|------------------------|---------|
| Information, Communication Technology Assistant (Data Officers) | 6 | 48 | 11 |
| Communication Officer | 5 | 2 | 1 |
| Communication Assistant | 5 | 2 | 0 |
| Resource Centre Assistant | 6 | 2 | 0 |
| Deputy Director, HIV Investments | 2 | 1 | 1 |
| Head, Stakeholder Coordination | 3 | 1 | 1 |
| Head, HIV Investments | 3 | 1 | 0 |
| Programme Officer, Key Populations | 4 | 1 | 0 |
| Senior Program Officer - Resource Mobilisation | 4 | 1 | 0 |
| Programme Officer I, HIV Investments) | 4 | 1 | 0 |
| Programme Officer, Faith Based Organisations | 4 | 1 | 1 |
| Programme Officer I (PLHIV) | 4 | 1 | 1 |
| Programme Officer - Gender Affairs | 4 | 1 | 0 |
| Programme Officer I (Adolescents) | 4 | 1 | 1 |
| Programme Officer I - Public Sector | 4 | 1 | 1 |
| Programme Officer I - Civil Society | 4 | 1 | 0 |
| Programme Officer I - Private Sector | 4 | 1 | 0 |
| Programme Officer I - Capacity Building | 4 | 0 | 1 |
| Deputy Director, Coordination & Support | 2 | 1 | 1 |
| Head, Programme Coordination | 3 | 1 | 0 |
| Head, Technical Support | 3 | 1 | 1 |
| Head, Monitoring & Evaluation | 3 | 1 | 1 |
| Senior Programme Officer -Headquarters | 4 | 4 | 0 |
| Head, Costing & Expenditure Analysis | 3 | 1 | 1 |
| Programme Officer I, Research | 4 | 47 | 0 |
| Programme Officer II - County Support | 5 | 46 | 18 |
| Administration Officer, Assets & Logistics | 5 | 1 | 0 |
| Assistant Programme Officer - Constituency | 6 | 290 | 0 |

| TITLE | GRADE | APPROVED ESTABLISHMENT | IN POST |
|---|-------|------------------------|---------|
| Deputy Director, Finance & Administration | 2 | 1 | 1 |
| Head, Finance | 3 | 1 | 1 |
| Head, Human Resources | 3 | 1 | 1 |
| Head, Administration | 3 | 1 | 0 |
| Head, Procurement | 3 | 1 | 1 |
| Senior Administrative Officer | 4 | 1 | 0 |
| Senior Procurement Officer | 4 | 1 | 1 |
| Principal Accountant | 4 | 5 | 2 |
| Human Resource Officer I | 4 | 1 | 1 |
| Human Resource Officer II | 5 | 1 | 0 |
| Human Resource Officer (Resourcing & Welfare) | 4 | 1 | 0 |
| Compliance Officer | 4 | 1 | 0 |
| Human Resource Officer (Organisational Development, Performance Management & Policy) | 4 | 1 | 0 |
| Administrative Officer II | 5 | 2 | 1 |
| Procurement Officer | 5 | 4 | 1 |
| Compliance Officer II | 5 | 2 | 0 |
| Accountant I | 5 | 30 | 2 |
| Human Resources Officer II, Records Management | 5 | 3 | 0 |
| Human Resource Assistant | 6 | 4 | 0 |
| Procurement Officer I | 6 | 2 | 1 |
| Accountant II | 6 | 22 | 14 |
| Human Resources Officer III | 6 | 2 | 1 |
| Administrative Assistant II | 7 | 290 | 0 |
| Office Superintendent | 6 | 3 | 0 |
| Human Resources Assistant I, Records Management | 6 | 2 | 1 |
| Senior Assistant Office Administrator | 6 | 7 | 4 |
| Procurement Assistant | 7 | 2 | 1 |

| TITLE | GRADE | APPROVED ESTABLISHMENT | IN POST |
|--|-------|------------------------|---------|
| Customer Care Assistant/ Front Office Executive | 7 | 2 | 1 |
| Human Resources Assistant II, Records Management | 7 | 2 | 2 |
| Assistant Office Administrator | 7 | 11 | 7 |
| Senior Driver | 7 | 3 | 3 |
| Front Office Executive | 8 | 2 | 3 |
| Driver II & I | 8 | 61 | 28 |
| Artisan | 8 | 4 | 0 |
| Office Assistant | 9 | 12 | 9 |
| | | 996 | 158 |

4.2 Human Resource Development Strategies

NACC aims to develop a transformative culture of knowledge transfer innovation, and creativity to create a strong human resource capacity.

