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National AIDS Control Council

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THE NATIONAL AIDS CONTROL COUNCIL STRATEGIC PLAN FOR 2015-2019

NACC is ISO 9001-2008
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KENYA
VISION 2030



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JULY 2015

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LIST OF ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Treatment/Therapy
CAATs	Computer Aided Audit Techniques
CASCO	Constituency AIDS & Sexually Transmitted Infections Coordinators
CBOs	Community Based Organizations
CCU's	County Coordinating Units
CEC	County Executive Committee
CIDPs	County Integrated Development Plans
COG	Council of Governors
DDCS	Deputy Director Coordination and Support
DDF&A	Deputy Director Finance and Administration
DDSPR	Deputy Director Strategy, Policy and Research
GIS	Geographical Information System
HIV	Human Immunodeficiency Virus
HRIS	Human Resource Information System
ICT	Information, Communication and Technology
IFMIS	Integrated Financial Management Information System
IPSAS	International Public Sector Accounting Standards
KASF	Kenya AIDS Strategic Framework
KHSSP	Kenya Health Sector Strategic and Investment Plan
KNASP	Kenya National AIDS Strategic Plan
M&E	Monitoring and Evaluation
MDAs	Ministries Departments and Agencies
MIS	Management Information System
MOH	Ministry of Health
MTP	Medium Term Plan
NACC	National AIDS Control Council
NEPHAK	Network of People Living with HIV/AIDS in Kenya
NIMES	National Integrated Monitoring and Evaluation System
NRO	NACC Regional Officer
PC	Performance Contracting
PEPPFAR	Presidents Emergency Plan for AIDS Relief
PLHIV	People Living With HIV
PPP	Public Private Partnership
RM&E	Regional Monitoring and Evaluation Officer
SCAC	Sub-County HIV Committee
STIs	Sexually Transmitted Infections
SWOT	Strengths, Weakness, Opportunities and Threats
UNAIDS	Joint United Nations Programme on HIV/ AIDS

FOREWORD

Subsequent to the recent launch of the Kenya National AIDS Strategic Framework, development of the National AIDS Control Council 2015 - 2019 Strategic Plan marks yet another milestone in the organization's quest to strategically and effectively deliver the HIV response. This plan will facilitate fast tracking of the HIV response for which my Ministry is mandated.

This first Strategic Plan for NACC comes at a critical moment in our nation's history; when both levels of government are realigning their activities and functions in compliance with the constitutional provisions on devolution and the Bill of Rights. It is in addition informed by Kenya's development blueprint *Vision 2030, which aspires after* a "High quality of life to all its citizens in a clean and secure environment". Similarly, this Plan has been aligned to the Ministry of Health's "Kenya Health Policy 2014 - 2030" whose aspiration is to "Attain the highest standard of health in a manner responsive to the needs of the Kenyan population".

The Plan has been developed to serve as a comprehensive guide and policy document. It identifies three key goals, including:

- i. Execution of NACC's key functions as outlined in NACC's legal mandate;
- ii. Oversight for delivery of Kenya AIDS Strategic Framework (KASF) Results;
- iii. Strengthened NACC's institutional capacity for enhanced coordination, resource mobilization, accountability and reporting for the HIV response.

This strategy will guide NACC to deliver on its mandates to coordinate stakeholders, mobilize resources for sustainable financing and track results.

I urge all stakeholders to support NACC in the implementation of this plan.



A stylized, handwritten signature in black ink, consisting of several overlapping, sweeping strokes.

Mr. James W. Macharia
Cabinet Secretary, Ministry of Health

PREFACE

The HIV and AIDS Response in Kenya remains a critical developmental, social and economic agenda. In order to consolidate the gains made thus far in the HIV and AIDS Response, the Institution charged with its coordination requires continuous strengthening, if it were to succeed in its mandate. This requires focus and a clear roadmap to its requisite destination.

With the launch of the First NACC Strategic Plan 2015-2019, it is envisioned that the response will be more structured and aligned to the National Development Agenda. The Constitution of Kenya 2010 dispensation presents a major paradigm shift in conducting public business, including the HIV and AIDS Response. Both County and National Governments have a shared responsibility of owning the HIV and AIDS response in terms of prioritizing and allocating resources to the plans. Partners and stakeholders remain critical to NACC's overall functioning and delivery of desired results.

Implementation of the NACC Strategic Plan will be hinged on the Kenya AIDS Strategic Framework 2014-2019 (KASF). The need for dynamic leadership, oversight, coordination and accountability remains essential in delivering KASF, a phenomenon that the NACC Strategic Plan, in its entirety and course, commits to. The achievement of the strategic objectives of the NACC Strategic Plan has a bearing on the overall delivery of KASF.

I am optimistic that this Strategy, which lays great emphasis on the functions and direction of NACC, will add impetus to the response as it seeks to harness the synergy presented by different players towards the achievement of the overall Vision of "A Kenya Free of HIV Infections, Stigma and AIDS Related Deaths."



