

**NATIONAL EMPOWERMENT  
NETWORK OF PEOPLE LIVING  
WITH HIV AND AIDS IN KENYA  
(NEPHAK)**

**STRATEGIC PLAN 2006 - 2009**

# **NEPHAK STRATEGIC PLANNING WORKSHOP PARTICIPANTS**

**FOREWORD**

The National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK) recognizes the important contribution people infected and affected by HIV/AIDS can make in response to HIV/AIDS epidemics and subscribes to the Paris 1994 principle of create involvement of people with or affected by HIV/AIDS (GIPA)

The need for a strategic plan was identified as a gap during a delegates' conference held in September, 2004; where PLWHAs in Kenya identified a need for a framework for the operations of network.

The principle objective of NEPHAK at this point in time is to improve access to comprehensive care including treatment of opportunistic infections and the use of anti-retroviral treatment. Resource mobilization and institutional strengthening will also take centre stage in the 4-year strategic plan.

The involvement of PLWHAs at all levels is central to the visibility and image of NEPHAK. Thus, the network will strive to promote GIPA as a principle relevant to effective HIV/AIDS policies and programmes. The plan articulates NEPHAK's plans and strategies for securing the future of the national Network and creating a legacy from which PLWHA children could benefit.

This plan sets out our agenda, shares our vision and mission of what we want to achieve in the fight against HIV/AIDS in Kenya.

NEPHAK appreciates the fact that no single organization has the capacity to handle problems facing PLWHAs in Kenya, therefore, we seek collaboration with all partners and stakeholders in the fight against HIV/AIDS in Kenya and globally.

**Dorothy Onyango , OGW  
CHAIRPERSON -NEPHAK**

## **ACKNOWLEDGEMENTS**

The development of this 3-year NEPHAK strategic plan (2005-2008) would not have been possible without the much needed technical assistance and financial support from USAID through Policy Project-Kenya and the National AIDS control council (NACC).

Support was also received from countless individuals and organizations including the two able facilitators, Philippa Lawson and Dorothy Odhiambo. NEPHAK would also like to acknowledge the support from its Board members (NCR) and their alternates including member implementing organizations who worked tirelessly during the strategic planning workshop to define NEPHAK's priority interventions and programmatic goals. The presence, technical input and moral support from Esther Gatua of Policy Project, Harriet Kongin of NACC and Charity Muturi of FHI.

Our thanks go to every individual who took their time and effort to assist in the development of this document. I would like to thank the NEPHAK Secretariat for working extremely hard for ensuring that this process has come to realization.

Last but not least special thanks go to Ms. Angeline Siparo of Policy Project Kenya for her unwavering support to NEPHAK. One wonders what NEPHAK would be today without her personal commitment/attachment.

It is our belief (NEPHAK) and hope that the product we have developed will meet the expectations of all our development partners and members on the ground.

**Inviolata M. Mmbwavi**

**NATIONAL COORDINATOR/CEO (NEPHAK)**

## LIST OF ACRONYMS

<b>AIDS</b>	-	<b>Acquired Immune Deficiency Syndrome</b>
<b>ART</b>	-	<b>Anti Retroviral Therapy</b>
<b>ARV</b>	-	<b>Anti-retroviral</b>
<b>AAIK</b>	-	<b>Action-Aid International Kenya</b>
<b>AMREF</b>	-	<b>African Medical Research Foundation</b>
<b>CACC</b>	-	<b>Constituency AIDS Control Coordinator</b>
<b>CCM</b>	-	<b>Country Coordinating Mechanisms</b>
<b>CBO</b>	-	<b>Community Based Organization</b>
<b>CV</b>	-	<b>Curriculum Vitae</b>
<b>GIPA</b>	-	<b>Greater Involvement of People Living with and Affected by HIV/AIDS</b>
<b>GSK</b>	-	<b>Glaxo Smithkline</b>
<b>HACI</b>	-	<b>Hope for African Children Initiative</b>
<b>HIV</b>	-	<b>Humane Immuno Virus</b>
<b>IEC</b>	-	<b>Information, Education, Communication</b>
<b>IGA</b>	-	<b>Income Generating Activity</b>
<b>JICA</b>	-	<b>Japan International Cooperation Agency</b>
<b>JAPR</b>	-	<b>Joint Annual Review Program</b>
<b>KNASP</b>	-	<b>Kenya National AIDS Strategic Plan</b>
<b>M &amp; E</b>	-	<b>Monitoring and Evaluation</b>
<b>NGO</b>	-	<b>Non Governmental Organization</b>
<b>NASCOP</b>	-	<b>National Aids Sexual Transmitted Control Program</b>
<b>NEPHAK</b>	-	<b>National Empowerment Network of People Living with HIV/AIDS in Kenya</b>
<b>NACC</b>	-	<b>National AIDS Control Council</b>
<b>NLTP</b>	-	<b>National Leprosy Tuberculosis Program</b>
<b>NCR</b>	-	<b>National Committee of Representatives</b>
<b>PLWHA</b>	-	<b>People Living with HIV/AIDS</b>
<b>SWOT</b>	-	<b>Strength, Weakness, Opportunity, Threat</b>
<b>TOT</b>	-	<b>Training of Trainers</b>
<b>USAID</b>	-	<b>United States International Agency for Development</b>
<b>UNICEF</b>	-	<b>United Nations Children Fund</b>
<b>WHO</b>	-	<b>World Health Organization</b>
<b>NCR</b>	-	<b>National Committee of Representatives</b>
<b>STD</b>	-	<b>Sexually Transmitted Disease</b>
<b>TB</b>	-	<b>Tuberculosis</b>
<b>PMTCT</b>	-	<b>Prevention of Mother To Child Transmission</b>