Key Strategies

1. Develop and implement staff training and mentorship programmes that align with the NACC strategic plan, performance, and appraisal plans.
2. Develop a mechanism for optimal talent acquisition, retention, and progression.
3. Develop strategies to improve staff motivation, including staff immersion, open feedback systems, staff reward, and sanctions mechanisms.
4. Enhance a safe and conducive work environment at NACC that prioritises staff wellbeing and development.
5. Develop and implement effective human resource transition and succession plans.
6. Promote a positive organisational culture that facilitates achievement of the strategic objectives.
7. Realign the organisational culture to promote the objectives of the strategic plan.

4.3 Financial Resources

Estimated Summary Resource Need by Strategic Focus Program (KES Million)

| Key Strategic Area | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | TOTAL | % |
|---|---------------|---------------|---------------|---------------|---------------|---------------|------|
| Coordinate the development and implementation of policies, strategies, and guidelines | 103,203,822 | 109,396,051 | 115,959,814 | 122,917,403 | 130,292,447 | 581,769,537 | 6% |
| Mobilise resources and grants to implementing partners | 134,366,638 | 142,428,636 | 150,974,354 | 160,032,815 | 169,634,784 | 757,437,226 | 8% |
| Strategic Information, Research, and Innovation | 118,674,757 | 125,795,243 | 133,342,957 | 141,343,535 | 149,824,147 | 668,980,639 | 7% |
| Technical Support | 91,194,753 | 96,666,439 | 102,466,425 | 108,614,410 | 115,131,275 | 514,073,302 | 6% |
| Public Education, Communication and Advocacy | 247,370,957 | 262,213,215 | 277,946,007 | 294,622,768 | 312,300,134 | 1,394,453,081 | 15% |
| Institutional Strengthening | 958,050,839 | 1,015,533,889 | 1,076,465,922 | 1,141,053,877 | 1,209,517,110 | 5,400,621,637 | 58% |
| Grand Total | 1,652,861,766 | 1,752,033,472 | 1,857,155,480 | 1,968,584,809 | 2,086,699,897 | 9,317,335,423 | 100% |

Current Funding by Sources

The NACC resources are from both government and non-government organizations:

Funding by Source (KES Millions)

| Funding Source | | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------|
| Source | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total % | % |
| Global Fund | 304,276,744 | 331,049,821 | 317,663,282 | 317,663,282 | 317,663,282 | 1,588,316,411 | 20% |
| Government | 872,270,000 | 977,000,000 | 1,153,130,000 | 1,300,000,000 | 1,485,340,470 | 5,787,740,470 | 71% |
| Others (UNFPA, UNAIDS, AIA, BMGF etc.) | 150,000,000 | 150,000,000 | 150,000,000 | 150,000,000 | 150,000,000 | 750,000,000 | 9% |
| Total Resources | 1,326,546,744 | 1,458,049,821 | 1,620,793,282 | 1,767,663,282 | 1,953,003,752 | 8,126,056,881 | 100% |
| Resource Gaps | | | | | | | |
| | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total | |
| Available funds | 1,326,546,744 | 1,458,049,821 | 1,620,793,282 | 1,767,663,282 | 1,953,003,752 | 8,126,056,881 | |
| Resource Needs | 1,652,861,766 | 1,752,033,472 | 1,857,155,480 | 1,968,584,809 | 2,086,699,897 | 9,317,335,423 | |
| Gaps | (326,315,022) | (293,983,651) | (236,362,198) | (200,921,526) | (133,696,145) | (1,191,278,542) | |

Organization Resource Gaps

Strategies for Resource Mobilisation

The HIV response has over the years heavily relied on external funding from key traditional donor agencies which is on a diminishing trend. It is expected to dwindle further with the current shift of global priorities due to changes in fiscal space and competing epidemics. The goal of the HIV Resource Mobilisation Strategies is to guide the mobilisation of resources for HIV programming. The key focus here is to diversify funding sources for the HIV response, and to increase funding for HIV and related epidemic response from domestic and non-traditional sources from 32% to 50% by 2026.