A handwritten signature in black ink that reads "Mary N. Getui". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Prof. Mary N. Getui, MBS
Chairperson, National AIDS Control Council

STATEMENT BY DIRECTOR, NACC

The National AIDS Control Council (NACC) is pleased to present its Strategic Plan 2015-2019. The Plan encompasses all aspects of the organization's work, serving as the practical guide that will inform divisional and departmental work plans which will further cascade into our institutional performance contract. This Plan therefore, is NACC's guiding document for achieving our vision of "A responsive authority in the multi-sectoral coordination of the national HIV and AIDS response", during the next five years.

NACC's 2015-2019 Strategic Plan provides a roadmap to meet NACC's legal mandate and facilitate attainment of Kenya's results as outlined in the KASF. It will guide efforts to coordinate the multi-sectoral response, strengthen collaboration and ensure accountability. It makes clear the key functions of NACC as the state agency overall charged with these responsibilities. Importantly, this plan provides elaborate strategies that align NACC and stakeholders' activities, including those of implementing and development partners, to the broader objectives of the Kenya AIDS Strategic Framework (KASF).

This plan is aligned to changed governance structures at the national and county levels. Its implementation requires NACC and our partners to be cognizant of, and appreciate the role of partnership. Successful delivery of this Plan, therefore, hinges on the support of not only NACC staff, but also all stakeholders. NACC further recognizes the significant role of communities of persons living with and affected by HIV, faith communities, implementing partners, development partners, the private sector and other stakeholders. Equally important are Ministries, Departments and Agencies (MDAs), across all government sectors.

This Plan will strengthen NACC as an institution, enhance implementation of national values and live the principles of constitution, good governance and risk management. As NACC, we are committed to strengthening coordination of the HIV response at both levels of government, to sustain and enhance required results. We thank all partners who have provided input to this plan including the United Nations Joint team through UNAIDS; the World Bank, PEPFAR, MOH, US Centers for Disease Control (CDC), WOFAK and the communities.

Thank You.



A stylized, handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke at the end.

NDUKU KILONZO, PhD.

Director, National AIDS Control Council

EXECUTIVE SUMMARY

The overall mandate of the National AIDS Control Council (NACC) is to coordinate the national and multi-sectoral HIV and AIDS response to reach goals articulated in the Constitution of Kenya; Vision 2030 and Medium Term Plan 2013-17 (MTP); the Kenya Health Policy 2014-2030; the Kenya AIDS Strategic Framework 2014/15-2018/19(KASF); and Kenya's global commitment. NACC undertakes this mandate through the provision of policy guidance, data for decision making, monitoring progress and mobilizing and coordinating resources for results in the prevention of HIV transmission, provision of care and support to the infected and affected people in Kenya.

The 2015-2019 Strategic Plan referred to herein as the "Plan" is NACC's first institutional strategic plan following the reorganization of government in 2013 and placement of NACC under the Ministry of Health (MOH). Previously, NACC's strategic objectives were guided by the Kenya National AIDS Strategic Plans (KNASP).

This Plan takes cognizance of the constitutional provisions on devolution, the Bill of Rights including the right to the highest attainable standard of health care, national values to which all public officers ascribe and the importance of citizen participation especially in the HIV and health sectors. It recognizes the diverse

institutional mandates that facilitate the HIV response, governance systems that enhance performance and accountability for resources and results. This Plan will guide Kenya towards attaining KASF results, while acting as a five-year operational guide for NACC.

NACC's Vision is ***"To be a responsive authority in the multi-sectoral coordination of the Kenya HIV & AIDS response"***.

Drawn from its legal mandate, NACC's mission is ***"To provide policy and strategic frameworks, mobilize and coordinate resources for prevention of HIV transmission and provision of care and support to the infected and affected people in Kenya"***

The 2015-2019 Plan identifies three (3) strategic goals to be achieved in the next five years. These goals are informed by:

- What NACC must do as an organization in respect to its legal mandate as a state agency;
- What results NACC must ensure are delivered in the HIV response; and
- What NACC must put in place in order to enhance its institutional capacity to deliver on its mandate and KASF results.

The three (3) Strategic Goals identified are:

