NEPHAK *say yes to life*

STRATEGIC PLAN V

2024 - 2029

Leveraging the 'Lived Experience' to deliver on the sustained improvement of the health and well-being of communities and contribute to the 2030 Sustainable Development Agenda in Kenya.

August, 2024

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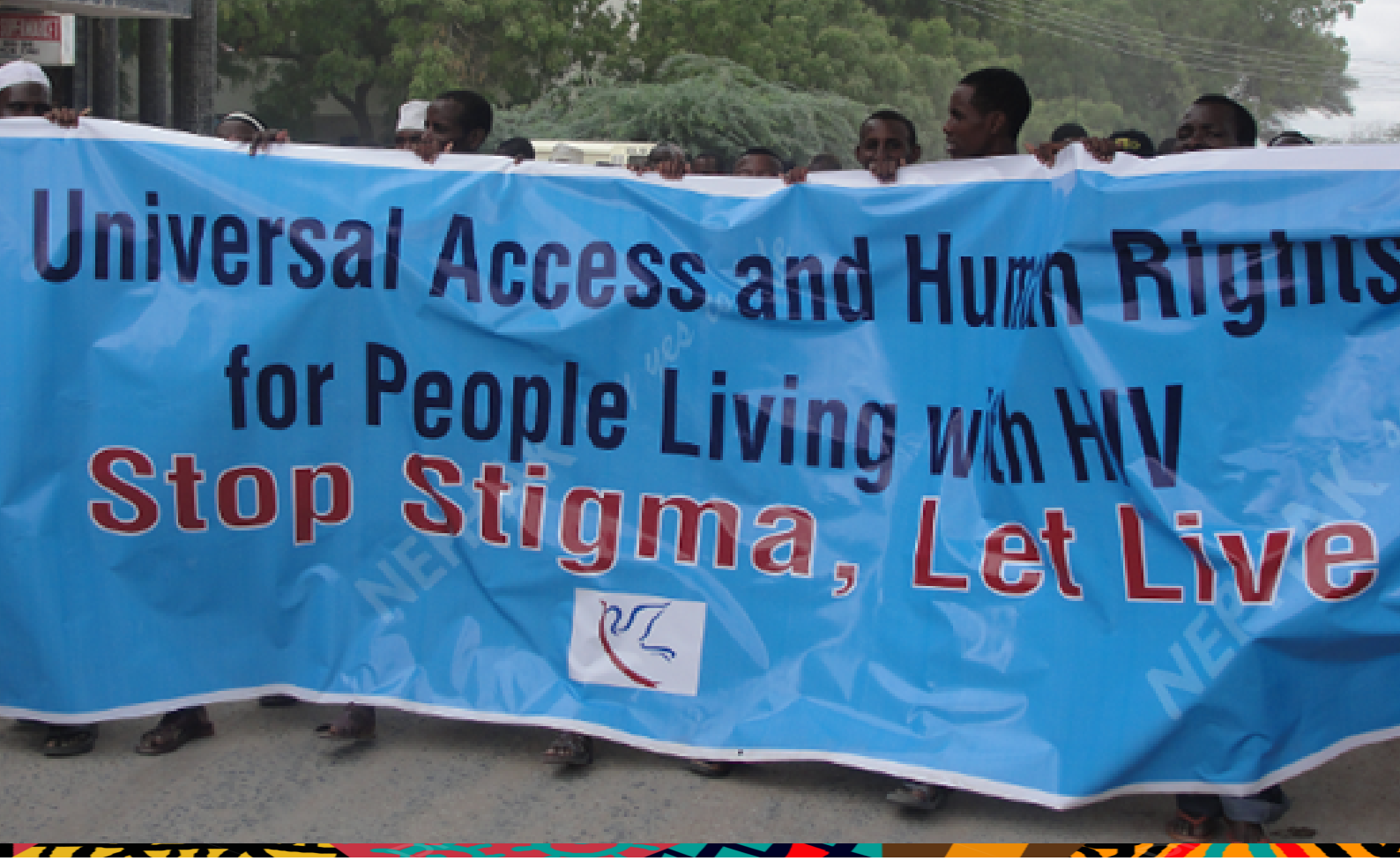

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Strategy 2024 – 2029

Leveraging the 'Lived Experience' to deliver on the sustained improvement of the health and well-being of communities and contribute to the 2030 Sustainable Development Agenda in Kenya.

www.nephak.or.ke

Purpose of the Strategy:

The purpose of the NEPHAK Strategy is to guide the Board and the Management, and to communicate to member organizations, partners and stakeholders the overall direction of the network for 2024 - 2029; to set broad guidelines for institutional strengthening and programme management; and to outline NEPHAK's approach to monitoring, evaluating and learning from its projects. The Strategy is aligned to the NEPHAK Constitution and heath policies and aims at supporting the Network to achieve its vision, mission and goal.

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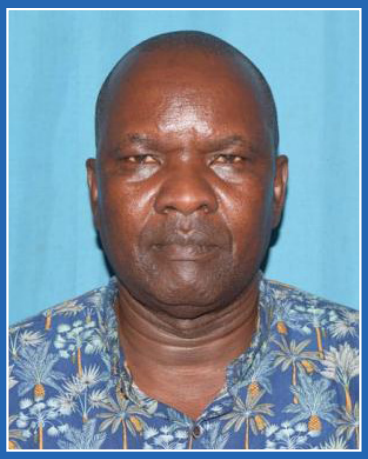
ACRONYMS

ART	Anti-retroviral Therapy
CTBC	Community Based TB Care
CLM	Community led Monitoring
DLTLD	Division of Leprosy, Tuberculosis and Lung Disease
GFATM	Global Fund to fight AIDS Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with and/or affected by HIV/AIDS
GNP+	Global Network of People Living with HIV/AIDS
KCM	Kenya Coordinating Mechanism
KPs	Key Populations
MDR-TB	Multi-Drug Resistant TB
MIPA	Meaningful Involvement of People Living with HIV/AIDS
MSM	Men who have Sex with Men
NACC	National AIDS Control Council
NASCOP	National AIDS and STIs Control Programme
NSDCC	National Syndemic Diseases Control Council
KASF	Kenya AIDS Strategic Framework
NCDs	Non-Communicable Diseases
NHIF	National Hospital Insurance Fund
NHSSP	National Health Sector Strategic Plan
PEPFAR	President's Emergency Plan for AIDS Relief
PHDP	Positive Health, Dignity and Prevention
PMF	Performance Management Framework
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
SWs	Sex workers
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
WHO	World Health organization



PREFACE

NEPHAK being the National Network that unites people Living with, at risk of and those affected by HIV has evolved into an organization that is driven by strong shared values. The network's values impact the way the organization is governed allowing the Board of Directors to discharge their mandate and undertake the oversight roles in accordance to the NEPHAK constitution. As a national organization whose strength lies in the greater and meaningful involvement of people living with HIV and those affected by TB and AIDS, we must always seek to strengthen our governance, leadership and management.

Over the last 20 years since registration, NEPHAK has grown to be an organization that is renowned for providing leadership, coordination and representation of PLHIV and affected communities at all levels. In order to adapt to changing times and serve the network's mandate effectively, the Strategic plan V 2024-2029 will provide an opportunity for the network to implement evidence-based Community interventions and respond to emerging community needs. NEPHAK Strategic plan V aims to guide the Organization in program implementation and management procedures. The SP has been revised with the support of both Center for International Health, Education and Bio-security (CIHEB-Kenya) and Kenya Red Cross Society (KRCS).

On behalf of NEPHAK let me thank Center for International Health, Education and Bio-security (CIHEB-Kenya) and Kenya Red Cross Society (KRCS) for supporting the review of this strategic Plan. We in particular acknowledge Center for International Health, Education and Bio-security (CIHEB-Kenya) who provided excellent, professional and technical support during the review process and supported the printing of this SP. We also acknowledge the NEPHAK board, Senior Management team and the other NEPHAK staff who supported the review of this Strategic Plan.

With the full implementation of this SP and with cooperation of NEPHAK Senior management team (SMT), Board, Staff and membership in general, we look forward to a better Strategic Direction which will lead to a better delivery of NEPHAK vision and mission statement.

Abner Mariita Mogire

Chair, NEPHAK Board.

FOREWORD

The development of NEPHAK Strategic Plan V: 2024 – 2029 started with an end term review (ETR) of the *NEPHAK strategic Plan IV: 2017 – 2021* and attendant 2022/23 addendum. The plan responds to new and emerging developments at the global and national levels and is anchored on the global Sustainable Development Goals (SDGs) especially the health and human rights related aspects under goal 3 (on health and wellbeing), goal 5 (on gender equality and women empowerment, goal 10 (on reduced inequalities), goal 16 (on peace, justice and strong institutions) and goal 17 (on partnerships). The plan is an expression of celebration of the network's growth and maturity in commemoration of its 20 years of existence.

NEPHAK Strategic Plan V: 2024 – 2029 is a call to action to deliver on the 95.95.95 HIV treatment targets and enable NEPHAK be part of the team to help put Kenya in the path to end AIDS as a public health problem by 2030. As with the previous strategy, this plan is NEPHAK's roadmap to rally people living with, at risk of and those affected with HIV and TB behind the plan to ensure the delivery of integrated people-centered health services while paying keen attention to populations and regions with high HIV burden. With this plan, NEPHAK will foster partnership with the ministry of health and partners to ensure that HIV infections, stigma and discrimination and AIDS related deaths among children, adolescents, men and key populations living with HIV are brought to an end.

At the national level, this plan seeks to mobilize PLHIV and affected communities to contribute to the Kenya Vision 2030 and the national health goals. It is a call to action to deliver on the country's commitment to HIV – sensitive universal health coverage (UHC) through primary health care and, to ensure that people living with, at risk of and affected by HIV have access to integrated services, including for HIV, TB, SRH, maternal, newborn and child health, food and nutrition support and non-communicable diseases, especially at the community level.

With this plan, NEPHAK advocacy agenda remain steadfast in calling for stable formal health systems that are strongly linked with community structures and resourced by trained, capacitated and motivated personnel who can deliver integrated services to all in need. Our communication and empowerment agenda under this plan shall aim to ensure that HIV-related stigma and discrimination is eliminated especially within healthcare settings, in learning institutions and at workplaces. This plan will be reviewed and periodically updated to accommodate changing situations and progress made. NEPHAK will pay keen attention to the reviews of national policies and guidelines and seek to learn from the emerging national good practices.

Nelson Juma Otwoma,

Executive Director, NEPHAK.

ACKNOWLEDGEMENTS

The development of this plan was led by NEPHAK technical team under the leadership of the senior management team (SMT). We remain grateful to the NEPHAK SMT. The initial draft was presented at a retreat of the SMT and the board and which was supported by the Kenya Red Cross Society (KRCS) with the resources from the Global Fund to fight AIDS, TB and Malaria (GFATM). We must appreciate both the KRCS and the GFATM.