To bridge the resource gaps, NACC shall:

1. Develop a resource mobilization strategy for the Council that outlines the key pillars and operational plan to increase resources
2. Establish and strengthen strategic partnerships and coordination mechanisms including public-private partnerships for technical and financial support, and innovative resource mobilisation.

3. Diversify funding from non-traditional donors and develop innovative resource mobilisation strategies including aggressive grant applications.
4. Develop efficient systems and reduce operational costs to increase savings for the institution and invest in interventions that promote its mandate.

4.4 Risk Analysis and Mitigation Measures

| KEY STRATEGIC AREA | RISKS | CATEGORY | MITIGATION MEASURE |
|---|--|---|---|
| Development of Policies, strategies, and guidelines for HIV response in Kenya | Unprecedented change in disease dynamics such as emergence of new mutations of the virus | Policy | Frequent reviews and alignment of policies |
| Multisectoral coordination | Divergent priorities among stakeholders | Coordination and partnerships | Develop and implement effective partnership coordination framework |
| Financing of the HIV | Overreliance on and reducing donor funding Competing priorities due to emerging epidemics like Covid-19 | Financial | Implement the health sector transition roadmap Diversifying financing options |
| Strategic Information, Research, and Innovation | Parallel reporting systems Data Security and privacy | Strategic Information, Research, and Innovation | Implement the HIV monitoring and evaluation framework Implement the Data Protection Act, secure all NACC data systems |
| Technical Support and Capacity Building | Inadequate accountability mechanism | Technical Support | Operationalise multi-sectoral technical coordination groups |
| Public Education, Communication and Advocacy | Misinformation HIV complacency | | Consistently increase communication and advocacy through diverse platforms Implement the communication and advocacy strategy |
| The NACC Institutional Strengthening | The Legal order establishing NACC expires in 2023 Unmet performance contracting targets | Legal | Ensure the legal tenure of NACC is expended Implement performance contracting monitoring frameworks |



A healthcare worker offers HIV testing services during a community outreach exercise at Loyangalani, Marsabit County.



Residents of Loyangalani, Marsabit County queue for HIV Testing and Counselling Services during a community outreach exercise.



The National AIDS Control Council staff disseminate HIV and COVID-19 prevention messages to miners in Taita Taveta County.

05

Monitoring, Evaluation and Reporting

5.0 Overview —

Effective monitoring, evaluation, reporting, and learning system is critical for successful implementation of this Plan. The system will seek to measure progress towards planned objectives and provide feedback on the implementation status for informed decision-making.

5.1 Monitoring-institutional Framework

This will be based on the various key result areas, strategic objectives, and specific outputs that the Council envisages to achieve.

Strategies for monitoring, evaluation, reporting, and learning shall include:

1. Performance Contracts

NACC's performance Contract will be cascaded downwards to respective Heads of Departments/ Divisions and Units, with detailed annual workplans, budgets and appraisal systems.

2. Data and Information Collection

Elaborate data and information collection templates and procedures will be developed by the Policy, Monitoring, and Research Department to measure performance. Regular field monitoring visits will be conducted to assess the performance of the programs and activities against set targets.

3. Meetings and Workshops

Quarterly review data meetings will be held at the national and county level to ensure that implementation remains on track and to obtain and provide feedback on pertinent performance indicators.

4. Progress Reports

Quarterly and annual progress reports will be prepared by the respective Departments/Divisions and Units. The reports will describe action taken towards achieving specific outcomes and strategies. In preparing annual reports, the Council will dedicate time to review the implementation of this strategy.