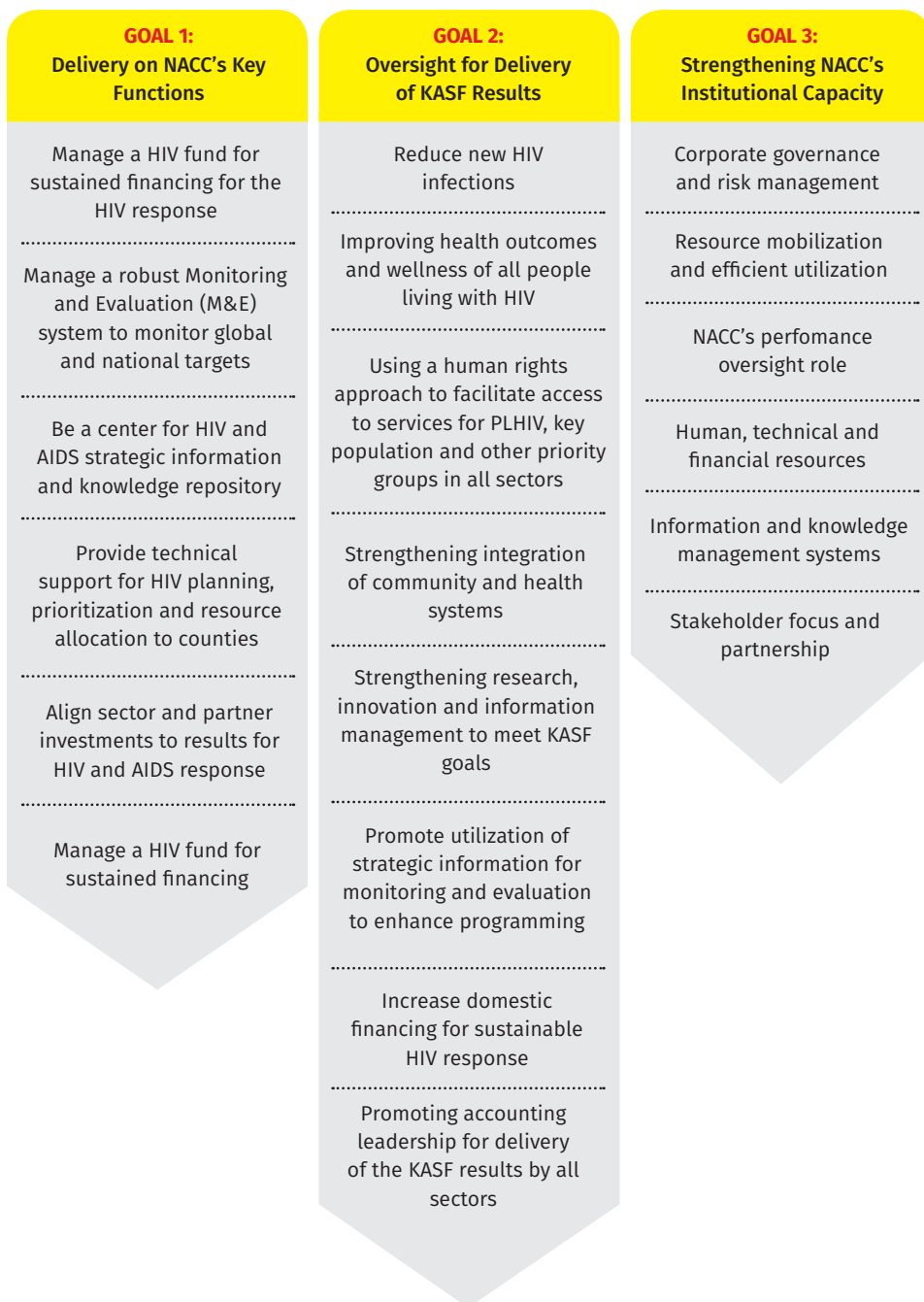
GOAL 1	Delivery on NACC's Key Functions: This goal is informed by NACCs legal mandate and a function analysis based on Kenya's governance systems with regard to devolution of HIV services; HIV as a multi-sectoral responsibility and requirements for citizen participation. Five (5) functional areas with a total of twenty two (22) strategies are defined.
GOAL 2	Oversight for the delivery of Kenya AIDS Strategic Framework (KASF): This goal is informed by NACC's responsibility and accountability for the results outlined in the KASF. The strategic directions form the basis upon which NACC's strategies are developed to ensure coordination of stakeholders, partners, different sectors, and Ministries, Departments and Agencies (MDAs) of Government; to monitor and track progress towards results; and to raise and align resources (both on and off-budget) towards KASF priorities. To better operationalize NACC's oversight role over KASF's implementation, the eight (8) strategic directions of KASF have been translated into 8 Functional Areas under NACC's oversight goal. KASFs priority intervention areas have then been matched with fifty one (51) strategic activities that will contribute to effective NACC oversight of each KASF intervention.
GOAL 3	Strengthening NACC's institutional capacity: The institutional foundation of NACC must be adequately strong to deliver on the expectations of the people of Kenya. NACC must be managed in accordance with International Standards of Governance and Accountability, and national guidelines for management of public institutions and resources. For NACC to achieve part of its mission of increasing domestic resources for the HIV response in the medium and long-term, institutional integrity is required. Eight (8) functional areas and thirty nine (39) strategies are identified to strengthen NACCs institutional capacity.

Results that will be achieved for NACC as an institution and the HIV response in delivering these 3 goals have been identified.

This Plan has been developed through a participatory process which involved interviews with support staff, middle level managers and the senior management of NACC. In addition, the NACC Council was involved in a brain-storming session on key parameters for this Plan. These parameters included values, mission, key functions and institutional strengthening needs. Additionally, focus group discussions were held

with a diverse pool of NACC staff, on two different occasions: first to identify and agree on key parameters of the Plan, and second to review the draft Plan. Lastly, targeted interviews were conducted with a sample of stakeholders representing development partners, implementing partners and organizations working with people living with HIV, to solicit their views on different aspects of this Plan.