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## **1.0 HIV AND AIDS IN KENYA**

The HIV and AIDS epidemic in Kenya was first discovered in 1984 and in that year seven deaths were recorded. The Ministry of Health immediately responded by creating a National AIDS Committee to lead the nation in combating the disease. This developed into an expanded programme when STDs control was included and the secretariat was renamed NASCOP. In 1997 a Sessional paper No. 4 was formulated to provide a policy framework to guide the national response. This was endorsed by the cabinet and has since then provided guidance to the national response.

Despite all this effort and in a short span of eighteen years, Kenya has lost more than 1.5 million people and more than 2.0 million others are estimated to have the virus at present. This has generated more than 1 million orphans. There has been significant economic distraction and devastation in addition to this tremendous human destruction

It is estimated that each patient requires almost half a million Kenya shillings per year (approx US \$6,950) to be able to access comprehensive care and support. About 75% of all hospital beds are currently occupied by HIV and AIDS related illnesses. The country is said to be losing about Kshs. 200 million (approx US \$2.8 m) daily in form of reduced work productivity, absenteeism from the work place, deaths and funeral expenses, and replacements and training of new personnel.

It is as a result of this impact of disease on the country that the president declared the epidemic a national disaster in November 1999. During this declaration the then Head of state said:

**‘AIDS is not just a serious threat to our social and economic development, but it s a real threat to our very existence. It has reduced many families to a status of beggars..... No family in Kenya remains untouched by the suffering and death caused by AIDS..... and the real solution of the spread of AIDS lies with each and every one of us’ – Daniel Toroitich Arap Moi**

A National AIDS Control Council (NACC) was formed to spearhead the national response and an expanded Kenya National HIV/AIDS Strategic Plan 2005/6 – 2009/10 (KNASP) has been developed by the Joint AIDS programme review (JAPR) to replace the 2000 to 2005 Strategic Plan which came to a close on June 30<sup>th</sup>, 2005. This new plan will guide the national effort for the next five years using the same multi-sectoral approach. Each organization is expected to exploit its strength and competence and apply this on the HIV and AIDS programmes as part of national plan implementation.

Due to concerted efforts from both the civil society organizations and the public sector, the national prevalence of HIV and AIDS in Kenya is slowly coming down, though it must be noted that the number of new infections, especially among young girls continue to rise alarmingly. The current national HIV prevalence in Kenya is 6.1%

The government is currently faced with difficult trade offs along three core lines.

- Treating AIDS versus preventing further infections of HIV.
- Treating AIDS versus treating other illnesses
- Spending on health versus spending on other equally demanding public services.

NEPHAK must strengthen its advocacy to ensure that access to treatment is a priority for the government and that comprehensive health care services are in place in all districts to ensure that those reaching the stage of AIDS are adequately cared for and supported.

AIDS has brought to the spotlight many social weaknesses and other ethical, legal, and economic issues which society was previously not concerned with. AIDS has increased demands on social services faster than ever before as both the skilled manpower are lost from the workforce and facilities over-stretched. In Kenya, like in many other sub-Saharan countries, the survivors of the HIV and AIDS pandemic - predominantly children and the elderly - are dependants left without economic support and who have already overwhelmed traditional systems of adoption. The elderly persons, left with responsibility of rearing the children have themselves lost regular sources of income from their working adult children to AIDS.