5.2 Performance Evaluation and Review

Performance evaluation and review shall be undertaken during mid-term and at the end period.

Mid Term Evaluation and Review will be undertaken after two and a half years giving a status report on the implementation of the Plan.

End Term Review for this Strategic Plan will be undertaken in the fiscal year 2025/2026.



World AIDS Day celebration in Garissa, December 1, 2021.

ANNEX I I: IMPLEMENTATION MATRIX

| Key Strategic Area | Strategic Objective | Strategies | Expected Outcomes | Expected Output | Output Indicators | Target(s) | Frequency of reporting | Responsibility |
|---|---|---|--|---|---|------------------------|------------------------|--|
| Coordinate the development and implementation of policies, strategies, and guidelines | To coordinate the development, monitoring, and implementation of policies, strategies, and guidelines for HIV response. | Provide effective leadership to coordinate, supervise and monitor the implementation of the Kenya AIDS Strategic Framework (KASF II) 2020/2021-2024/2025, 47 County AIDS Implementation Plans (CAIPs), sector-based plans, population-based policies, and legal frameworks | Kenya AIDS Strategic Framework and County AIDS Implementation Plans developed and implemented | Develop Kenya AIDS Strategic Framework, KASF supportive frameworks, County AIDS Implementation Plans, sector-based policies, and legal frameworks | Kenya AIDS Strategic Framework, KASF supportive frameworks, County AIDS Implementation Plans, sector, and population policies developed | 1 KASF 47 CAIPs | Once | Department of Policy, Monitoring, and Research Department of Coordination and Support |
| | | | | Coordinate and supervise stakeholders to effectively deliver on KASF II | KASF II coordination mechanisms established KASF II targets met | 15 100% | Once Annually | Department of Policy, Monitoring and Research Department of Coordination and Support |
| Mobilize resource and grants to implementing partners | To mobilize and manage resources for an effective and efficient HIV response | Mobilize resources for an effective and efficient HIV response | 18% increase of funds through public and private mechanisms Mobilize Resources for community grants | Increase allocation of funds through public and private mechanisms | Percentage allocation from domestic sources | 50% | 5 years | Department of Policy, Monitoring and Research Department of HIV Investments |
| | | | | Mobilize and provide grants to community led organizations and populations disproportionately affected by HIV and underfunded | Amount mobilized | 428,000,000 | Annually | Department of HIV Investments |

| Key Strategic Area | Strategic Objective | Strategies | Expected Outcomes | Expected Output | Output Indicators | Target(\$) | Frequency of reporting | Responsibility |
|---|---|---|---|---|--|---|------------------------|---|
| Technical Support | To provide technical support and capacity building for effective sectoral programmes for HIV response | Strengthen the capacity of internal and external stakeholders in the implementation of the HIV response | Increased funding for HIV prevention from infrastructure projects | Implement the environment and social impact assessment requirements on infrastructure projects | Number of infrastructure projects implementing the guidelines | 600,000,000 | Annually | Department of HIV Investments |
| | | | | Expand and transform the workplace programmes into wellness centres | Private and public institutions with wellness programmes | 1000 | 5 years | Department of Coordination and Support |
| | | | | Expand platforms and interventions to address stigma | | | | |
| Strategic Information, Research, and Innovation | To strengthen and manage a robust and coherent national information system | Generate quality strategic information for the HIV and STIs response | Quality strategic information for the HIV and STIs response | Secure essential HIV commodities | Framework contracting of local manufacturers of HIV Commodities | Local manufacturing promoted | 5 years | Department of HIV Investments |
| | | | | Capacitate the uniformed forces on HIV prevention, treatment, care, and support including mental health | Uniformed services HIV programmes strengthened | Key sectors within the uniformed forces | 5 years | Department of Coordination and Support |
| | | | | Generate quality strategic information for the HIV and STIs response | Performance review, reporting obligations and commitments honoured | 2 | 5 | Department of Policy, Monitoring and Research |
| | | | | Digital transformation for granulated real-time HIV and STI response data | Maisha, data systems and knowledge repository digitization | Once | 1 | Department of Policy, Monitoring and Research Department of Finance and Administration |