We remain grateful to partners that have made the implementation of the previous strategic plan successful. Special mention should go to the Ministry of Health, the Ministry of Education, the National AIDS Control Council (*now* National Syndemic Diseases Control Council), the National AIDS and STIs Control Program (NASCOP), the National Leprosy, Tuberculosis and Lung Disease (NLTLD) Unit, the Kenya Red Cross Society, Amref Health in Africa, Health NGOs Network (HENNET), UNAIDS Kenya Country office, AIDS Healthcare Foundation (AHF - Kenya), the Kenya SRHR Alliance, UNICEF, UNDP, KELIN, UNITAID, the Medicines Patent Pool, ViiV Healthcare, the PEPFAR and its technical agencies; mainly CDC and USAID, GFATM, ITPC and the Global Network of PLHIV (GNP+).

Special mention must also be extended to the Ministry of Health structures and departments at the national, county and facility levels. Specifically, we are grateful to county governments of Kakamega, Vihiga, West Pokot, Laikipia, Mombasa, Kisumu, Nairobi and Kitui as well as the high TB burden counties where the TB Private – Public Mix (PPM) project is being implemented.

We sincerely appreciate CIHEB for the technical and financial support that enabled the finalization of the strategy and related documents. We also appreciate CIHEB and by extension CDC for the support that enabled the printing and launch of the final strategy.

The list of those who engaged in the development of this plan are annexed at the end of this plan. Specific mention goes to NEPHAK Program Manager, Brian Oketch for the coordination and the leadership during the plan development process.

EXECUTIVE SUMMARY

NEPHAK Strategic Plan V: 2024 – 2029 aims to foster partnership for sustained improvement of health and wellbeing of communities. Basing the NEPHAK SP thematic areas in the SDGs framework enables the network to rally affected communities to contribute to and be part of the national health and development goals. The five SDGs that form the thematic areas for NEPHAK plan not only focus on good health and wellbeing of communities but also on the determinants of vulnerability, including disregard for human rights and gender inequality, social exclusion and discrimination that hinder people-centered accountability and sustainability. The plan deliberately aligns with the provisions of the Kenya Vision 2030 and the global 2030 Agenda for Sustainable Development.

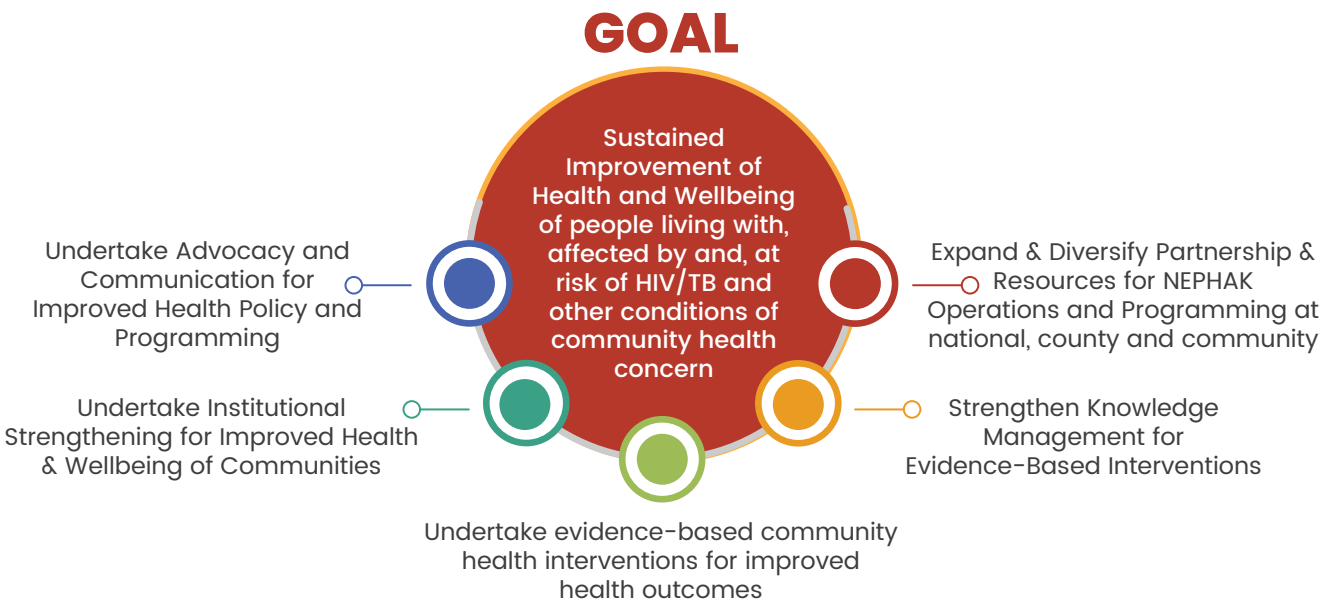
The plan notes that the national response to HIV is at a critical phase given that the health sector and especially HIV response is grappling with insufficient budgets, a transitioning process from reliance on donor funding to domestic financing and an increased anti-AIDS sentiment that is denting access to HIV prevention, treatment, care, and support services for communities. Also, as the country embarks on an acceleration of the delivery of the 95.95.95 HIV treatment targets and to put Kenya on the path to end AIDS as a public health threat by 2030, the priorities, voices and experiences of people living with HIV must inform, shape and direct the HIV response. This plan is intended to invigorate the greater and meaningful engagement of communities and especially the PLHIV in the response.

The plan provides an opportunity to review the gaps and challenges in the HIV response and propose mitigating solutions and strategies more so on ending AIDS among children and having a catch up plan for the elimination of mother to child transmission of HIV. It is through the eMTCT agenda and with the meaningful engagement of communities and especially people living with HIV that the country shall end pediatric AIDS. Similar approaches shall be put in place to ensure that the populations left behind such as adolescents and young people, men and the elderly are prioritized in the response to HIV.

The theory of change guiding this strategy is based on the 'Partnerships Framework' which offer a model for people-centred, rights-based approach to public health and social transformation. This partnership framework is informed by the current deplorable situation characterizing the health and wellbeing of people living with HIV and those affected by TB, Malaria and other non-communicable diseases (NCDs): Limited access to quality services; disempowered citizenry, including PLHIV; disregard for health rights and; adherence to harmful social norms and retrogressive beliefs and traditions and; institutions and leaders that are not delivering on their mandate.

The theory of change is premised upon the assumption that without Fast-Tracking the response, the sustainable development agenda of reaching the 90.90.90 HIV treatment targets by 2020 and ending AIDS as a public health threat by 2030 will not be realized. Fast–tracking the response urgently requires a bold call to action which ensures that people living with, at risk of and those affected with HIV are informed and empowered, mobilized and engaged. This requires NEPHAK and its affiliate member organizations to engage in a set of targeted actions: Community mobilization; capacity building; empowerment and mentorship; institutional strengthening; lobbying and advocacy aimed at influencing policy and practice (IPP) and; the promotion of active participation, transparency and accountability.

The NEPHAK strategic Plan V: 2024 – 2029 is organized around one goal and 5 Strategic Directions as illustrated below:



For tracking, accountability and reporting, the above SDs have been turned into 5 Result Areas as below:

1.0. INTRODUCTION

1.1. Background

NEPHAK is a national network that unites people living with, at risk of and affected by HIV through community-based organizations (CBOs). Registered in 2003 as an NGO under the NGOs Coordination Act of 1990, NEPHAK aspires for a nation where people living with, at risk of and affected by HIV are at the forefront and meaningfully involved in the interventions geared towards an 'improved health and well-being of communities' and where their rights are recognized and respected. The network's overarching goal is to achieve sustained improvement in the health and well-being of communities.

NEPHAK core values include:

- **Integrity** – We value truthfulness, fairness, honesty and transparency in our internal and external relationships, communication and transactions.
- **Excellence** – We value professionalism and timeliness, and seek credibility in all that we do. We are committed to the highest professional standards
- **Collaboration** - We value the collective wisdom that emerges when individuals work together as a team
- **Innovation** - We value and support innovation. We encourage informed risk-taking that holds the promise of enhancing organizational learning

1.2. NEPHAK Vision, Mission and Goal.

1.3. Guiding Principles

Promoting community participation and ownership:

Community initiatives and programmes are more successful when the community members are involved in their planning and implementation. Increased participation also promotes sustainability through commitment and ownership by the community.

Enhancing strategic partnerships:

The formation of networks is at the core of NEPHAK's partnership building. Strategic partnerships support communities to achieve much more than they would on their own.

Accountability and transparency:

NEPHAK believes in honest communication, openness and transparent use of resources. Programmes and costs are planned and reviewed carefully to ensure efficient and effective use of resources and the highest return to those served. Members and staff will remain accountable in all their activities and will operate in a transparent manner

Promoting human rights and diversity:

NEPHAK believes that health is a basic human right and adheres to rights-based approaches (RBAs) in its work and operations. Respect to human rights and non-discrimination based on status, gender, tribe or any other basis are crucial for healthy and positive living.

1.4 Rationale for NEPHAK SP V:

NEPHAK Strategic Plan V: 2024 – 2029 emerges from the lessons and recommendations that arose from the end term review (ETR) of the networks 4th strategy (NEPHAK Strategic Plan IV: 2017 -2021). The findings form the ETR underscored the need to intensify the response to HIV programs while also paying attention to HIV co-infections, such as TB and comorbidities that include non-communicable diseases (NCDs). The previous strategy also had a gap in Digital Health issues; Pandemic Prevention, Preparedness and Response (PPPR) and; the impact of climate change on affected communities.

This plan sets the strategies that NEPHAK will pursue in the period 2024 – 2029 and builds on priorities built upon the key competencies developed over the past twenty years and reflect the added value that the network brings to programs, advocacy and partnerships. With regard to HIV, the plan responds to the call to fast track and deliver on the 95.95.95 global targets by 2025 and put Kenya in the path to end AIDS as a public health threat by 2030. This also aligns to the goal of the National TB, Leprosy and Lung Disease 2019 -2024 as envisioned by; Reducing TB deaths by 90% compared to 2015, Reducing TB incidence rate by 80% compared to 2015, Zero families facing catastrophic costs due to TB, leprosy or lung diseases.

With this plan, NEPHAK hopes to contribute to the delivery of the national, regional and global goals relating to health and development. This plan is NEPHAK's guiding framework to inform the engagement of Kenyans living with, at risk of and affected with HIV, HIV/TB and other conditions of community health concern in the delivery of the good health and well-being of communities.