Stigma and discrimination continue to be a big hindrance to prevention, care, support and the mitigation of socio-economic impact of HIV and AIDS in the nation. NEPHAK has a huge role to play to ensure that stigma directed at people living with HIV and AIDS is reduced

With the launch of NEPHAK in September 2004, there was a new resolve for PLWHA organizations and individuals to fully participate in the national response by complementing government efforts as part of NEPHAK social responsibility. A countrywide programme for NEPHAK will soon be in place after necessary institutional infrastructures have been developed availability of resources. The management and effective implementation of the NEPHAK strategy will depend on a strong foundation of NEPHAK itself, and it is hoped that the current suggested restructuring and re-organization will result in a strong effectively decentralised network capable of carrying out its stated mandates.

## **2.0 THE NATIONAL EMPOWERMENT NETWORK OF PEOPLE LIVING WITH HIV/AIDS IN KENYA (NEPHAK)**

The National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK) is an NGO that unites support groups of People Living with HIV/AIDS (PLWHAs) and individual PLWHAs into a national and formidable force to counter the impact of HIV/AIDS on their lives and that of their loved ones in Kenya. It has now been officially launched and nationally recognised and is therefore ready to take on its focused responsibilities through development of a strategic plan that would serve as a guide to implementation of its activities.

NEPHAK is a non-profit making, voluntary body, by and for PLWHAs. It was officially registered on 17<sup>th</sup> July 2003, in response to the growing need to harness existing individual and organizational PLWHA efforts in Kenya to respond meaningfully to the impact of HIV/AIDS.

NEPHAK recognizes the important contribution people infected and affected by HIV/AIDS can make in response to the epidemic and subscribes to the Paris 1994 principle of Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA).

### **2.1 Vision**

The vision of NEPHAK is to see a nation where PLWHA are in the frontline in the fight against HIV/AIDS and where their rights are recognized and respected to support their meaningful involvement in HIV/AIDS prevention, care and support towards an AIDS free society.

### **2.2 Mission**

The mission of NEPHAK is to promote greater involvement of PLWHA at all levels of HIV/AIDS prevention, care and support in Kenya.

### **2.3 NEPHAK'S Overall Goal**

The overall goal of NEPHAK is to work to improve the quality of life of PLWHA through co-ordination of PLWHA activities in Kenya;

Be the voice of PLWHA; harness the extraordinary and powerful role played by PLWHA towards an enhanced response to the epidemic in Kenya.

### **2.4 NEPHAK Purpose**

To increase the capacity of PLWHA in Kenya to participate meaningfully in the delivery of prevention, care and mitigate social economic consequences and participate in decision-making processes as far as HIV/AIDS is concerned.

### **2.5 General Objectives.**

- Consolidating the union of PLWHA, groups from the grassroots (community) to national level.
- Source for and distribute quality counselling and home-based care and community education through PLWHA and those affected.
- Enhance more influence on behavioural change through direct relationships with individuals in the grass root community including role modelling
- Participate in information/policies development and disseminate all relevant information to members and the community
- Promote advocacy and maintain a gender balance in community development participation and empowerment as a way of addressing the prevailing sexual bias against women.
- Carry out networking amongst NEPHAK members.
- Support members in the implementation of policies developed that are touching directly on PLWHA's
- Participate fully in access, treatment and care associated with PLWHA's and orphans

NEPHAK is one of the key partners in the national response to HIV and AIDS in Kenya (KNASP).

## **2.6 NEPHAK'S Operating Principles.**

### **i) Accountability.**

Programmes and costs are planned and reviewed carefully to ensure effective use of NEPHAK resources and the highest return to those served. Independent audits are carried out annually, and evaluations of programmes are built mechanisms to verify the improvement in people's lives.

### **ii) Human Dignity.**

NEPHAK respects the dignity of those with whom it works and serves. NEPHAK is particularly concerned that the dignity of people living with HIV and AIDS is respected and upheld. NEPHAK pays special attention to women and children, who are most frequently exploited, abused and subjected to immense suffering.

### **iii) Personnel Policy.**

NEPHAK desires members and staff who are skilled, compassionate and committed to its vision and mission.

## **2.7 NEPHAK'S Achievements to date.**

NEPHAK has been in operation effectively for the last two and a half years. Within this short span of time, the Network has witnessed a tremendous increase in terms of membership but also in the scope of its activities activated certainly by its clear visionary leadership.

Today NEPHAK has become a bona fide national coordination mechanism and a true voice for PLWHAs in Kenya. It is currently designed as a grassroots movement comprising men and women in touch with and actually responding to the reality of the impact of HIV on individual families and communities. NEPHAK has representatives from all the 9 regions/provinces in the country elected at the last delegates' conference held in September 2004.

NEPHAK's greatest success to date lies in its strengths and ability to mobilize delegates throughout the country through the National Conference that took place in September 2004. The conference brought high visibility to the Network and restored donor confidence in the PLWHA movement in Kenya including the government through NACC.