FIGURE 1: SUMMARY OF NACC INSTITUTIONAL GOALS AND STRATEGIES



RESULTS MATRIX

EXPECTED RESULTS			
GOAL	RESULTS	Baseline 2014	End line 2019
GOAL 1: Delivery on NACC's Key Functions	Increased domestic financing for HIV response to 50%	25%	50%
	The HIV Trust Fund operational contributing 10% of HIV resources	0	10%
	County budgets contribute 10% of the County HIV Response investments by 2019	0	10%
	Increased utilization of strategic information to inform planning and program prioritization at national and county level	1	48
	Increased reporting rates for counties to the one country level M & E system to 80%	0%	80%
	Increase MDA reporting rate to the one country level M&E system to 100% by 2019	40%	100%
	80% of counties provided with online access to situation room	0	80%
	70% of ERC approved HIV related research studies uploaded into the HIV research hub	0	70%
	80% of NGO bureau-registered NGOs implementing HIV reporting through the HIPORS system by 2019	0	80%

EXPECTED RESULTS			
GOAL	RESULTS	Baseline 2014	End line 2019
GOAL 2: Oversight for Delivery of KASF	80% of counties have HIV in their County Integrated Development Plans	0%	80%
	Reduced new annual HIV infections among adults by 75%	88,000	22,000
	Reduce new HIV infections among Adolescents and Young people by 75%	9720	2430
	Reduced HIV transmission rates from mother to child to less than 5%	13,000	650
	100% County HIV Coordinating Units and Committees functional	0%	100%
	Reduced stigma and discrimination related to HIV among adults by 50%	45%	22.5%
	Reduced violence levels among key populations by 50%	22%	11%
	Establish the HIV, TB and STI web based research hub	0	1
	70% of all ERC approved HIV related research studies uploaded onto the HIV research hub.	0	70%
	Develop the Kenya HIV Situation Room	0	1
	Increased reporting rates for Counties to the one country level M & E system to 80% by 2019.	0%	80%
	Increase MDA reporting rate to the one country level M&E system to 100% by 2019.	54%	100%

EXPECTED RESULTS			
GOAL	RESULTS	Baseline 2014	End line 2019
GOAL 3: Strengthening NACC's Institutional Capacity	Annual performance contract rating of NACC increased	3.00	1.6.00 (Excellent)
	Retain annual ISO certification	100%	100%
	Unqualified annual institutional and donor audits	84%	100%
	80% of priority sectors develop sector specific HIV plans	0%	80%
	Development partners utilizing one national HIV commodities pipeline	N/A	100%
	80% timely KASF coordination meetings held at National and County level	0%	80%
	70% execution council resolutions and audits	50%	70%
	At least 30% of NACC tenders awarded to youth, women and people with disability	30%	30%
	Timely reporting on statutory obligations	100%	100%
	Monthly returns filed on-line and integrated to payroll and banking platform	100%	100%
	100% of financial transaction done through IFMIS	0	100%
	Compliance with the IPSAS (International Public Sector Accounting System)	100%	100%
	Compliance with NACC's procurement plan	10%	100%

01.

INTRODUCTION

1.1 Background

The National AIDS Control Council (NACC) was established in September 1999 as a State Corporation through Legal Notice No. 170 of 1999. At inception NACC was domiciled in the Office of the President, under the Special Programs ministry by 2013. Following the re-organization of government in 2013 through Executive Order No. 2/2013, NACC was placed under the Ministry of Health (MOH). As a semi-autonomous agency (SAGA) under the MOH, NACC is vested with the overall responsibility of coordinating the multi-sectoral national HIV and AIDS response.

NACC is thus mandated to, *inter alia*, set-up policies and strategies for the prevention and control of HIV and AIDS mobilize resources, monitor progress of the AIDS response, coordinate partners, communities and sectors for attainment of results.



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with the overall
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1.2 Rationale for a Strategic Plan