1.5 NEPHAK 4th Strategic Plan ETR and 5th Strategy Planning process

The process of end term review (ETR) of 4th NEPHAK Strategic plan and the development of NEPHAK 5th strategic plan was informed by broad-based consultations among the network's members (during county dialogue forums) the board and staff and key partners especially those under the Ministry of Health. The broad-based consultations were made possible through the technical and financial support from the Global Fund to fight AIDS, TB and Malaria through Kenya Red Cross Society and the Centres for Disease Control and Prevention (CDC) through CIHEB. Other partners such as the National Syndemic Disease Control Control (NSDCC), the National AIDS and STIs Control Programme (NASCOP) and the National Leprosy, TB and Lung Disease Program (NTLD-P) provided the much needed support for wider consultations.

With draft strategic plan, NEPHAK secured support from the Global Fund ATM through Kenya Red Cross Society for a full-fledged review and SWOT and PESTEL Analysis. Participants for the review and analysis of the plan were drawn from NEPHAK board and selected representatives from NEPHAK member organizations. Finer and further input into the strategy was drawn from the input of members during the county dialogue forums in 47 counties. Additional input and views were collected through a survey sent out to NEPHAK members online. To complement this information, the strategic planning team also interviewed a number of stakeholders and partners in the field of health. Representatives of key partners were interviewed as key informants to gather information for the strategic planning process.

Key national and global policy documents that were part of the review processes included:

1. Constitution of Kenya
2. Bottoms Up Economic Transformation Agenda (BETA)
3. Sessional Paper No. 6 of 2012 on the Kenya Health Policy 2012 – 2030
4. Sustainable Development Goals
5. UNAIDS Global AIDS strategy 2021 – 2026
6. Briefs from UNHLM TB; End TB Strategy; Global UHC
7. Kenya Vision 2030
8. Kenya AIDS Strategic Framework II 2020/2021 – 2024/2025
9. Multi-sectoral HIV Prevention plan 2024 – 2030
10. Kenya Community Health Strategy 2020 - 2025
11. National TB Programme Strategic Plan – 2019 - 2024
12. National Malaria Strategy 2016–2030

The draft strategic plan was circulated to the board and NEPHAK senior management team (SMT) for further input and finalization. The plan was finally approved during a special meeting of the board.

1.6. Strategic Plan Principles

The principles aim to guide investments, interpretation of targets, and performance of the sector towards attaining its overall aspirations. These principles are based on an interpretation of primary healthcare principles. They include:

1.6.1 Equity in the distribution of health services and interventions

There will be no exclusion or social disparities in the provision of services. Services shall be provided equitably to all individuals in a community, irrespective of their gender, age, geographical location, sexual orientation, and socioeconomic status. The focus shall be on inclusiveness, non-discrimination, social accountability, and gender equality.

1.6.2 People-centered approach to health and health interventions

Services and health interventions by NEPHAK staff will be based on people's legitimate needs and expectations. This necessitates community involvement and participation in deciding, implementing, and monitoring interventions.

1.6.3 Participatory approach to delivery of interventions

The different actors will be involved in the design and delivery of interventions in order to attain the best possible outcomes. Where possible, the private sector shall be seen as a complementary to the public sector in terms of increasing geographical access to health services and the scope and scale of services provided.

1.6.4 Multi-sectoral approach to realizing health goals

A 'Health in all Policies' approach will be applied in attaining the objectives of this policy. The relevant sectors include, among others, agriculture—including food security; education—secondary-level female education; roads—focusing on improving access among hard-to-reach populations; housing—decent housing conditions, especially in high-density urban areas; and environmental factors— focusing on a clean, healthy, unpolluted and safe environment.

1.6.5 Efficiency in the application of health technologies

This aims to maximize the use of existing resources. NEPHAK will choose and apply technologies that are appropriate (accessible, affordable, feasible, and culturally acceptable to the community) in addressing health challenges.

1.6.6 Social accountability

At all times, the network shall subscribe to principles and practices of social accountability, including reporting on performance, creation of public awareness, fostering transparency, and public participation in decision-making on health-related matters

2.0 Situation and Context

2.1 Background.

The Sessional Paper No. 6 of 2012, known as the Kenya Health Policy 2012 – 2030, sets forth a comprehensive roadmap to enhance the overall health status of the country's population in alignment with key national and global frameworks. These frameworks include Kenya's long-term development agenda, the Vision 2030, the 2010 Constitution of Kenya and global commitments in the healthcare domain. The Kenya Constitution and Vision 2030, Universal Health Coverage policy (UHC) 2020-2030 and Kenya Health Policy 2014-2030 development blueprints require the country to provide the highest attainable standards of healthcare to all her population.

This policy document reflects the unwavering commitment of the health sector to ensure that Kenya achieves the highest attainable standards of health, tailored to meet the diverse needs of its population. NEPHAK draws inspiration and finds a meaningful role within this policy document, which places a strong emphasis on principles such as equity, community-centeredness, participatory approaches, efficiency, multi-sectoral collaboration, and social accountability in the delivery of services. Over the years, Kenya has taken significant strides towards establishing a robust foundation to overcome development challenges and enhance the socio-economic well-being of its citizens.

This strategic plan signifies NEPHAK's dedication to forging partnerships with the Kenyan Government, led by the Ministries of Health at both the national and county levels, to advance health and development objectives. As such, it serves as a guiding framework for the engagement of individuals and communities in the broader context of Vision 2030 and the 2030 Sustainable Development Agenda.

2.2 Kenya Health Policy and Context.

Kenya boasts a robust policy and legal framework that comprehensively supports various aspects of healthcare. The country's 2010 Constitution serves as a fundamental and overarching legal foundation, promoting a more inclusive and citizen-centered approach to healthcare services delivery. It also emphasizes a rights-based approach to healthcare provision. In essence, the Kenyan Constitution enshrines the principle that 'every person has the right to the highest attainable standard of health.

The ambition to enhance the healthcare sector in Kenya is encapsulated within the Social Pillar of Vision 2030, the nation's long-term development blueprint. This blueprint outlines the ideals and objectives that Kenya strives to achieve. Moreover, these objectives align with the aspirations laid out in the 2030 Sustainable Development Agenda. These overarching goals are translated into practical actions through a structured 5-year mid-term plan (MTP). In developing this plan, the drafting team have made deliberate efforts to align with the aspirations of the Bottoms-Up Economic Transformation Agenda (BETA).

2.3 Kenya Health Profile.

In Kenya, the healthcare sector operates under a dual governance structure, with responsibilities divided between the national and county levels. The national level plays a role in overall stewardship, including policy formulation, setting standards and regulations, capacity building, and overseeing national referral facilities. On the other hand, counties are responsible for implementing healthcare policies and delivering services. These two levels collaborate and cooperate closely to ensure effective healthcare provision. As a collective body of the affected communities in Kenya, NEPHAK seeks to operate at both levels of the health governance and management.

According to the Kenya National Health Accounts, healthcare expenditure in Kenya is divided among public (37%), private (40%), and donor (23%) sources. Out-of-pocket expenditure accounted for 32% of healthcare spending, and the incidence of catastrophic health expenditure was estimated to be 4.9%, according to the

Kenya Household Health Expenditure and Utilization Survey (KHHEUS) 2018. The management of resources, including pooled health funds and healthcare service purchasing, involves multiple stakeholders, including the national government, county governments, the National Hospital Insurance Fund (NHIF), and private health insurers.

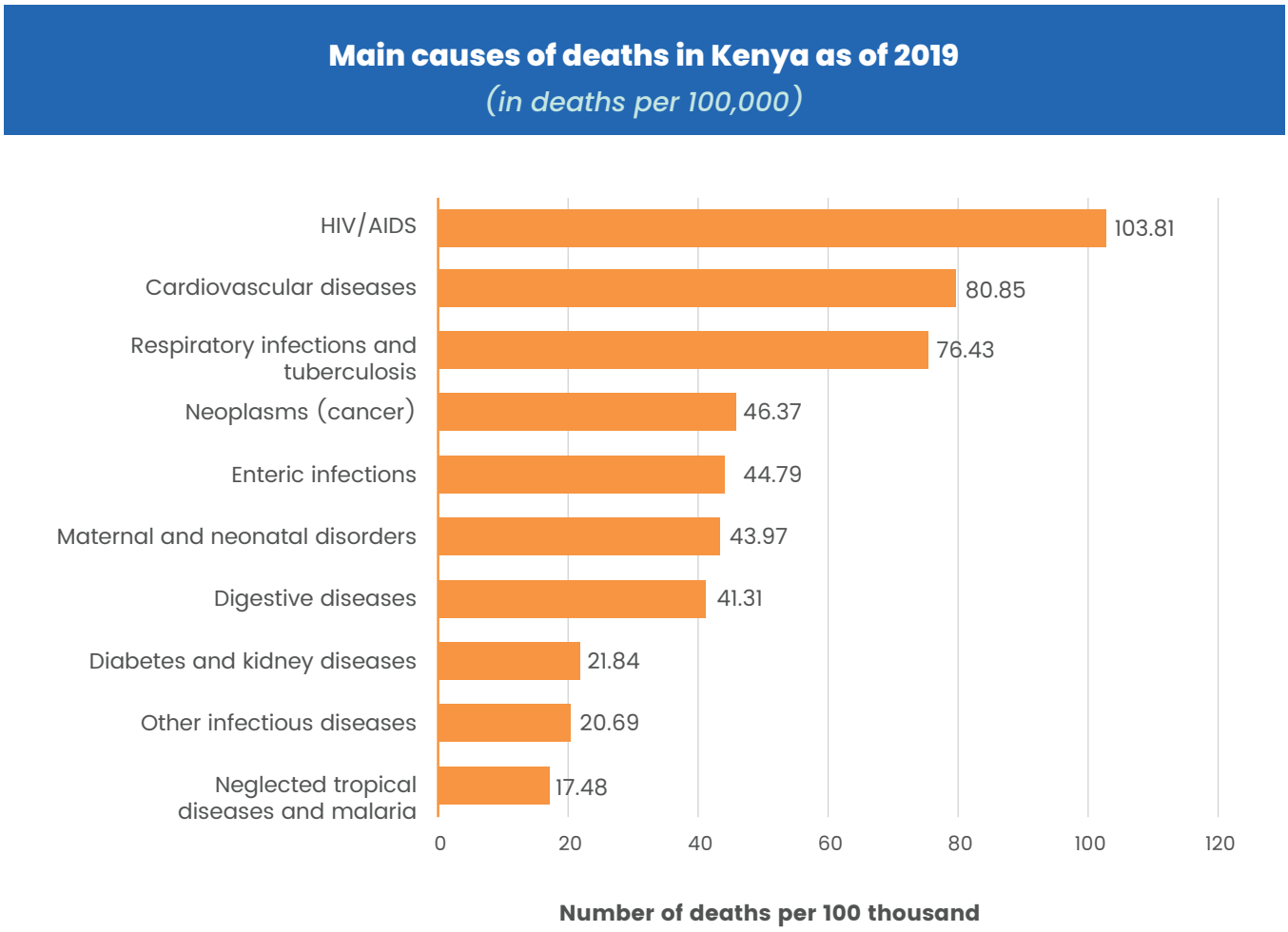


Figure 1: Analysis of Universal Health Coverage and Equity on Health Care in Kenya

2.4 Situation of Key Health Indicators

Healthcare interventions have been introduced in Kenya to tackle critical challenges within the health sector. These include maternal and child health and nutrition, HIV/AIDS and TB control, malaria prevention, and the emerging threat of non-communicable diseases (NCDs). However, the outcomes of these interventions varied. Maternal health intervention coverage either remained stagnant or decreased, except for the notable increase in the utilization of modern contraceptives (from 33% to 46%). Child health interventions improved in terms of coverage, although reports indicated persistently high child ill health. HIV/AIDS control and management made progress, evident in declining incidence, prevalence, and mortality rates. Nonetheless, disparities in intervention coverage persisted among different age groups, genders, geographic regions, and high-risk populations.