NEPHAK has made tremendous steps over the past one year with a lot of confidence from members and partners. Some of the core activities achieved by NEPHAK include:

- Strengthening of the Secretariat and recruitment of staff
- The National Delegates' conference held in September 2004
- National mobilization of PLWHA targeting provinces, districts and communities all over Kenya
- Networking, partnership and fundraising for organizational support
- Advocacy and popularisation of the Network to enhance visibility
- Training of local Ambassadors of Hope to act as role models for prevention care and support and to enhance the development of support groups for PLWHAs at all levels
- Successful, transparent and democratic election of Board members to serve NEPHAK for 2 years in line with its constitution
- NEPHAK input into the Global Fund Handbook highlighting how PLWHAs can be involved in national CCMs
- Development of this four year strategic plan 2006-2009
- Was a key player in Kenya G8 HIV/AIDS launch campaign sponsored by Action-Aid Kenya
- Development of a Draft Personnel Manual
- Establishment of a decentralized regional secretariat in South Rift Region
- NEPHAK involvement in the HIV/AIDS Bill
- Involvement in the development of the Kenya National AIDS Strategic Plan (KNASP)
- Full involvement in Home and Community Support Services funded by USAID-Policy Project, Kenya

### **3.0 BACKGROUND TO THE STRATEGIC PLAN DEVELOPMENT**

The completion of the delegates' conference enhanced the levels of awareness and the need to streamline NEPHAK by putting in place key structures to support its operations. One of the gaps identified was the need for a strategic plan that could provide a framework for the operations of the network. With a new Board in place to support the National Coordinator in terms of governance, a strategic plan was urgently required to inform the planning and priorities for the network. This Strategic Framework has been developed in line with the current national HIV/AIDS Strategy (KNASP) but with a lot of emphasis on PLWHA issues.

The vision of the framework was based on NEPHAK's capacity and on the premise that networking and strategic partnership development is critical in complementing Government's effort to stem the epidemic.

### **4.0 THE STRATEGIC PLANNING WORKSHOP**

The NEPHAK strategic planning meeting was held in Mombasa from 15-19 November 2004, and was attended by 35 people including mainly Board members, their alternates, a few representatives from member implementing CBOs and NGOs and three partners namely Policy Project, Family Health International (FHI) and National Aids Control Council (NACC).

This document presents the outcome of a strategic planning process undertaken by the National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK). It sets out the plan to consolidate NEPHAK as a coordination mechanism and a "voice" of the people living with HIV/AIDS (PLWHAs) in the country. It sets out strategies on how to strengthen the institutional structure of the Network at the Secretariat, provincial, district and community levels through capacity building, resource mobilization and identification of skilled personnel to ensure effective PLWHA institutions at all levels. By so doing, NEPHAK intends to broaden the skills and services available within its member organizations,

ensure better support to PLWHA CBOs/NGOs to pursue their own uniquely defined and organized specific needs.

The involvement of PLWHAs at all levels is central to the visibility and image of NEPHAK. Thus, the Network will strive to promote GIPA as a principle relevant to effective HIV/AIDS policies and programmes. The plan articulates NEPHAK's plans and strategies for securing the future of the national Network and creating a legacy from which PLWHAs and their children could benefit.

A scrutiny of NEPHAK's strengths, weaknesses, opportunities and threats was undertaken using a systems diagnostic approach. This yielded clear insight into how NEPHAK would operationalize its new strategy.

Resources were seen as very critical in realizing the strategic goals. NEPHAK urgently needed resources not only to carry out its planned activities, but more fundamentally to keep its Secretariat operational. Participants agreed that the strategic plan itself could serve as NEPHAK's fundraising tool. Strategic partnerships with organizations within and outside Kenya including the government were seen as very crucial in moving forward the new strategic directions.

## **5.0 THE NEPHAK STRATEGIC PLAN, 2006 – 2009**

### **5.1 Situational Analysis**

The NEPHAK Strategic Plan, 2006 – 2009 development was preceded by comprehensive situational analysis which was carried (in the workshop) through **Strengths, Weaknesses, Opportunities, Threats (SWOT)** analysis approach. The results of the SWOT Analysis are listed below and formed the basis and references for the subsequent strategic planning components and process.