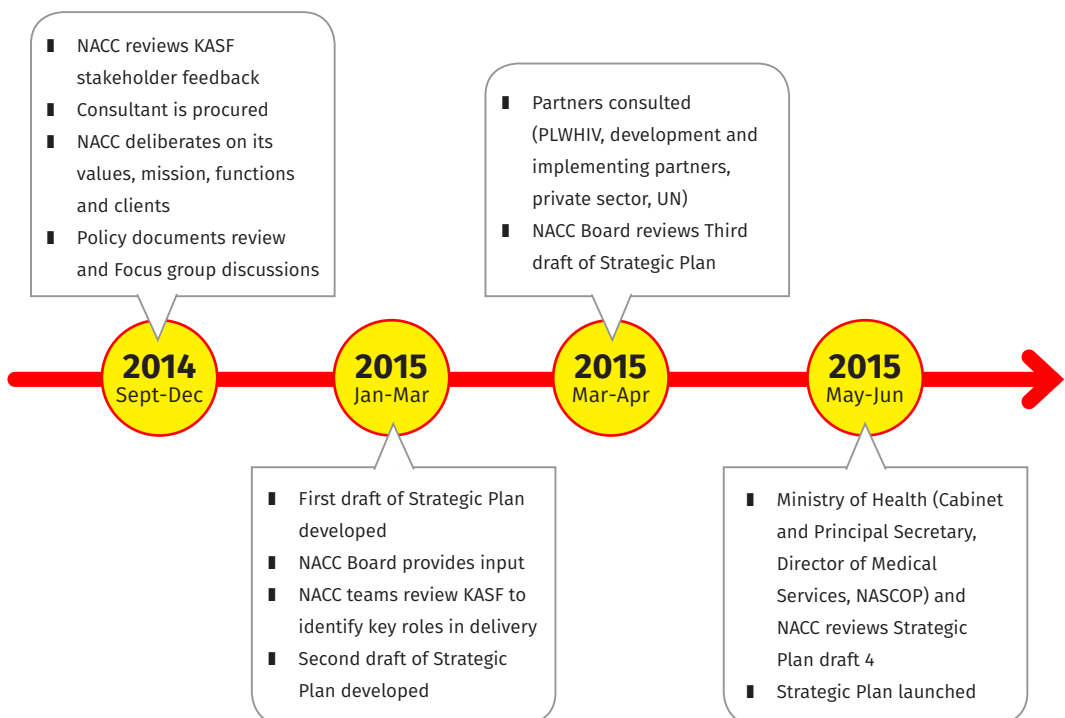
The national HIV and AIDS response was guided, driven and implemented through five-year plans, including Kenya National AIDS Strategic Plan (KNASP I, II & III) between 2000 and 2014. With the advent of the Kenya constitution 2010, counties have the responsibility to prioritize, plan and allocate resources based on their needs. Thus, the Kenya AIDS Strategic Framework (KASF) was developed taking cognizance of the need to provide County Governments with a framework, rather than a plan.

1.3 Process of developing the Strategic Plan

The planning framework, for Kenya and the HIV response will inform the Performance contracting indicators for NACC over the next four years, which will be captured in NACCs annual plan in compliance with the requirements of the Medium Term Expenditure Framework process for NACC.

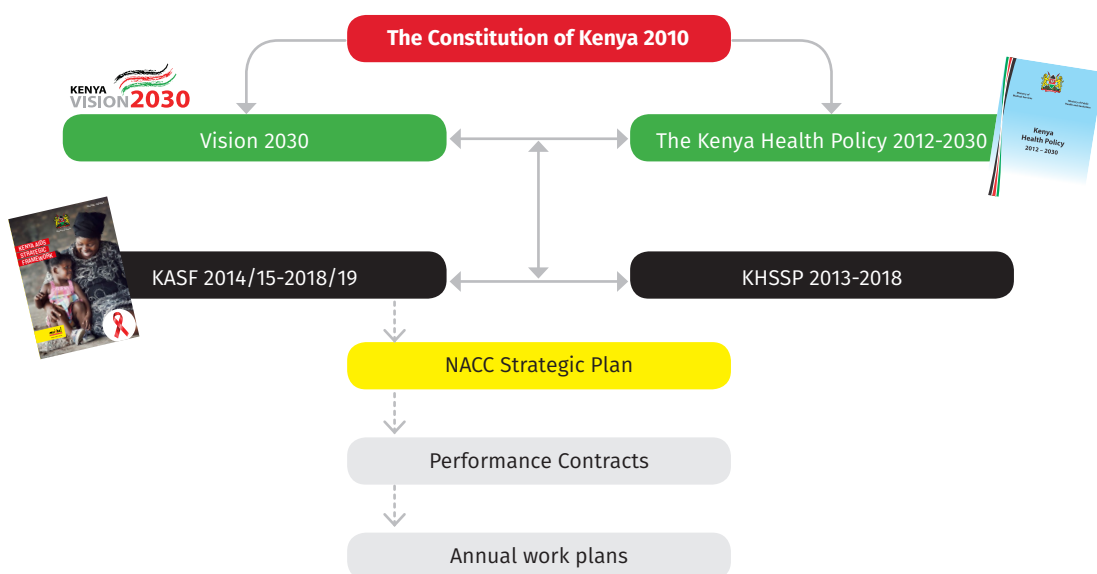
Figure 1 below summarizes the four-stage process of developing this Plan. Please note that details of the process are available as an annex to this document.

FIGURE 2: NACC STRATEGIC PLAN DEVELOPMENT PROCESS



In addition, the planning framework will inform planning decisions, and be cascaded into NACC's departmental and divisional work plans, guiding resource utilization/granting as outlined in the figure below.

FIGURE 3: NATIONAL PLANNING PROCESS



02.

SITUATIONAL
ANALYSIS

Strategic Plan Framework

This strategic plan is premised on four inter-connected elements:

FIGURE 4: ELEMENTS OF THE STRATEGIC PLANNING FRAMEWORK



2.1 Kenya and NACC's legal and governance framework

The Constitution of Kenya 2010 lays out an overarching legal framework for Kenya. For individuals, HIV is a health related issue. Article 43 of the Constitution provides that every person has a right “To the highest attainable standards of health, which includes the right to health care services including reproductive health”. At a population and national level, HIV is an economic and political issue for Kenya, which requires meaningful participation of all citizens, accountability by different sectors and coordination of the different stakeholders involved in its response. The HIV Prevention and Control Act, 2006 provides a framework against which the HIV response should be managed.