Efforts to combat Tuberculosis faced challenges due to the HIV epidemic, but there were positive indicators, including increased case notification, case detection, and treatment success rates. However, the emergence of drug-resistant strains, particularly among males since 2005, posed a significant challenge. Malaria-related mortality decreased, attributed to the widespread implementation of effective interventions like Insecticide Treated Nets (ITNs), Intermittent Prophylaxis Treatment (IPTp), and Inside Residual Spraying (IRS).

Non-communicable conditions, encompassing cardiovascular diseases, cancers, respiratory diseases, digestive diseases, psychiatric conditions, and congenital anomalies, increasingly contributed to the burden of ill health and mortality, accounting for 50–70% of all hospital admissions and up to half of inpatient deaths during the previous policy period. Unfortunately, there was no evidence of a reduction in these trends. PLHIV are particularly vulnerable to non-communicable diseases (NCDs).

2.4.1 HIV Situation

HIV remains a major public health threat in Kenya. The threat of HIV is especially grave in certain regions and among specific populations. The country's HIV epidemic is mainly driven by sexual transmission and is generalized, meaning it affects all sections of the population including children, young people, adults, women and men. However, a disproportionate number of new infections happen among people from key populations. In 2021, it was estimated that 30% of new annual HIV infections in Kenya are among these groups who include sex workers, men who have sex with men, people who inject drugs, adolescents and young people and Transgender people. Geographic location is also a factor, with 65% of all new infections occurring in nine out of the country's 47 counties. In particular, new HIV infections in major cities Nairobi and Mombasa increased by more than 50%.

Kenya has mounted a multi-sectoral response to HIV which provides room for all stakeholders to engage in tackling the epidemic. With the vision of 'a Kenya free of HIV infections, stigma and AIDS related deaths', the Ministry of Health through the National Syndemic Diseases Control Council (NSDCC) has developed the Kenya AIDS Strategic Framework (KASF) whose goal is to contribute to achieving Vision 2030 through universal access to comprehensive HIV prevention, treatment and care. The Kenyan response is firmly based on the recognition that the AIDS epidemic is far from over and continues to affect health and development in many parts of the country.

The response to HIV has been commendable. HIV prevalence among adults (15-49 years) in the general population has declined from 9.1% in 2000 to 4.2% in 2022 with a higher rate among women (5.5%) than men (2.9%). HIV prevalence ranges from 0.1% in Wajir to 25.4% in Homa Bay. New HIV infections reduced from about 101,448 in 2013 to 34,540 in 2021, while annual AIDS-related deaths declined from 52,964 in 2010 to 22,373 in 2021. Since then, the Country has lost more than 2 million people to AIDS-related deaths.

Antiretroviral medicines (ARVs) are essential tools in HIV management, preventing disease progression and transmission. By taking ARVs, individuals living with HIV reduce transmission risk. Pregnant women with HIV can take ARVs to prevent mother-to-child transmission. Notably, 96% of those with HIV know their status, 86% receive antiretroviral therapy, and 81% of those on treatment achieve viral suppression. HIV-negative individuals can use ARVs for pre-exposure prophylaxis (PrEP) to reduce infection risk. General awareness of HIV/AIDS is nearly universal.

HIV related stigma and discrimination remain a key barrier to the uptake and utilization to services. Regarding discriminatory attitudes, 24% of women and 17% of men aged 15–49 hold such attitudes towards people living with HIV. About 9% of both women and men who've heard of HIV believe that HIV-positive children should not attend school with HIV-negative children. Also, 22% of women and 15% of men would avoid buying fresh vegetables from an HIV-positive shopkeeper (KDHS, 2022).

2.4.2 Tuberculosis

Annually, an estimated 120,000 Kenyans contract TB, with about 32,000 losing their lives to the disease (WHO 2022). The Ministry of Health, through the National Tuberculosis, Leprosy, and Lung Program (NTLD-P), has made substantial strides in TB prevention and treatment.

Latest statistics show that ninety-seven percent of women and 98% of men aged 15–49 are aware of TB, with 5% of women and 4% of men believing that all TB patients are also HIV-positive. TB awareness among women aged 15–49 rises with education, from 89% among those with no formal education to 99% among those with more than secondary education.

Among men aged 15–49, TB awareness also correlates with education, ranging from 93% among those without education to 99% among those with more than secondary education. TB awareness is influenced by wealth, with the lowest awareness among women in the lowest wealth quintile (93%) and the highest among those in the highest quintile (99%).

Regionally, TB awareness is lowest among women in Mandera County (74%) and among men in Bungoma County (95%). Additionally, the misconception that all TB patients have HIV is most prevalent (13%) among women aged 15–49 in Mandera and Meru counties and among men (19%) in Nyamira County. Lung diseases and chronic lung conditions are found in 1% of women and men aged 15–49. Among those affected, 66% of women and 41% of men are currently receiving treatment.

The Kenya TB Prevalence Survey ended with recommendations that can only be tackled if communities are actively and meaningfully engaged in the response to TB. Eighty percent of symptomatic participants and 67% of prevalent TB cases who had at least one TB-related symptom did not seek healthcare because they did not perceive the symptoms as being serious. In the prevalent cases, 65% of those with symptoms who did not seek treatment were men. Participants primarily sought health care from county public hospitals (78%) and from private practitioners and pharmacies (21%). The survey concluded that the TB burden in Kenya is higher than previously estimated. With this plan, NEPHAK renews its commitment to contribute to the END TB strategy goals by complementing the work being done by the National Tuberculosis, Leprosy and Lung Disease Program (NTLD) Unit.

2.4.3 Malaria

With National Malaria Indicator Surveys shedding more light on the role communities can play to support the Ministry of Health in malaria control, NEPHAK has adequate information and tools to take up the task of malaria programming. Indeed, the Kenya National Malaria Strategic Plan 2019 - 2024 recognizes that in order to achieve a malaria-free Kenya, effective partnerships, including with communities is one key strategy to consider. With this plan, NEPHAK hopes to join the Ministry of Health's Division of the Malaria Control (DOMC) and partners to work towards reducing morbidity and mortality caused by malaria by ensuring that: People in malaria risk areas using appropriate malaria preventive interventions; all suspected malaria cases are referred to health provider and; communities in all sub-counties in the malaria epidemic and seasonal transmission zones have the capacity to suspect and refer in a timely manner cases of malaria

The National Malaria Control Programme guided by the indicated that Malaria poses a significant health threat in Kenya, affecting about 30% of the population. The country can be divided into four distinct malaria epidemiological zones:

Endemic areas: These regions, situated around Lake Victoria in western Kenya and along the coast, have altitudes ranging from 0 to 1,300 meters having high transmission rates, with annual entomological inoculation rates ranging from 30 to 100.

Seasonal malaria transmission areas: Located in arid and semi-arid parts of northern and southeastern Kenya, this zone encounters short periods of intense malaria transmission during rainy seasons. High temperatures and temporary water pools formed by rainfall create breeding sites for malaria vectors. Occasionally, extreme climate events like El Niño can lead to flooding, causing epidemic outbreaks with elevated morbidity rates, particularly in areas where the population has limited immunity.

Highland epidemic-prone areas: Malaria transmission in the western highlands of Kenya is seasonal and varies from year to year. Epidemic events occur when climatic conditions favor minimum temperatures around 18°C, sustaining vector breeding and increasing malaria transmission. During epidemics, the entire population is susceptible, and case fatality rates can be ten times higher than in regions with regular malaria transmission.

Low-risk malaria areas: This zone encompasses the central highlands of Kenya, including Nairobi. Here, temperatures are typically too low for the malaria parasite's sporogonic cycle to complete within the vector. However, the ongoing effects of climate change, such as rising temperatures and alterations in the hydrological cycle, may expand areas suitable for malaria vector breeding, potentially introducing malaria transmission to previously unaffected regions.

2.4.4 Maternal Child Health

Healthcare services during pregnancy, childbirth, and after delivery are crucial for the well-being of both mothers and newborns. Antenatal care (ANC) helps monitor pregnancies and detect complications. Delivering at a healthcare facility with skilled medical staff reduces risks during labour. Timely postnatal care treats delivery-related issues and educates mothers on newborn care. The chapter discusses ANC providers, visit frequency, and care components, childbirth details, postnatal care, women's general health, and community healthcare visits. Nearly all (98%) women aged 15–49 who had a live or stillbirth in the last 2 years received ANC from a skilled provider at least once during their pregnancy.

Vaccination

Universal child immunization against preventable diseases is vital to reducing child mortality. Kenya's routine childhood vaccines include BCG (tuberculosis), oral and inactivated polio vaccines, pentavalent or DPT-HepB-Hib (diphtheria, pertussis, tetanus, hepatitis B, Haemophilus influenzae type b), PCV10 (pneumococcal conjugate vaccine-10), rotavirus vaccine (RV), and measles-rubella (MR) vaccine. IPV was added in 2015, and administered alongside OPV3 at 14 weeks. Vaccination data were collected through written records or maternal recall. The chapter discusses vaccination coverage and the number of vaccine doses received by children.

2.4.5 Other Non-Communicable Diseases

High Blood Pressure: High blood pressure affects 9% of women and 3% of men aged 15–49, with 32% of those individuals taking medication to manage it. The prevalence of high blood pressure increases with age, from 2% among women aged 15–19 to 20% among women aged 45–49. Similarly, among men, the prevalence rises from 1% among those aged 15–19 to 10% among those aged 45–49. Regarding high blood sugar or diabetes, 1% of both men and women aged 15–49 have received such a diagnosis from a doctor or healthcare worker. Among those with high blood sugar or diabetes, 63% of women and 73% of men are taking medication to control their blood sugar.