## RESULTS OF THE SWOT ANALYSIS FOR THE DIFFERENT THEMATIC AREAS

THEMATIC AREA	STRENGTHS	WEAKNESS
<b>1. SCALING UP TREATMENT, CARE &amp; SUPPORT; TB/HIV/AIDS</b>	Grass root representation	Lack of skilled staff to manage the opportunistic infections
	Open HIV celebrities-stigma and discrimination reduction	Treatment literacy very low
	Power of numbers in terms of advocacy and activism	Lack of information on comprehensive health care
		Nutrition, adherence, counselling, management of opportunistic infections and medications
		Pill burden
		Lack of knowledge on linkages between HIV and opportunistic infections, TB/HIV co-infections.
	<b>OPPORTUNITIES</b>	<b>THREATS</b>
	Government support	Poverty and food insecurity
	TB/HIV collaboration initiative	MDRI drug to drug interactions
	Donor support for scaling up treatment	Poor diagnosis
		Poor case finding
		Location of health care facilities
		Separate TB and HIV clinic/programmes
		Weak referral systems
		Lack of collaboration NLTP/NASCOP for TB/HIV initiative
		Lack of competent staff
		Cultural and religious beliefs
		Lack of information on core-infection
		Stigma, denial, discrimination
		Company policies on ARVs Access
	Insurance policy –not friendly	
	Lack of medical equipment in health facilities e.g. x-ray, tubercle skin tests,	
	No Government ART policy	
<b>2. CAPACITY BUILDING</b>	Structure (wide) Administrative cascades to community level.	Weak institutional structure at present.
	Wide range of membership	Membership demand is high against resources available
	Level of capacity to train others	Lack of adequate information
	Has advocates on issues of HIV/AIDS	Inadequate preparedness to speak openly about NEPHAK
	Capacity to use Stigma tool kit	Misconception that jobs in NEPHAK are for PLWHA only
	Several manual and guidelines available	Misplaced expectation
	<b>OPPORTUNITIES</b>	<b>THREATS</b>
	More sources of resources	Mistrust from the public about HIV/AIDS going public

	Level of societal stigma going down	Critical policy lacking-ART
	Availability of drugs	Unwarranted demands from potential civil servants to provide capacity building
	Employment opportunities	Lack of proper linkages
	Many partner institutions	Poor collaboration/ conflict of interests
	Establishment of community structures	
	Level of awareness is high	
	Available guidelines and policies	

	<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<b>3. PREVENTION</b>	It is an umbrella organization of PLWHA support groups	Lack of skills
	Experiential skills	Inadequate staff
	Existence of many support groups implementing prevention programmes	Lack of well articulated programme for capacity building for prevention
	Good will from the donor community and other partners	Stigma & discrimination
	Formulation of favourable workplace HIV/AIDS policies	Lack of resources
	There are many models of prevention programmes	Competition
	Increased media support	There are many other organizations doing prevention programmes.
		Unexpected change in donor funding policies
	Inadequate political goodwill	
	<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<b>4. RESOURCE MOBILISATION &amp; ACCESS TO RESOURCES</b>	Accounting policy	Inadequate fundraising skills.
	Institutional credibility and positive change	
	<b>OPPORTUNITIES</b>	<b>THREATS</b>
	Unemployment	Unemployment
	Monopoly	High death rate
	Death Rate decreasing	Stigma
	Competition	Donor Fatigue
		Conflict of interest
		Emerging of new Networks/competition
		High rate of infections
<b>5. YOUNG PEOPLE LIVING WITH HIV/AIDS</b>	Collaborative efforts of NGOs/CBOs support	No youth representatives on board
	Highly educated compassionate staff to deal with youths	Inexperience in youth matters
	Stable structures (inclusiveness)	Lack of youth policy
	Member organizations of young people	Inadequate professionalism
	Willingness of management to lobby and advocate for youth issues	Lack of up to date database- youth
	<b>OPPORTUNITIES</b>	<b>THREATS</b>
	Donors positive view and attitudes	High poverty levels
	Youth friendly media programmes	High unemployment levels
	Favourable political climate	Rise in drug abuse
	Willingness of civil society	Negative Media Influence/image
		Cultural practices & beliefs
		Stigma
		Loss of skilled manpower
		Inadequate resources
	Conflicts	
	Gender disparities	

## **5.2 Strategic Objectives**

Based on Situational analysis, Impact and Response Analysis as well as stated Vision, Mission and Overall Goal, NEPHAK has identified six (6) major strategic objectives each with respective strategies and subsequent activities for the plan period 2005 – 2008.