NACC as a state organ and its actors are obligated by the constitution to observe, respect, protect, promote and fulfill the rights in the Constitution and to take legislative, policy and other measures to achieve the rights guaranteed in the constitution progressively. NACC is required to ensure citizen participation in delivering its mandate. The Fourth Schedule of the Constitution of Kenya 2010 assigns functions to both the national and county governments, with clear delineation of resource, policy and operational matters. Chapter 6 of the Constitution outlines integrity requirements of public offices and officers, which have guided the development of this strategic framework. Additional legal instruments governing NACC include those that guide governance, finance, audits and programme management.

2.2 Kenya's Aspirations

The National AIDS Control Council Strategic Plan 2015 – 2019 is guided by the aspirations of Kenyans as articulated in various documents. Vision 2030 which aims to “Transform Kenya into a globally competitive and prosperous country with a high quality of life for all its citizens in a clean and secure environment by 2030” provides the blue print. NACC as a state agency under MOH provides overall coordination and oversight of the HIV and AIDS response.

This Plan is aligned to the Kenya Health Policy 2014 – 2030 whose overall vision seeks to “Attain the highest standard of health in a manner that is responsive to the needs of the Kenyan people.” In developing this plan, NACC aims to increase equity, efficiency, people-centered, and multi-sectoral approaches in the delivery of healthcare services. This Plan is also aligned to the Kenya Health Sector Strategic and Investment Plan (KHSSIP) July 2013 – June 2017 which is a five-year plan (Medium Term Plan II) for implementing the health policy. This MTP II aims to reduce prevalence of HIV and AIDS, and morbidity associated with HIV and AIDS, result areas for which NACC is overall responsible.² KASF 2014/2015 – 2018/2019 defines specific objectives of the HIV response, whose delivery by NACC this plan is designed to facilitate. These objectives incorporate:

- Reduce new HIV infections by 75%
- Reduce AIDS related mortality by 25%
- Reduced HIV related stigma and discrimination by 50%, and,

1 Article 43, Constitution of Kenya 2010.

2 The Second Medium Term Plan (MTP), 2013 – 2017.

- Increased domestic financing of HIV response to 50%³.

The Strategic Framework for engagement of the First Lady in HIV Control and promotion of Maternal, Newborn and Child Health in Kenya provides an opportunity for leveraging upon the leadership and political momentum to achieve Kenya's goals for elimination of Mother to Child Transmission of HIV (<5% transmission among all HIV positive pregnant women) in alignment with global goals.

Other global goals informed this Plan. The African Union Accelerated Plan for Elimination of HIV, TB and Malaria provides impetus to explore new areas of strategic engagement for NACC, which directly contribute to the economy of Kenya. Strategies to achieve the delivery of the UNAIDS guided “90-90-90” plan through various partners are considered. The UNAIDS plan envisages that by 2020, 90% of all PLHIV will know their status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and that 90% of all people receiving antiretroviral therapy will have viral suppression.

2.3 HIV Response Environment and Opportunities

2.3.1 Kenya's Progress in the HIV Response:

During the last decade, HIV prevalence in Kenya has dropped by half, moved from zero to over 750,000 people on treatment, attained over 70% HIV testing of the general population, reduced the percentage of youth reporting sexual debut before age 15 from 16.4% to 16.1%, and reduced transmission of new HIV infections to children by more than half. Knowledge and awareness

of HIV has increased to more than 80% of the population.