Mental Wellbeing: Four percent of women aged 15–49 have been diagnosed with depression or anxiety by a doctor or healthcare worker, with 27% of them receiving medication. In comparison, three percent of men aged 15–49 have received a similar diagnosis, and 21% of them are taking medication. The counties with the highest prevalence of depression or anxiety among women aged 15–49 was Narok (17%), Meru (10%), and Uasin Gishu (8%). Meanwhile, Bomet (21%), Laikipia (9%), and Isiolo (9%) have the highest prevalence of depression and anxiety among men aged 15–49.

Breast Cancer, Cervical Cancer and other Cancers: Early detection is crucial in improving cancer treatment outcomes. Breast cancer screening typically involves manual examination of breast tissues to detect abnormalities, which can be done by healthcare professionals or individuals themselves. If any unusual growths are found, a sample of the affected tissue is surgically removed and examined in a laboratory for confirmation of cancer cells. Cervical cancer screening, on the other hand, involves identifying abnormal growth in the cervix through visual inspection or chemically-based testing, with any abnormal masses being surgically removed before they become cancerous.

In Kenya, 45% of women aged 15–49 were aware that they can perform self-examinations for breast lumps and cancer, but only 14% have ever been examined or tested for breast cancer, and 17% have been tested for cervical cancer. Less than 1% of women have received positive test results for either breast or cervical cancer. Breast cancer examinations are more common in urban areas (18%) than in rural areas (11%), and the likelihood of being tested for cervical cancer is higher in urban areas (20%) compared to rural areas (14%). The percentage of women examined for breast cancer increases with education level, from 5% among those with no education to 25% among those with more than secondary education. Similarly, the percentage of women tested for cervical cancer is lowest among those with no education (6%) and highest among those with more than secondary education (25%).

2.4.6 Sexual Reproductive Health and Rights.

With this plan, NEPHAK aims to advance the sexual reproductive health and rights of communities, including young people living with, at risk of and affected with HIV to improve their health and well-being. This will be achieved through the implementation of strategies targeted at responding to the unmet needs, including for family planning. NEPHAK is also best placed to tackle the bottlenecks and barriers to access to modern contraception. Towards this end, the network shall work to sustain the partnership with the UNFPA and like-minded organizations. The network shall also continue to advocate for better, safer, affordable and well-tolerated TB medicines and increased access to quality laboratory and diagnostic services to communities.

2.4.7 Antimicrobial Resistance among communities

Antimicrobial Resistance (AMR) is a current and increasing threat and challenge to communities with far-reaching consequences. AMR leads to prolonged treatments, longer hospital stays, higher medical costs, increased mortality and loss of productivity. AMR causes additional suffering for patients and financial pressure on health systems. If current trends continue, infections, including Tuberculosis (TB) and malaria, can become untreatable, common surgical procedures, and some complex interventions such as organ transplantation or cancer chemotherapy will become far more difficult or even too dangerous to undertake. Under this plan, NEPHAK intends to sensitize and educate communities on what leads to AMR and to seek partnership to respond to the same.

2.4.8 Health Systems Strengthening.

With the firm belief that strong, accessible, affordable and sustainable health systems, including preventative and curative services are a foundation for inclusive economic growth, prosperity, social cohesion and quality of life, NEPHAK has included advocacy and partnership to ensure the same under this plan. This is because strong and resilient health systems will contribute to universal health coverage (UHC) and are the basis for the effective management of health crises, as well as for the effective prevention and control of non-communicable and communicable diseases, including neglected tropical diseases (NTDs). With this plan, NEPHAK recognizes the importance of sustainable financing for health systems and commits to mount an advocacy aimed at realizing the same.

2.4.9 Community Systems Strengthening.

NEPHAK, in collaboration with various national and county-level partners, has initiated programs aimed at strengthening community systems through targeted interventions. These initiatives include Community-Led Monitoring, Community-Led Advocacy and Research, Institutional Strengthening, and Social Mobilization. The programs have yielded valuable insights, demonstrating that when implemented thoughtfully, they can enhance health outcomes by actively involving communities in the planning, delivery, monitoring, and evaluation of services. These services encompass HIV, tuberculosis, malaria prevention, as well as addressing other significant health challenges. Additionally, these programs provide essential treatment, care, and support to individuals affected by these diseases. Within this framework, Community Systems Strengthening (CSS) emerges as the primary approach to foster well-informed, capable, and coordinated communities. NEPHAK's goal is to convene diverse community stakeholders, fostering their involvement in sustaining health interventions at the community level. This initiative seeks to create an enabling and responsive environment that empowers communities to make effective contributions.

2.4.10 Community Led Monitoring

Community-led monitoring (CLM) is a technique initiated and implemented by local community-based organizations and other civil society groups, networks of key populations (KP), people living with HIV (PLHIV), and other affected groups, or other community entities that gather quantitative and qualitative data about HIV services. The CLM focus remains on getting input from recipients of HIV services in a routine and systematic

manner that will translate into action and change. CLM conducted by local civil society organizations helps decision makers and health institutions diagnose and pinpoint persistent problems, challenges, and barriers related to service uptake and retention at the community and facility level. CLM aims to improve service delivery and client outcomes by identifying data-driven solutions that will overcome barriers, and ensure beneficiaries access and receive optimal client-centered HIV services. NEPHAK role in CLM is to coordinate and provide guidance for their involvement in sustaining health interventions at the community level

2.4.11 HIV – related Stigma and Discrimination

NEPHAK plays a crucial role in addressing stigma and discrimination related to HIV in Kenya. NEPHAK's work includes: Conducting Stigma Index surveys; Advocacy and policy influence using the findings from the index; Capacity building PLHIV and communities to conduct research and to address stigma at the grassroots level; Providing support services to PLHIV, including counseling, legal aid, and economic empowerment, which help to mitigate the impact of stigma; Awareness creation to challenge negative attitudes and stereotypes about HIV.

In the 2024-2029 period NEPHAK envisions to expand its scope of Stigma Index by also supporting TB stigma Index. By advocating for and conducting community led research, advocating for change, and providing support, NEPHAK is a key player in the fight against HIV-related stigma and discrimination in Kenya.

2.4.12 Health Insurance

Health insurance plays a crucial role in safeguarding individuals and families from unexpected healthcare expenses that can lead to financial hardship. It serves as a vital component of financial protection, especially considering the potential costs associated with medical treatment during illness. Nationally, approximately one in four individuals (26%) in Kenya possesses some form of health insurance, with the National Hospital Insurance Fund being the most prevalent type of health coverage. NEPHAK's role is to mobilize its membership to enroll into the NHIF scheme

3.0 NEPHAK Theory of Change

NEPHAK theory of change is based on the 'Partnerships Framework' which offer a model for people-centred, rights-based approach to public health and social transformation. This partnership framework is informed by the current deplorable situation characterizing the health and wellbeing of people living with HIV and those affected by TB, Malaria and other non-communicable diseases (NCDs): Limited access to quality services; disempowered citizenry, including PLHIV; disregard for health rights and; adherence to harmful social norms and retrogressive beliefs and traditions and; institutions and leaders that are not delivering on their mandate.

The theory of change is premised upon the assumption that without a catch up plan, the goal of reaching 95.95.95 HIV treatment targets by 2025 and ending AIDS as a public health threat by 2030 will not be realized. Fast–tracking the response urgently requires a bold call to action which ensures that people living with, at risk of and those affected with HIV are informed and empowered, mobilized and engaged. This requires NEPHAK and its affiliate member organizations to engage in a set of targeted actions: Community mobilization; capacity building; empowerment and mentorship; institutional strengthening; lobbying and advocacy aimed at influencing policy and practice (IPP) and; the promotion of active participation, transparency and accountability.

NEPHAK is well aware that the AIDS epidemic is far from over. This theory of change recognizes that the Agenda for Sustainable Development commits nations and communities to leaving no one behind. The network must make deliberate efforts to ensure that children, adolescents, young people, people with disability and key populations at risk of, affected with and living with HIV are at the center of the response. As such, there must be improved access to quality health services, responsive leadership and institutions, formidable partnerships and the prioritization of health for all. The theory of change motivates NEPHAK call towards HIV – sensitive Universal Health Coverage (UHC). The epidemic cannot be ended without addressing the determinants of vulnerability and the holistic needs of people living with HIV and affected communities.

The theory of change is based on the relevant sustainable development goals (SDGs) as well as the national and county policies, guidelines and strategies that seek to respond to the Kenya Vision 2030. Five all-encompassing and interlinked imperatives of health are at the centre of this theory of change: Increased access to quality health services; increased domestic investment in health; empowered PLHIV and affected communities; strengthened resilience and sustainability and improved community and health systems.

As stated above, this strategy and the attendant theory of change acknowledge that the AIDS epidemic is far from over and continues to affect health and development in Kenya. An estimated one million people are currently taking antiretroviral therapy daily at a subsidized cost of USD 2000 annually. Unlike most other health crises, HIV also makes people vulnerable to other health conditions and diseases. This strategy aims to tackle this complexity.