1. To improve Access to comprehensive Treatment, Care and Support for 3,000 PLHAs and enhance integration of TB/HIV facilities by 2008.
2. To enhance the Capacity of NEPHAK Secretariat staff and member associations through Capacity Building, Institutional Strengthening to effectively monitor and evaluate programs, coordinate and facilitate member organizations to implement programs.
3. To enhance Resource Mobilisation Capacity of its 20 Member CBOs to improve Social-Economic stability by December 2008
4. To Empower 144 PLHA to meaningfully get involved in HIV/AIDS programs at Regional and National Level by end of 2008.
5. To train 30 PLWHA as change agents to contribute towards secondary prevention of HIV/AIDS and the core infections through enhanced prevention strategies among NEPHAK members by 2008
6. To develop NEPHAK Monitoring and Evaluation Framework and operationalize among member implementing organizations by 2007

## LOGICAL FRAMEWORK

**OVERALL GOAL:** The overall goal of NEPHAK is to facilitate the improvement of quality of life of PLWHA through co-ordination of PLWHA activities in Kenya;

Strategic Objectives	Activities	Performance/Measurable Indicators	Expected Results
1. To improve Access to comprehensive Treatment, Care and Support for 3,000 PLHAs and enhance integration of TB/HIV facilities by 2009.	<ul style="list-style-type: none"> <li>▪ Training of TOTs on treatment literacy.</li> <li>▪ Develop and disseminate treatment related IEC materials to NEPHAK members</li> <li>▪ Enhance advocacy and community mobilization for increased uptake of treatment</li> <li>▪ Advocate for counselling and adherence/compliance to ARV and T.B treatments</li> <li>▪ Produce TB literacy materials to enhance knowledge of TB as co-infection to HIV.</li> </ul>	<ul style="list-style-type: none"> <li>Number of trained PLWHA TOTs</li> <li>▪ Training reports</li> <li>▪ No. of brochures produced and disseminated</li> <li>▪ No. T-shirts &amp; caps printed and distributed</li> <li>▪ No. of persons receiving the materials</li> <li>▪ No. of community treatment sessions carried out</li> <li>▪ No. of people attending treatment</li> <li>▪ No. of PLWHA on treatment adhering to treatment ARV &amp; TB</li> <li>▪ Advocacy and counseling reports</li> <li>▪ No. of TB literacy materials produced and disseminated</li> <li>▪ No. of TB patients going for HIV tests</li> <li>▪ Home care kits with ARV compliance and adherence IEC materials</li> <li>▪ No. of PLWHA sitting on ARV scaling up committees and policy making bodies</li> <li>▪ Clear policies and guidelines on ARV scaling up</li> <li>▪ Advocacy strategy document for NEPHAK</li> <li>▪ No. of NEPHAK member Institutions trained in referral for ARV access.</li> <li>▪ No. of NEPHAK member organizations working in partnership with WHO and other institutions for access to ARVs</li> <li>▪ Referral training reports</li> <li>▪ Referral training curriculum/manual</li> <li>▪ WHO partnership framework</li> <li>▪ MOU for training partnership</li> </ul>	<ul style="list-style-type: none"> <li>▪ NEPHAK members active involvement in scaling up access to antiretroviral therapy.</li> <li>▪ Strong partnership developed between NEPHAK and other stakeholders</li> <li>▪ Greater involvement of people living with HIV/AIDS (GIPA) and goal of universal access to ART as a human right respected.</li> <li>▪ Strong and effective PMTCT interventions at community/district level.</li> <li>▪ 3000 PLHAs accessing comprehensive care</li> </ul>
2. To enhance the Capacity of NEPHAK Secretariat staff and member associations through Capacity Building and Institutional Strengthening to effectively facilitate implementation, monitoring and evaluation of member organizations.	<ul style="list-style-type: none"> <li>▪ Build the capacity of NEPHAK secretariat staff</li> <li>▪ Build the capacity of member organizations to effectively coordinate and manage their HIV/AIDS programmes at community level.</li> <li>▪ Develop policies and guidelines to govern the operations of NEPHAK and its member organizations.</li> <li>▪ Recruit technical staff at headquarters and at provincial and district level.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No. of secretariat staff trained/hired</li> <li>▪ Training reports</li> <li>▪ Training Curriculum for specific skills areas</li> <li>▪ No. of PLWHA from member organizations trained</li> <li>▪ Community survey programme reports</li> <li>▪ Coordination mechanism for NEPHAK member organizations in place</li> <li>▪ TORS for trainers</li> <li>▪ No. of Policy guidelines developed</li> <li>▪ No. of NEPHAK member organizations using the policies and guidelines</li> <li>▪ Member organizations feedback/comments on the policies</li> </ul>	<ul style="list-style-type: none"> <li>▪ A strong institution that is able to coordinate and manage HIV/AIDS activities for PLHAs</li> <li>▪ Wider mobilisation and use of PLHAs as human resource.</li> <li>▪ Increased collaboration networking, information sharing and documentation of NEPHAK interventions</li> <li>▪ All NEPHAK STAFF trained in management and leadership skills for effective organizational operations</li> </ul>
3. To enhance Resource Mobilisation Capacity of at least 50 Member CBOs to improve Social-Economic	<ul style="list-style-type: none"> <li>▪ Train at least 20 leaders of member CBOs in proposal writing and fundraising skills</li> <li>▪ Identify and link potential donors and CBOs to ensure support for IGAs</li> <li>▪ Initiate at least one core income generating activity in each of the nine regions by end of 2008</li> </ul>	<ul style="list-style-type: none"> <li>▪ No. of trained PLWHA leaders</li> <li>▪ No. of CBOs benefiting from funding skills</li> <li>▪ No. of districts covered and implementing IGA</li> <li>▪ Training reports</li> <li>▪ No. of NEPHAK CBOS funded</li> <li>▪ No. of donors funding NEPHAK CBOs</li> <li>▪ Number of activities carried out</li> </ul>	<ul style="list-style-type: none"> <li>▪ Empowered, capacitated leaders</li> <li>▪ Viable income generating activities identified and implemented by member organizations</li> <li>▪ CBOs developed proposals and secured funds for their activities</li> <li>▪ Improved socio-economic status to</li> </ul>