| Key Strategic Area | Strategic Objective | Strategies | Expected Outcomes | Expected Output | Output Indicators | Target(s) | Frequency of reporting | Responsibility |
|--|--|--|--|---|--|-----------|------------------------|---|
| Public Education, Communication and Advocacy | | Coordinate uptake research findings to inform policy and practice | Research translated into policy and practice | Translate research into policy and practice | Policy research briefs, innovations, and best practices | 4 | Annually | Department of Policy, Monitoring and Research |
| | Ensure platforms for public education and advocacy | Strengthen the capacity of policy and decision-makers to serve as effective advocates for HIV policy | Improve levels of accurate knowledge of HIV | Conduct advocacy and capacity building forms on HIV Policies | Number of forms held | 1 | Annually | Office of the CEO |
| | | Raise the corporate profile of the NACC nationally, regionally, and globally | Enhanced public profile | Develop and implement a communication and advocacy strategy | Corporate social responsibility activities | 4 | Annually | Office of the CEO |
| | | | | Conduct a NACC perception survey | NACC perception survey | Once | Annually | Office of the CEO |
| Institutional Strengthening | | | | Implement a culture change programme | Culture change programme implemented | Once | 5 years | Office of the CEO |
| | | Promote programmatic HIV communication and advocacy | Increased uptake of services | Develop and implement a programmatic communication strategy | Programmatic communication strategy developed and implemented | On | 5 years | Office of the CEO |
| | To strengthen the institutional capacity of NACC to deliver on its mandate | Enhance corporate governance | Strengthened NACC institution capacities to deliver on its mandate | Build the capacity of the board and management in line with the Mwongozo Code | The board members and management trained on effective delivery of NACC mandate | One | Annually | Office of the CEO |
| | | | | Develop and implement a framework for knowledge management | Institutionalized knowledge management framework developed and implemented | 100% | Annually | Office of the CEO |

| Key Strategic Area | Strategic Objective | Strategies | Expected Outcomes | Expected Output | Output Indicators | Target(s) | Frequency of reporting | Responsibility |
|--------------------|--|--|---------------------------------------|---|--|-----------|------------------------|--|
| | | | | Restructure NACC to effectively deliver on her mandate | Effective delivery of the NACC mandate | 100% | 5 years | Office of the CEO |
| | Improve NACC business processes for the HIV response | | Improved efficiencies and performance | Automate the internal business process systems | NACC business processes automated | Once | 5 years | Department of Finance and Administration |
| | | | | Audit and management reviews of NACC quality management systems | ISO 9001:2015 Certification maintained | One | Annually | Office of the CEO |
| | | Manage risk and build resilient systems for the NACC | | Develop and implement risk mitigation and disaster management plans | Risk management plan implemented | One | 5 years | Office of the CEO |

ANNEX II: MONITORING AND EVALUATION FRAMEWORK

| Key Result Area | Outcomes | Output Indicators | Frequency | Mid-Term Target (2024) | End of Plan Period Target (2026) |
|---|---|---|-----------|---|---|
| Enhanced coordination of a strategic, coherent, and result-based multisectoral HIV response | Kenya AIDS Strategic Framework and County AIDS Implementation Plans developed and implemented | Kenya AIDS Strategic Framework, KASF supportive frameworks, County AIDS Implementation Plans, sector, and population policies developed | Once | KASF II developed and implemented 47 CAIPs developed and implemented | KASF II developed 47 CAIPs developed |
| | | KASF II coordination mechanisms established | Annually | 15 | 15 |
| | | KASF II targets met | Annually | 100 % | 100 % |
| Strengthen advocacy for a diversified and fully funded AIDS response | 18 % increase in domestic resources (From current 32% to 50%) Resources mobilised for community led response | Mid-term, and end-term reviews | Once | 1 | 1 |
| | | Percentage allocation from domestic sources | Annually | 25% | 50% |
| | | Amount mobilised | Annually | Ksh.214,000,000 | Ksh.428,000,000 |
| Enhanced capacity for effective sectoral response to HIV | HIV response mainstreamed in sectoral programs HIV as a security concern addressed | Proportion of infrastructure projects implementing the guidelines | Annually | 50% | 100% |
| | | Number of private and public institutions with wellness programmes | Annually | 500 | 500 |
| | | Framework contracting on local manufacturers of HIV Commodities | Once | 1 | 1 |
| | | HIV and wellness workplace programs tailored to the uniformed forces | once | 1 | 1 |