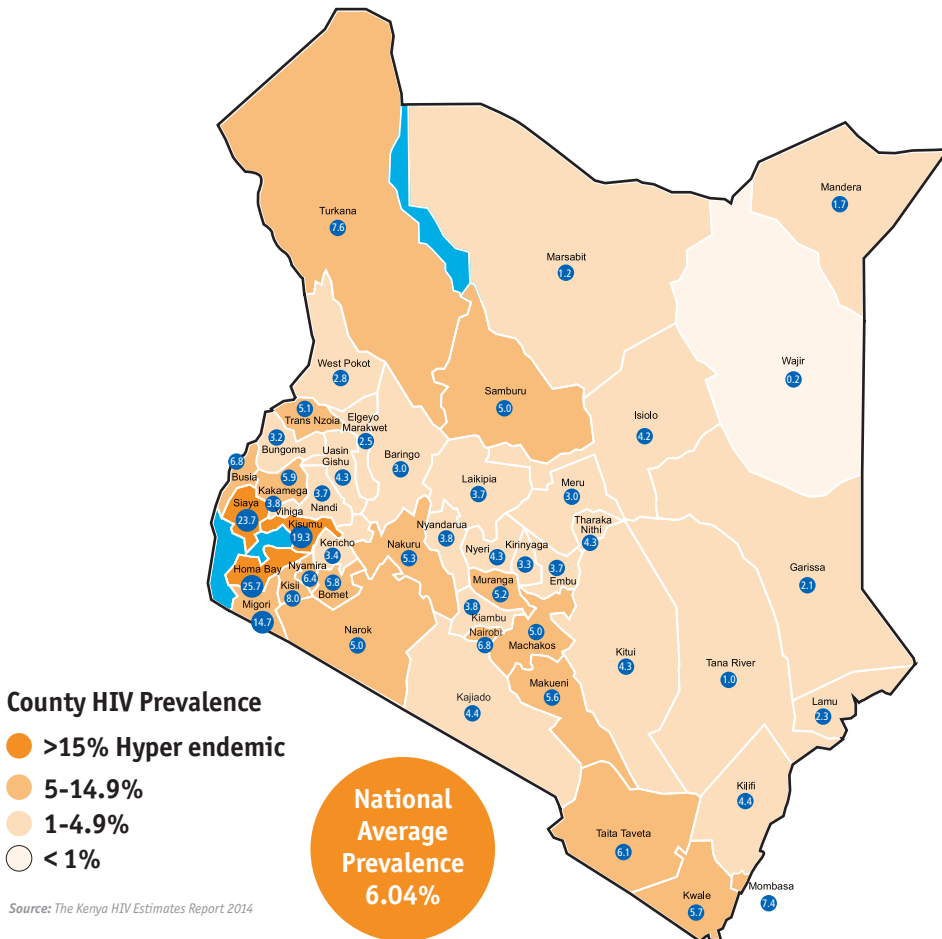
Kenya has made significant contributions to the body of knowledge in the HIV field and processes approximately 4,000 research proposals on HIV and health related research monthly. The HIV prevention roadmap outlines strategies for evidence-based programming and resource allocation, revolutionary thinking, and equitable programming for key populations (including sex workers, men who have sex with men and injecting drug users). High quality and ethically sound research have contributed to global and local policy in HIV testing and counselling, care and treatment, prevention of mother to child transmission, voluntary male medical circumcision, sexual violence and HIV and vaccine development. People living with HIV have become core policymakers and contributors to the HIV response. To safeguard gains made in reducing stigma and discrimination, the communities advocated for the establishment of a HIV and AIDS Tribunal which protects rights and promotes the dignity of persons living with HIV.

HIV is an indicator within the Government of Kenya's performance contracting mechanism, which requires that all Ministries, Departments and Agencies of Government implement HIV related activities and report to the National AIDS Control Council. This has ensured a multisectoral response. Kenya's Current HIV Status:

Kenya's HIV prevalence is 6% with significant gender diversity and geographic diversity ranging from 0.2% to 27.1% across different Counties⁴. 1.6 Million of Kenya's over 40 Million population are living with HIV, making Kenya the world's fourth largest HIV epidemic.

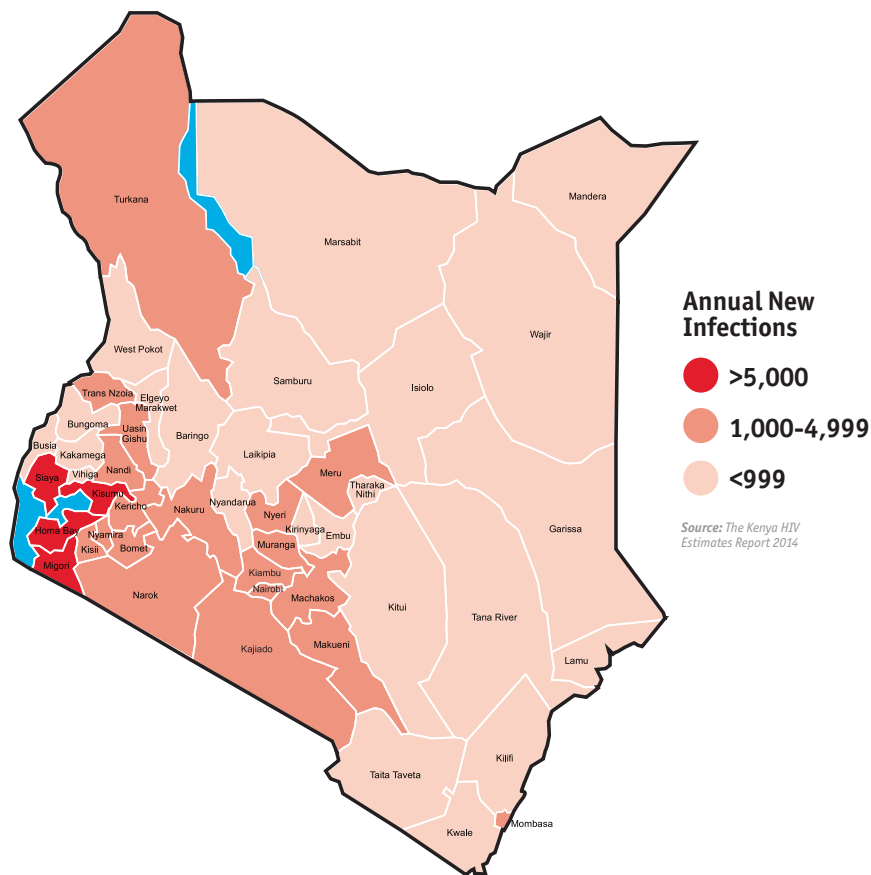
³ Kenya Aids Strategic Framework 2014/15 – 2018/19.

⁴ Government of Kenya: Kenya Aids Strategic Framework (KASF) 2014/15-2018/19.