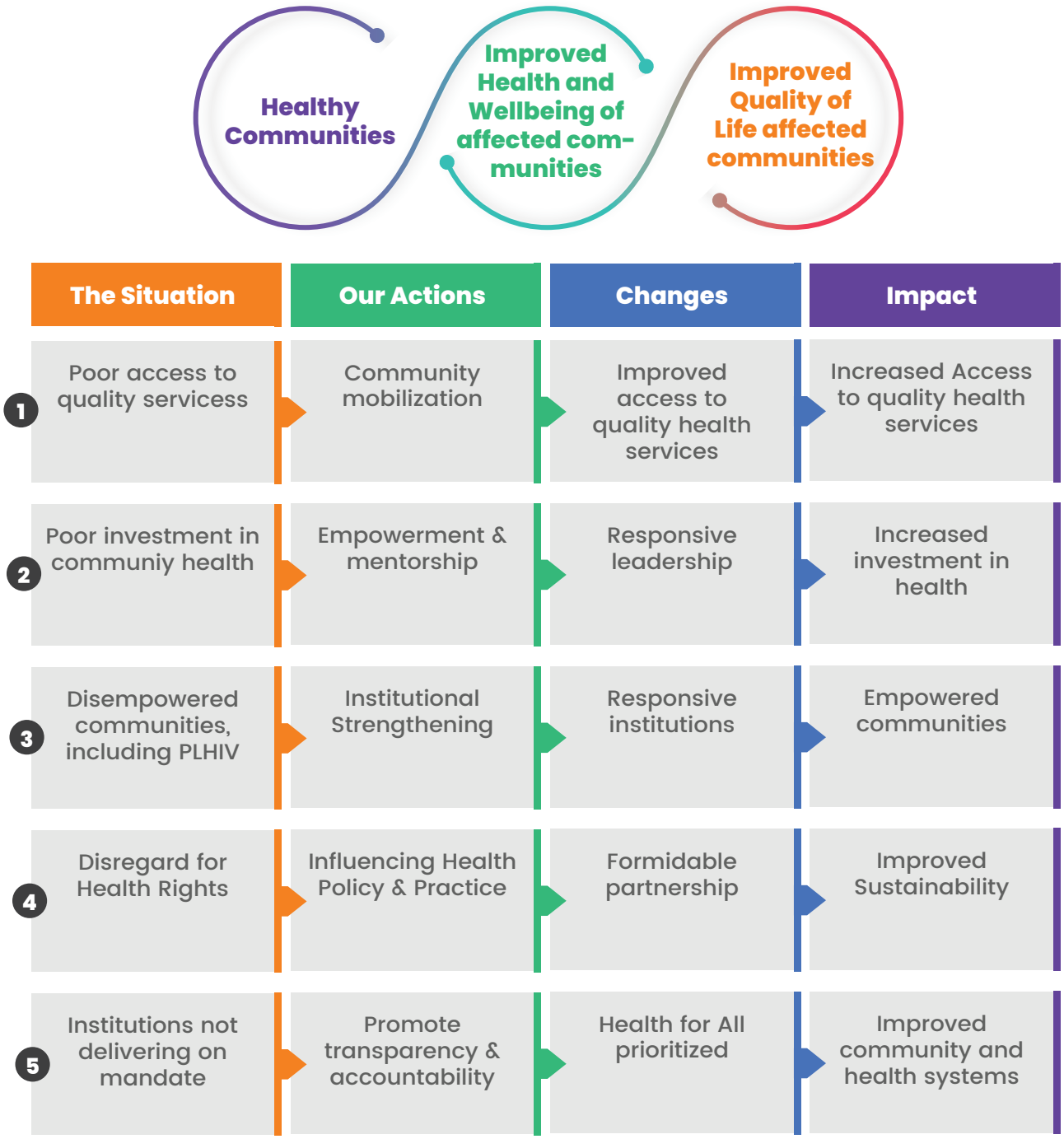


Figure 3: Theory of Change.

4.0 Strategic Framework

4.1 Background.

The end term review of the NEPHAK strategic Plan IV: 2017 – 2021 strongly recommended that the network should expand its strategic niche and focus to address health in its holistic nature. In this way, the network shall be able to deal with the social determinants of health, HIV co-infections and comorbidities in an integrated manner. Following this recommendation, the network has made the deliberate decision to design strategic themes based on the broad framework offered by the Sustainable Development Goals (SDGs). This is helpful in aligning NEPHAK strategic plan to the Agenda for Sustainable Development and to provide a framework to meaningfully engage in the plan to fast track ending AIDS as a public health threat.

4.2 NEPHAK Strategic Plan V: Thematic Areas.

The thematic Areas for NEPHAK's 5th strategic plan has been derived from the Global Sustainable Development Goals (SDGs) that directly relate to health and HIV. NEPHAK recognizes that approaches and strategies aimed at ending AIDS as a public health threat in Kenya must promote good health, reduce inequalities, guarantee dignity, achieve gender equality, promote justice to people living with, at risk of and affected by HIV and related comorbidities and strengthen partnerships.

Figure 4: NEPHAK SP V Thematic Areas.

4.2.1 Thematic Area 1: Good Health and Well-being.

Goal 3 of the Sustainable development Goal provides NEPHAK with a framework to not only advocate for quality treatment and care but also to ensure that children, adolescents and adults living with HIV access testing and counseling, know their status and are immediately enrolled on life-long treatment. This thematic area provides a platform for meaningful involvement in the 95.95.95 framework for all populations. Under this plan, NEPHAK renews its commitment to seeing new HIV infections among children eliminated and their mother's health and well-being sustained. For all HIV exposed infants (HEI) our advocacy will aim to increase access to early infant diagnostic services and immediate enrollment on life-long ART for those confirmed HIV positive. The expectation under this thematic area is that HIV, sexual and reproductive health, including family planning, NCDs, TB and maternal and child health services are integrated and accessible for PLHIV. Additionally, ensure that all PLHIV on treatment are supported and monitored routinely, including through viral load monitoring and nutritional support. NEPHAK commits to partnership geared to improved access to treatment, including through evidence-based community health interventions.

4.2.3. Thematic Area 3: Reduced Inequalities.

Goal 10 of the of the Sustainable development Goal provides NEPHAK with a framework and platform upon which adolescents, young people and other vulnerable populations living with, at risk of and affected with HIV are to be mobilized, educated for their meaningful engagement in the interventions aimed at improving their health and wellbeing.

Under this thematic area, NEPHAK renews the commitment to ensure young people, especially young women, adolescent girls and key populations living with HIV, TB or other comorbidities access combination prevention services and are empowered to access integrated health services. Here, NEPHAK hopes to build on the commitment to ensure that adolescents and young people access quality comprehensive sexual reproductive health education. In line with the Meaningful Involvement of People living with AIDS (MIPA) Principle, NEPHAK renews commitment to support the active and meaningful engagement of young people and key populations in the response to HIV for improved effectiveness and sustainability.

4.2.4 Thematic Area 4: Health Justice and Strong Institutions.

This thematic area borrows from the goal 16 of the Sustainable Development Goals and provides a framework for engaging advocacy and programming for responding to punitive laws, policies, practices, stigma and discrimination that hinder access to health services. The goal is to ensure that communities know their rights and are able to access legal services and challenge violations of human rights.

The relevance of this thematic area emanates from the firm belief that delivering on the 95.95.95 targets and ending AIDS as a public health threat can only be possible after HIV-related stigma and discrimination are eliminated among service providers in health care, workplace and learning institutions.

4.2. 5 Thematic Area 5: Partnerships.

This thematic area promises that partnerships will remain at the center of the NEPHAK operations and programming. The network has adequate experience ensuring that the delivery of its mandate depends on formidable partnership. For the provisions of this thematic area to be realized, NEPHAK is looking for increased investment and support to communities, including networks of people living with, at risk of and affected by HIV.

Under this plan, NEPHAK envisages a people–centred HIV and health services that are integrated in the context of stronger systems for health. It is only through this that Kenya will be able to implement HIV-sensitive universal health coverage and social protection schemes. The aspiration is that communities, including people living with, at risk of and affected by HIV access integrated services, including for HIV, TB, SRHR, Maternal Neonatal and Child Health (MNCH), food and nutritional support and noncommunicable diseases especially at the community levels.

4.3. Strategic Directions

With this Plan, NEPHAK underscores the urgency to foster partnership for sustainable and accountable HIV response. Basing the NEPHAK SP thematic areas in the SDGs framework enables the network to rally people living with, at risk of and affected with HIV to contribute to and be part of the fast-track plan to deliver on the 95.95.95 targets. The five SDGs that form the thematic areas for NEPHAK plan not only focus on good health and wellbeing of communities but also on the determinants of vulnerability, including disregard for human rights and gender inequality, social exclusion and discrimination that hinder people-centered accountability under the 2030 Agenda for Sustainable Development.

NEPHAK strategic plan V: 2024 – 2029 Strategic Directions are therefore aligned to key national and global policies and guidelines namely:

1. Global Sustainable Development Goals (SDGs): That provide a framework for the plans thematic areas and to enable NEPHAK be part of the 2030 Agenda for Sustainable Development.
2. Kenya Vision 2030: Through the 3rd Medium Term Plan, NEPHAK commits contribute to achieving Vision 2030 through universal access to comprehensive HIV prevention, treatment and care.
3. Kenya Health Policy: As articulated in the Sessional Paper No. 6 of 2012 on the Kenya Health Policy 2012 – 2030. Here, NEPHAK hopes to contribute to and benefit from the two key obligations set forth in the policy: economic development as envisioned in the Vision 2030; and realization of fundamental human rights as enshrined in the Constitution of Kenya 2010.
4. Kenya AIDS Strategic Framework: The specific outputs in this plan will contribute towards the national outcomes of the fast track plan to HIV as elaborated in the KASF and related policy documents.

Guided by the above policy and strategy documents, the NEPHAK strategic Plan V: 2024 – 2029 is organized around one goal and 5 Strategic Directions as illustrated in the figure below.

4.4 Results Framework

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
Result Area 1: Strengthened institutions for Improved Health and Well-being of Communities									
1.1 To develop IS Plans among NEPHAK Member Organizations	Mapping and Profiling of MOs (both new and old) in targeted counties	Number of MOs mapped and profiled	400	400	400	400	400	Membership Database updated to include newly mapped organizations	5,452,000.00
		Number of targeted counties reached	47	47	47	47	47	NEPHAK presence in all 47 counties by 2027	
		Number of MOs assessed	400	400	400	400	400	Capacity Assessment Reports Number of MOs who have been selected for engagement	
	Capacity assessment of Mos	Number of trainings/ workshops conducted Number lof counties reached for training	47	47	47	47	47	Training/workshop reports Participant training manuals and certificates issued	569,452,000
	Technical capacity building for NEPHAK MOs on all the Organization Development thematic Areas	Number of persons trained	800	800	800	800	800	Training/workshops reports Participant training manuals and certificates issued	
		Number of membership policies signed	1	0	0	0	0	Signed Membership Engagement policy in place	0.00
		Number of MOs mentored and supervised	400	400	400	400	400	Mentorship reports	20,400,000

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
	Signing of a Membership Engagement Policy by the Board		1					Membership policy in place	
	Mentor and supervise Mos	Number of mentorship sessions conducted	188	188	188	188	188	Mentorship reports Action Plans developed by every MO	
		Number of MOs incorporated into NEPHAK website	400	400	400	400	400	Increased visibility of MOs	Ksh400,000.00
		Number of MOs engaging in IGAs	250	300	350	400	400	Increased NEPHAK and MOs sustainability and local presence within their counties	Ksh35,156,000.00
	Incorporate member organizations profiles in the NEPHAK website	Number of MOs linked to financing institutions/supported to start IGAs	400	400	400	400	400	Increased NEPHAK and MOs sustainability and local presence within their counties	
	Mobilize resources, capacity building and create linkage for NEPHAK and MOs to initiate IGAs	Number of MOs who have received capacity building to start IGAs Number of capacity building sessions done	400	400	400	400	400	Increased NEPHAK and MOs sustainability and local presence within their counties	
		Number of willing A/YPLHIV, KP, TB groups strengthened	200	250	300	350	400	Reports on A/YPLHIV, KP, TB groups strengthened Number of groups demonstrating improvement in implementing health activities	Ksh6,800,000.00