stability by December 2009.	<ul style="list-style-type: none"> <li>▪ Fundraising for member CBOs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Activity reports from funded CBOs</li> <li>▪ Field visits reports by NEPHAK headquarters to funded CBOs</li> <li>▪ No. of IGA activities</li> <li>▪ No. of people reaching services from IGAs</li> </ul>	target PLWHAs
4. To Empower 144 PLHA to meaningfully get involved in HIV/AIDS programs at Regional and National Level by end of 2008.	<ul style="list-style-type: none"> <li>▪ Training of PLWHA from member organizations in each region/province</li> <li>▪ Select qualified representatives from member to sit on the treatment campaign movements.</li> <li>▪ Support the development of appropriate stigma reduction messages for NEPHAK and its members to improve anti-stigma advocacy</li> <li>▪ Assist in the mobilization of local political, civic, traditional, religious and youth leaders in advocacy for behaviour change and positive attitude</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training Materials/manuals</li> <li>▪ No. of organizations benefiting</li> <li>▪ Training reports</li> <li>▪ Appointment letters</li> <li>▪ No. of CBOs joining NEPHAK</li> <li>▪ No. of GIPA trainings conducted</li> <li>▪ No. of PLWHA meaningfully participating in national Committees of Kenya</li> <li>▪ Dissemination reports</li> <li>▪ Anti-stigma strategy for NEPHAK</li> <li>▪ No. of PLWHA reached</li> <li>▪ No of community based advocacy forums</li> <li>▪ No. of people in the community exhibiting new behaviour</li> <li>▪ No. of IEC materials produced to reduce stigma</li> <li>▪ Number of service delivery points using anti-stigma IEC materials</li> <li>▪ No. of referrals for further support to deal with stigma</li> <li>▪ No. of civil society groups mobilized to participate in anti-stigma campaign</li> <li>▪ Anti-stigma campaign reports</li> <li>▪ No. of positive living and coping mechanisms sessions conducted</li> <li>▪ No. of PLWHA adopting positive coping mechanism</li> <li>▪ Reports and participants lists</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthened PLWHA support groups</li> <li>▪ Enhanced participation of PLWHA</li> <li>▪ Increased community participation in reducing stigma and discrimination against PLWHA.</li> </ul>
5. To train 30 PLWHA as change agents to contribute towards secondary prevention of HIV/AIDS and the core infections through enhanced prevention strategies among NEPHAK members by 2008	<ul style="list-style-type: none"> <li>▪ Train 3 leaders from 10 member organizations as peer educators and activists on the importance of secondary prevention</li> <li>▪ Advocate for VCT, faithfulness to all and condom use among discordant couples</li> <li>▪ Develop, print and disseminate IEC materials on secondary prevention to member PLWHA organizations nationally</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training materials</li> <li>▪ Number of PLWHA organization leaders trained in IEC development for secondary prevention.</li> <li>▪ No. of PLWHA leaders working as role models for secondary prevention</li> <li>▪ No. of Young people living with HIV/AIDS embracing secondary prevention</li> <li>▪ No of use of condoms reported among PLHA</li> <li>▪ Number of advocacy forums carried out to enhance ABC approach</li> <li>▪ No. of advocacy materials distributed</li> <li>▪ Database of advocacy teams</li> <li>▪ Number of IEC materials on secondary prevention developed</li> <li>▪ Number of PLWHA organizations receiving IEC materials</li> </ul>	<ul style="list-style-type: none"> <li>▪ Renewed advocacy in prevention of new HIV infection</li> </ul>
6. To develop NEPHAK Monitoring and Evaluation Framework and operationalize it among 50 NEPHAK member implementing CBOs/NGOs by 2007	<ul style="list-style-type: none"> <li>▪ Develop/adopt NEPHAK specific Monitoring and Evaluation framework</li> <li>▪ Train PLWHA, member CBOs/NGOs in programme M&amp;E</li> </ul>	<ul style="list-style-type: none"> <li>▪ (M&amp;E) guidelines</li> <li>▪ No. of CBOs/NGOs using guidelines</li> <li>▪ No. of field visits related to M &amp; E</li> <li>▪ M&amp;E training guideline and curriculum developed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monitoring and Evaluation (M&amp;E) system</li> <li>▪ PLHA advocacy with facts</li> </ul>