| Key Result Area | Outcomes | Output Indicators | Frequency | Mid-Term Target (2024) | End of Plan Period Target (2026) |
|---|--|---|-----------|------------------------|----------------------------------|
| Re-enforced role of the NACC as an incubator for innovation in dealing with pandemics and epidemics | Quality data analytics for strategic information on HIV and STIs | Performance review, reporting obligations, and commitments honoured | Annually | 100% | 100% |
| | Research translated into policy and practice | Policy research briefs, innovations, and best practices | Quarterly | 2 | 4 |
| Enhance platforms for communities and advocacy | Improved knowledge, attitude, and behaviour towards NACC advocacy agenda | NACC advocacy agenda developed | Once | 1 | 1 |
| | Enhanced public profile | Number of corporate social responsibility activities | Annually | 2 | 12 |
| Strengthened NACC Institutional capacities | Increased uptake of services | NACC perception survey conducted | Annually | 1 | 1 |
| | | Institutional culture change program implemented | Annually | 1 | 1 |
| | NACC institution capacities enhanced | Programmatic communication strategy developed and implemented | Once | 1 | 1 |
| | | Number of board members trained on Mwingozo | annually | 9 | 9 |
| | | Proportion of NACC staff appraised | Annually | 100% | 100% |
| Capacity development institutionalized for the NACC staff | Capacity development institutionalized for the NACC staff | Annually | 100% | 100% | |

| Key Result Area | Outcomes | Output Indicators | Frequency | Mid-Term Target (2024) | End of Plan Period Target (2026) |
|-----------------|---------------------------------------|--|-----------|------------------------|----------------------------------|
| | Improved efficiencies and performance | NACC business processes automated | Annually | 1 | 1 |
| | | ISO 9001:2015 Certification maintained | Annually | 1 | 1 |
| | | Risk management plan implemented | Quarterly | 1 | 1 |



The National AIDS Control Council Directors hand over a painting to the First Lady, Margaret Kenyatta for her efforts, commitment and leadership to end new HIV Infections among children during the Beyond Zero Summit.



H.E. President Uhuru Kenyatta receives a gift from NACC board Chairperson, Ms. Angeline Siparo, (right) during the 2021 World AIDS Day Commemoration in Nakuru County. Ms. Susan Mochache (2nd right), Principal Secretary, Ministry of Health looks on.



Dr. Fred Matiang'i, Cabinet Secretary Ministry of Interior and Coordination of National Government (center) with other government officials during the National Dialogue on ending teen pregnancies, new HIV infections and sexual and gender based violence.



Madam Susan Mochache, Principal Secretary, Ministry of Health (right) distributes relief food during the 2020 World AIDS Day in Nyamira County.



Dr. Ruth Laibon - Masha, CEO, NACC during a meeting with leaders resprenting communities living with HIV to discuss key priorities in the HIV response, Machakos.



Dr. Ruth Laibon-Masha, CEO, National AIDS Control Council receives H.E. President Uhuru Kenyatta at the 2021 World AIDS Day celebrations in Nakuru County.



NACC CEO Dr. Ruth Laibon-Masha (seated, 3rd left) with partners during the 2021 HIV Prevention Summit in Nairobi.



Participants from Mbita Sub-County during a NACC training on collecting of community level data.



The National AIDS Control Council staff supported the board and management of the Network of Elderly People Living with HIV (NETEL) to develop the group's Strategic Plan.

NATIONAL AIDS CONTROL COUNCIL

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maisha!

National AIDS Control Council

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