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
1.2 To institutionalize gender mainstreaming among NEPHAK MOs	Conduct capacity assessments for NEPHAK MOs	Number of MOs assessed	400	400	400	400	400	Needs assessment report	These activities are tied to the costs under the Institutional strengthening of MOs
	Institutional strengthening of willing A/YPLHIV, KP, TB groups	Number of trainings/ workshops conducted Number of counties reached for training	47	47	47	47	47	Capacity building reports	
	Conduct needs assessments for MOs on Gender Mainstreaming	Number of trainings/ workshops conducted Number of counties reached for training	47	47	47	47	47	Improved capacity on gender mainstreaming	
	Capacity-building workshops on Gender Mainstreaming	Number of projects with gender mainstreaming	400	400	400	400	400	Most programs with gender mainstreaming component	
	Provide technical support to MOs on Gender Mainstreaming	Number of mentorship sessions done	188	188	188	188	188	Mentorship reports	
	Mentorship of MOs to ensure SGBV issues are incorporated into their programming as a driver of new HIV infections	Number of MOs mentored	400	400	400	400	400	Mentorship reports Action Plans developed by every MO	
		Number of IEC materials disseminated	1000	1500	2000	2500	3000	Dissemination Report	Ksh1,880,000.00
		Number of exchange learning fora held	2	2	2	2	2	Improved sustainability	Ksh29,610,000.00

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
1.2 To institutionalize gender mainstreaming among NEPHAK MOs	Dissemination of IEC materials on Gender Mainstreaming Support exchange learning fora for MOs at the 1.3 To institutionalize grants management systems and practices to support the delivery of services at the community levels. community level in innovative ways	Number of MOs awarded	0	0	2	3	5	Organizations awarded seed grant MOs engaging in IGAs New partners for MOs	Ksh 1,000,000.00
1.3 To institutionalize grants management systems and practices to support the delivery of services at the community levels.	Awarding seed grants (monetary and non-monetary)to best performing MOs on need basis, especially after the exchange learning forum	Number of MOs trained on Evidence-based advocacy	10	15	20	25	30	Training Report	52,000,000

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
Result Area 2: Sustained conducive environment for Improved Health Policy and Programming									
2.1 To enhance leadership in advocacy for the expanded role of NEPHAK in health policy articulation and implementation	Capacity enhancement of MOs on Evidence Based Advocacy, public participation and effective representation	Number of MOs trained on Evidence based advocacy, public participation and effective representation	20	20	20	20	20	Training Report MOs understanding of the advocacy and budgeting process including County Budget Review and Outlook Paper Increased participation of the MOs in the public participation fora	Ksh29,610,000.00
	Engagement of communities (People living with HIV, TB) on Treatment literacy	Number of people engaged on treatment literacy	3000	3000	3000	3000	3000	Number of people engaged	Ksh1,880,000.00
	Strengthen active health Alliances and Networks for Evidence Based Advocacy	Number of alliances and Networks for Evidence Based Advocacy strengthened	10	10	10	10	10	Strengthened alliances and Networks for Evidence Based Advocacy Improved collaboration and partnership Enhanced evidence based and advocacy	Ksh540,000.00
	Strengthen AYP Networks (Sauti Skika Initiative, AYAHREP, Y+ , RASGA, BLAST etc)	Number of AYP Networks strengthened at the county and national level	20	20	20	20	20	AYP members vocal in policy making and advocacy	Ksh740,000.00

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
2.2 Advocate for an increased national and county health resources	Advocate for improved health financing at both national and county levels as a continued global commitment	Advocate for improved health financing	10	10	10	10	10	Number of advocacy sessions done Number of policy briefs developed	Ksh4,170,000.00
	To advocate for social contracting & County health resources allocated to people living with, at risk of and affected by HIV and related comorbidities groups	Number of advocacy activities done for social contracting	20	20	20	20	20	Number of policy briefs developed Number of MOUs developed between CSOs and the government CSOs implementing health interventions More PLHIV led groups engaged	Ksh3,720,000.00
	Operationalization of disease specific strategic plans at county level	Number of counties with disease specific strategic plans	20	20	20	20	20	Health funding to the HIV program	Ksh0.00
	Undertake Social accountability for national and county health budgets	No. of social accountability activities undertaken	20	20	20	20	20	Improved adherence to national and county budgets	Ksh400,000.00

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
2.3 To strengthen dissemination of relevant information on HIV, TB and related commobidities; and promote compliance to national policies, guidelines, protocols among member organizations and stakeholders	Increase NEPHAK visibility on social media platforms	No. of likes, responses, Retweets, Followers and shares on Social Media	6000	10000	15000	20000	25000	Increased Visibility for NEPHAK	This cost is covered under website updates for MO's
	Update and ensure NEPHAK has a dynamic website	No. of visits at NEPHAK website	1500	2000	2500	3000	4000	Active website	
	Disseminate weekly bulletins and IEC materials	No. of weekly bulletins and IEC materials developed and disseminated	52 bulletins	52 bulletins	52 bulletins	52 bulletins	52 bulletins	Number of bulletins disseminated Number of IEC materials disseminated	This cost is covered under the development of IEC materials in 1.2
			3000 IEC Materials	5000 IEC Materials	5000 IEC Materials	5000 IEC Materials	5000 IEC Materials		
	To increase the role of communities including people living with, at risk of and affected by HIV and related comorbidities in forums articulating national and county policies and strategies	No.of community members including people living with, at risk of and affected by HIV and related comorbidities engaged No of engagement sessions/fora	1000	2000	2000	3000	3000	Increased engagement for people living with, at risk of and affected by HIV and related comorbidities	1,880,000.00

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
2.4 To advocate for the delivery of community health in Kenya in line with Community Health Strategy	To advocate for the NEPHAK support groups and member organizations to be included in advocacy/ health fora eg TWGs and Committee of Experts (COEs) at all levels	No. of COE/TWGs with membership from NEPHAK TB and HIV support groups trained	200	200	200	200	200	Increased engagement of NEPHAK TB and HIV support group members in the Community Health Strategy and implementation of health interventions	4,700,000.00
	Advocate for stigma reduction for TB and HIV	No. of stigma reduction messages, forums and initiatives undertaken	100	100	100	100	100	Reduction in stigma Increased community awareness on HIV and TB	67,700,000.00
	Capacity strengthening for right based advocacy at the community level.	No. of rights based advocacy Activities undertaken at the Community	40	40	40	40	40	Improved health rights	Tied to advocacy meetings
	Non-Communicable diseases advocacy and campaigns for prevention, early detection, treatment and support	No. of Advocacy initiatives undertaken for NCDs prevention, early detection, treatment and support. No. of clients identified with NCDs Condition	40	40	40	40	40	Reduced co-infections and comorbidities	400,000.00
	Advocate for increased uptake and provision of cervical cancer and STI screening services to PLHIV women	No of PLHIV women who have received Cervical cancer and STI screening	500	500	500	500	500	Improved reproductive health and reduced vertical transmission	600,000.00

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
Result Area 3: Implement Community Health Interventions.									
3.1.1 Demand Creation for uptake of HIV, TB, NCDs, Malaria services and other Health services	Sensitization for targeted HIV testing, TB, NCDs, Malaria services and other Health services Conduct Community Forums with Key opinion leaders in the Community to promote the uptake of HIV testing services, TB, NCDs, Malaria services and other Health services	No. of People Reached	2000	3000	4000	5000	6000	Increase uptake of HIV, TB, Malaria and other health prevention services	74,000,000.00
		No. of Community Engagement Sessions	94	94	94	94	94	Improvement on community Involvement in TB Screening	52,170,000.00
	Capacity development of the Community on HIV, TB, Malaria prevention and other Health related pandemics messages	No. of Community players engaged	188	188	188	188	188	Improve TB outcomes for communities	3,478,000.00
3.1.2 Demand creation for HIV, TB, Malaria prevention and other Health related pandemics	Community mobilization, advocacy for innovative and new diagnostic methods, Creating sustainable community linkage system	No. of Linkages and Networks established and maintained	47	47	47	47	47	Improve Multi-sectoral engagement on TB Management	26,085,000.00

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
3.1.3 To bolster up community involvement in TB screening, Identification and Diagnosis	Targeted Multi-sectoral engagement of all Community players in TB management.	No. of Collaborations Established	2	2	2	2	2	Enhance Community Engagement in addressing Community Health Concerns	1,110,000.00
	Establish and Maintain linkages and networks with all Community actors for improved TB service delivery	No. of Collaborations Established	2	2	2	2	2	Enhance Community Engagement in addressing Community Health Concerns	1,110,000.00
	Collaborate with Government and Multilateral agencies in addressing emerging Community Health concerns	No. of partners, networks and donors	50	60	75	90	100	Donor and partnership database available	250,000
3.1.4 Respond to Emerging Community Health Concerns		No. of new collaborations initiated with existing partners and donors	6	7	8	9	10	Expansion of scope of donor and partners continuously engaging NEPHAK	1,000,000

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
Result Area 4: Expanded and Diversified Partnerships and Resources for NEPHAK Operations and Programming									
4.1 To broaden approaches for ensuring resource sustainability	To strengthen existing relationship with partners and donors (Local and International)	No. of private-public mix relationships engaged	5	7	7	9	10	Increased engagement with the private sector	22,500,000
	To network and form strategic alliances with funding agencies and other partners for diversity in sources of funding	No. of innovative funding opportunities undertaken	8	10	12	13	15	No. of funding opportunities with positive response	3,000,000
	To expand private-public mix relationships	No. of consortiums established and strengthened	4	4	6	6	8	Improved resource base and capacity through consortiums collaborations	20,000,000
	To diversify and come up with innovative NEPHAK funding opportunities	No. of revenue generation initiatives undertaken	4	4	5	6	6	Improved NEPHAK resources for sustainability	17,500,000
	To establish and strengthen consortiums to boost its resource base	No. of Governments NEPHAK collaborations established	47	47	47	47	47	Improved County government partnerships and stakeholders	25,000,000
4.1 To broaden approaches for ensuring resource sustainability	To enhance revenues generation to support NEPHAK sustainability (corporate sponsorship, resource sharing, IGAs, Websites, Training and Consultancy Unit, galas)	No. of strategic alliances NEPHAK collaborates with	10	12	14	16	18	Strategic alliances engaged in	5,000,000