## 7.0 RESOURCE FRAMEWORK

### BUDGET

**OVERALL GOAL:** Overall goal of NEPHAK is to facilitate the improvement of quality of life of PLWHA through coordination of PLWHA activities in Kenya;

Strategic Objectives	Responsibility	Strategic Partners	Resource Projections	
1. To improve Access to comprehensive Treatment, Care and Support for at least 3,000 PLHAs and enhance integration of TB/HIV facilities by 2009.	NEPHAK Secretariat, NCR, Member CBOs	MOH/NASCOP/NLTP, NACC, WHO, CDC, USAID and other Development partners	KSHS. 30 Million	US\$ 400,000
2. To enhance the Capacity of NEPHAK Secretariat staff and member associations through Capacity Building and Institutional Strengthening to effectively facilitate implementation, monitoring and evaluation of member organizations programs.	NEPHAK Secretariat, NCR, Member CBOs	AAIK, Stephen Lewis Foundation, NACC etc.	20 Million	267,000
3. To enhance Resource Mobilisation Capacity of at least 50 Member CBOs to improve Social-Economic stability by December 2009.	NEPHAK Secretariat, NCR	HACI, GSK, NACC, Bill Gates foundation	15 Million	200,000
4. To Empower at least 144 PLHA to meaningfully get involved in HIV/AIDS programs at District, Regional and National Level by end of 2009.	NEPHAK Secretariat, NCR	NACC, Bill Gates Foundation, Ford Foundation	10 Million	133,000

<p>5. To train 30 PLWHA as change agents to contribute towards secondary prevention of HIV/AIDS through enhanced prevention strategies among NEPHAK members by 2009</p>	<p>NEPHAK Secretariat, NCR</p>	<p>CDC, NACC</p>	<p>13, Million</p>	<p>174,000</p>
<p>6. To develop and operationalise NEPHAK Monitoring and Evaluation Framework among member implementing organizations by 2006/7</p>	<p>NEPHAK Secretariat, NCR</p>	<p>AAIK, Policy Project, etc.</p>	<p>12 Million</p>	<p>160,000</p>
<p><b>Total Amount Required</b></p>			<p><b>100 Million</b></p>	<p><b>1,333,000</b></p>

## 8.0 The success of this strategic plan will be based on the following assumptions

<b>Assumptions</b>
• Resources both human and financial will be available
• Information will reach the targeted audience and beyond
• People will wear the materials carrying the messages
• Communities will be willing and ready to support treatment initiatives
• PLWHA on treatment will understand the need to adhere to treatment
• TB patients will be willing to go for HIV test
• Treatment access using ARVs/ARTs will be enhanced
• WHO and NASCOP/NLTP will be willing to work with and train NEPHAK members in treatment, basic information and referrals for ARVs.
• Coordination will result into coherent networking and collaboration among members
• NEPHAK and member organizations will be willing and ready to use policies and guidelines for clear operations
• NEPHAK will be able to recruit and retain qualified staff. NEPHAK's positions and vacancies will attract high quality personnel.
• PLWHA CBOs, NGOs and Support groups willing to become NEPHAK members
• All new staff employed by NEPHAK willing to go for the trainings. And able to apply the acquired skills in the daily work.
• PLWHA willing to work at provincial level
• PLWHA at various levels willing to volunteer at NEPHAK
• Funding will be available to support the information-sharing forum
• Funds will be available to publish NEPHAK best practice documents
• Members of NEPHAK will be willing and able to document their work
• Capacity to raise funds will be enhanced
• Improved economic climate to enhance viability of IGAS
• Donors willing and will respond positively to NEPHAK request
• Support from other stakeholders and government
• Full representation and participation of PLWHA
• Communities will be willing to support the anti-stigma campaigns
• Experts will be available to support the development of relevant and adaptable stigma reduction tools
• Communities will be willing to change their stigmatizing behaviour
• PLWHAs will embrace secondary prevention as part of their role in prevention
• CBOs/NGOs will be able to apply M & E guidelines and framework