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
	NEPHAK to collaborate with national and county governments	No. of strategic alliances NEPHAK collaborates with	10	12	14	16	18	Strategic alliances engaged in	5,000,000
4.2 To enhance strategic partnerships, networking and alliance building	NEPHAK to collaborate with like-minded strategic organizations and partners locally, regionally and globally for advocacy	No. of community-led research undertaken and findings documented	1	2	2	2	2	Generate Evidence-Based knowledge. Inform evidence-based advocacy.	150,000,000
	Develop M&E frameworks and systems	No. of frameworks, systems established on M&E		1				Existing framework on research, monitoring, documenting and learning good practices	5,000,000
Result Area 5: Strengthened knowledge management for evidence-based interventions (EBIs)									
5.1 To conduct research on health and other sectors.	To establish a framework for community-led researching, monitoring, documenting and learning good practices on health issues.	Generation of quality data for decision-making and performance tracking	1	1	1	1	1	Improved decision-making based on data and performance tracking	60,000,000
	Conduct Stigma Index Survey	No of stigma index Surveys Conducted		1		1		Improved community led monitoring	120,000,000
	Disseminate research findings to members and partners	No of data dissemination sessions conducted	4	4	4	4	4	Improved community engagement	40,000,000
	Improve data quality for decision-making and performance tracking	No. of trainings on M&ERL held for staff	3	3	4	4	5	Improved knowledge on M&ERL	35,000,000

Strategies	Activities	Objective Verifiable Indicators	Target (Years)					Performance Indicator	Cost
			1	2	3	4	5		
5.2 To strengthen monitoring and evaluation systems to improve on project designs, and decision making;		No. of documentation of best practices, lessons learned and success stories undertaken and achievements	15	15	15	15	15	Improved Documentation of NEPHAK's work	25,000,000
	Continuous training of staff on Monitoring, evaluation, reporting and learning	Knowledge management system/ERP in place	1	1	1	1	1	Improved knowledge management systems in NEPHAK	15,000,000
	Continuous documentation of best practices, lessons learned and success stories and achievements	Generation of quality data and reporting by NEPHAK and its MOs and SRs	1	1	1	1	1	Improved quality of data and reports by NEPHAK and its MO and SRs	33,000,000
	Establish and implement the use of an online knowledge management system/ ERP	No. of trainings undertaken for MOs on Community data reporting	250	300	350	400	450	Improved Community reporting among NEPHAK MOs	50,000,000
	To improve on data quality and reporting achieved by NEPHAK and its member organizations and SRs;	No.of reports prepared by NEPHAK and its member organizations and SRs	12	12	12	12	12		
5.3 To strengthen the coordination and submission of data from NEPHAK and member organizations to government agencies and partners	Training of MOs on community data reporting (CAPR/HIPROS)	No. of Mos trained on community Data Management	20	20	20	20	20	Improved reporting by communities	10,000,000

5.0 Management and Accountability

Coordinating the implementation of this strategic plan will primarily be the responsibility of the NEPHAK management, under the Executive Director assisted by the senior management team (SMT) and other technical staff. The Board will however continue to be responsible for the overall governance of the network, making policy decisions, approving plans and strategies, and generally providing oversight.

The Network will continue to carry out advocacy activities at all levels, and enhance institutional strengthening for member organizations and affiliates to implement community health programs across the country. NEPHAK together with her Membership Organizations will implement evidence-based programs and initiatives that include but not limited to health-specific activities, to those that seek to address the social determinants of health such as gender inequality, stigma and discrimination, poverty, harmful social norms including retrogressive beliefs and practices.

The Network will initiate, promote and encourage formation of county networks for people living with, at risk of and affected by HIV and strengthen their performance so that coordination and facilitation of the member organizations becomes easier and more effective. These decentralized structures will strive to enhance coordination and facilitation of members. The network will collaborate with the ministry of health at National and County levels to ensure harmony in implementation and reporting through the relevant government mechanisms.

NEPHAK will ensure that its members actively participate in National and County forums and continue to engage with the relevant government agencies and keep them informed on their programmes and activities. It will also strive to build the capacity of its member organizations to report appropriately through the Ministry of Health approved guidelines and systems.

5.1 Implementation Risks

All organizations, whether private or public face a common challenge when implementing a new strategic initiative: and how to successfully manage the changes that will occur as the new initiative is deployed. Political and market dynamics have created more challenges, with the absurge of the global economy and human crisis, advances in technology, increased societal demands, climate change, pandemic preparedness and the need to provide more social services with inadequate resources. As well, a widespread desire for increased organizational scrutiny has increased the pressure for change, given more accessible globalized information systems and heightened media attention critical of inefficiencies in service delivery. As part of its annual planning process, NEPHAK will identify risks based on the Risk Management Policy and possible mitigating measures to enable the delivery of the planned goals. The key risks are outlined below:

5.1.1 Organizational Structure

Undeniably, coordination is critical to the success of any organization. The specialist implementation skills possessed by individual staff do not fully contribute to the organizational skills base, unless these individuals can coordinate their efforts. The challenge for any manager is how to coordinate the efforts of talented employees within a limited time frame and to ensure that the aims and mission is clearly understood. Continued technical capacity and mentorship shall enable the management of this risk.

5.1.2 Management Commitment

Strategic plan implementation is a collective responsibility of all players. Consequently, the success of any implementation effort depends on the level of involvement of its technical staff. To generate the required acceptance for the implementation as a whole, the organization must already be accounted for in the formulation of the strategy. Then, by making sure that these managers are a part of the strategy process, their motivation towards the project will increase and they will see themselves as an important part in the process. The board unveiled a new organogram to align staff performance to the implementation of this plan.

5.1.3 Financing the Strategy.

Most strategic plans are hurdled by the financial constraints during the time of their implementation. It is important, particularly at the institutional level, to integrate non-financial measures such as human or material resources in the budget, so that one can better assess the extent to which improved competitive strength is being achieved as well as the extent to which deviations are due to changes in the organizational performance. Also, since most budgets will be based on operating projects, it is important to superimpose key indicators and targets that would signal whether the strategic programs are proceeding on schedule. This strategy incorporates a result area on resource mobilization and partnerships to help mitigate this risk.

6.0 Monitoring and Evaluation

6.1 Background

The result M& E framework will constitute an important tool for monitoring and evaluation that will ensure timely and comprehensive implementation and review of the Strategic Plan. Monitoring and evaluation will be one of the core organizational and programmatic functions of NEPHAK. NEPHAK will design and implement a user-friendly monitoring and evaluation tools to track progress and document experiences for organizational learning. To gauge holistic performance, the organization will make use of a variety of indicators at both programme and organizational level. Such makers will entail qualitative, quantitative, process and impact indicators.

The monitoring and evaluation system will entail a data collection system that is timely, reliable and flexible enough and modular to allow indicator information to be part of the same database. Such data will be computerized to ease cross referencing of activities, intermediate results and outputs. This will show how different components of the program are performing. The M&E system will help the organization in tracking the performance progress, examination concerning the relevance, effectiveness, efficacy, impact and sustainability of activities in light of specified objectives

The Management will provide technical oversight in monitoring and evaluation. NEPHAK will adopt participatory M&E for shared accountability and learning. Both program and financial reports will be prepared, shared and documented for institutional learning and adaptive program cycle management. The management will monitor the implementation of activities and track the utilization of financial and material resources.

Meetings will be held monthly during which updates of the projects will be presented and discussed. The management team will meet quarterly to review project progress and at the same time compile board papers to be presented to the board meetings. Progress reports will comprise weekly updates, and monthly, quarterly and annual reports. Weekly updates and monthly reports will be used internally while quarterly and annual reports will be shared among key stakeholders including donors and the government of Kenya. Both midterm and end-term evaluation will be carried out to assess the extent to which program objectives have been achieved. Both evaluations will be led by external evaluators who will be selected by NEPHAK.

6.2. Core Indicators

The core indicators will represent more than data collection and entry. They will draw managers' attention to a specific, fundamental measure of the performance of a particular programme component. The indicators particularly those that measure outputs, will be chosen such that they trigger further investigation or action if performance is lower than expected or provide reassurances to managers that a programme is meeting an operational standard and functioning properly.

The implementation of the strategic plan will be monitored through a selection of core indicators:

- *Output indicators* will illustrate the change related directly to the activities undertaken within the programme.
- *Outcome indicators* will relate to change that is demonstrated as a result of the programme interventions in the medium-to-longer term.
- *Impact indicators* measure the long-term effect of programme interventions.

6.3. Performance Management Framework

The core indicators, with targets and timelines, have been captured in the Strategic Plan Performance Management Framework – PMF (Table 2). The PMF outlines the indicators at all levels of implementation and how these indicators will be measured.

6.4. Annual Work plans

This strategic plan will be implemented through a series of annual work-plans, guided by the articulated vision and mission. The work-plans will break down the long term outputs and outcomes into specific incremental activities to be implemented annually. The strategic plan targets will be phased or spread across the strategic plan period and reported quarterly.

The annual work-plans will be evaluated in the third quarter of each year, and this evaluation will inform the next annual work-plan based on progress, challenges, and recommendations of necessary adjustments. Revision of the annual work-plans will provide the opportunity for NEPHAK management to reflect on strategic plan overall objectives and implementation process. Key lessons learnt will enhance the capacity of the secretariat team to plan effectively.

6.5. Strategic Plan end of period Evaluation

A comprehensive evaluation will be conducted at the end of life of this strategic plan to determine the overall impact and outcomes against set goals, objectives and expected results. The Strategic Plan evaluation will also be conducted at the expiry of each financial year when projected operational results and budgets are audited and financial statements prepared. In addition, it will inform the next strategic plan.

ANNEXES

ANNEX 1: LIST OF CONTRIBUTORS

NAME	ORGANIZATION	POSITION
Abner Mogire	NEPHAK	Board Chairman
Nelson Otwoma	NEPHAK	Executive Director
Grace Muthoni	NEPHAK	Board Treasurer
Leah Kamau	NEPHAK	Board Vice Chair
Peter Odenyo	NEPHAK	Board Member
Jerop Limo	NEPHAK	Board Member
Sospeter Ndaba	CIHEB	Health Systems Strengthening Lead
Brian Oketch	NEPHAK	Program Manager
Arnold Otieno	NEPHAK	Finance and Compliance Manager
Joan Musenya	NEPHAK	Program Officer
Nick Were	NEPHAK	Program Officer
Julius Cheptarei	NEPHAK	Finance Officer
Joyce Amondi	NEPHAK	Program Officer
Irene Choge	NEPHAK	Program Officer
Olive Lidiema	NEPHAK	Program Officer
Qabale Nura	NEPHAK	Program Officer
Gladys Nyapera	NEPHAK	Program Officer
Jackline Ogenga	NEPHAK	Program Officer
Joshua Oliyo	NEPHAK	Program Assistant
Joash Tula	NEPHAK	Finance Officer
Jonathan Kavita	NEPHAK	Finance Officer
Bon Okinda	NEPHAK	Finance Assistant

NEPHAK *say yes to life*

NEPHAK

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