FIGURE 5: ADULT HIV PREVALENCE BY COUNTY

The annual rate of new infections as at 2013 stood at 88,000 among adults and 13,000 among children. Key populations contribute 30% of new infections although their absolute population is estimated at less than 500,000. Married and cohabiting unions account for 45% of new infections, with approximately 260,000 HIV sero-discordant couples. Young women

aged less than 24 years, including those who constitute key populations account for 21% of new infections. Among youth aged (15-24), HIV prevalence among women is higher (4.3%) than men at (1.1%). Almost half of people living with HIV have experienced stigma and discrimination, which impacts ability to disclose status and taking up HIV services.

FIGURE 6: ESTIMATED HIV INCIDENCE AMONG ADULTS (15+) BY COUNTY

Counties	New HIV infections
● Homa Bay	12,279
● Kisumu	10,349
● Siaya	9,869
● Migori	6,786
● Kisii	4,891
● Nakuru	4,127
● Nairobi	3,098
● Turkana	2,997
● Kiambu	2,931
● Nyamira	2,052
● Muranga	1,984
● Uasin Gishu	1,921
● Bomet	1,875
● Trans Nzoia	1,867
● Narok	1,806
● Mombasa	1,609
● Kajiado	1,545

Counties	New HIV infections
● Machakos	1,463
● Nyeri	1,307
● Nandi	1,253
● Kericho	1,214
● Makueni	1,193
● Meru	1,090
● Kitui	988
● Nyandarua	899
● Kilifi	821
● Kirinyaga	795
● Baringo	707
● Laikipia	692
● Kwale	623
● West Pokot	576
● Embu	518
● Samburu	461
● Tharaka	410

Counties	New HIV infections
● Elgeyo Marakwet	400
● Taita Taveta	330
● Kakamega	154
● Isiolo	151
● Mandera	137
● Garissa	116
● Bungoma	83
● Marsabit	81
● Busia	51
● Lamu	44
● Tana River	40
● Vihiga	31
● Wajir	18
Kenya	88,622

2.3.2 Implications of Kenya's HIV State:

To health and wellbeing:

HIV and AIDS continues to be the leading cause of death in Kenya contributing about 29% of the total annual deaths. It is also the leading cause of high Disability Adjusted Life Years (DALY's) in Kenya at 24.2%⁵. Unsafe sex has been attributed to as a key risk factor contributing to about 1 in every 3 deaths (30%) in Kenya. HIV and AIDS is the leading cause of mortality among adolescents and young people aged below 24 years. Kenya is committed to ending maternal and child mortalities and attaining global goals in this area, with high levels of political commitment. However, HIV still contributes to 25% of maternal deaths, 15% of child mortalities. Tuberculosis in Kenya remains largely driven by HIV, with 70% co-infection rates. Data suggest that into the future, HIV will remain a significant contributor to the burden of non-communicable diseases. Population studies show high levels of sexual violence among children and adolescents in Kenya, an issue associated with HIV infections. Kenya has approximately 1,100,000 orphans due to AIDS.

To the economy:

Kenya's HIV epidemic has both short and long term economic liabilities akin to sovereign debt. The current and future need for ART, including the more expensive 2nd line treatment needs will naturally increase and the need to invest in prevention to reduce the numbers of those acquiring HIV is urgent. 70% of HIV funding originates from Development Partners. With dwindling resources, rethinking domestic financing options is essential. Data suggests that investment in HIV could provide 10 times more return on investment (300%) than that realized from infrastructure projects (usually about

30%) within three decades. Expansion of fiscal space to frontload resources into HIV prevention in the short-term and finance treatment in the long-term is needed. Government revenue at national and county levels will remain the more significant resource; hence levies need to be explored for the required recurrent long term costs.

Emerging Opportunities Within the HIV response:

The current status provides a range of opportunities for the National AIDS Control Council in to reshape the HIV response.

- i) The Kenya HIV Strategic Framework 2014/2015-2018/2019 (KASF) outlines results expected from the HIV response.
- ii) Kenya's Vision 2030 and the MPT II have set an ambitious goal of 4% prevalence; and vests in NACC the responsibility to guide and provide technical assistance and capacity building to counties.
- iii) The Annual Medium Term Expenditure Framework cycles provide opportunities for performance/progress reviews and HIV budgetary provisions.
- iv) Decreasing donor resources and their implications for Kenya's long-term economic liabilities from HIV; and their basing/ promotion of Kenya to lower middle income status urgently necessitate new funding and resource commitment mechanisms. NACC must therefore work differently to position HIV as a smart investment option for the exchequer to expand fiscal space, make operational a HIV fund, make tangible gains from efficiency options and drive down costs of commodities and service delivery. NACC must prepare Kenya for this eventual impact of re-basing on conces-

⁵ Kenya Health Sector Strategic and Investment Plan (KHSSP) July 2013 – June 2017.

sions in different financing instruments and health related trade agreements.

- v) The Public Benefit Organizations Act provides an opportunity for strengthened co-ordination of stakeholders and partners for results articulated in the KASF.
- vi) On-going scientific breakthroughs in HIV research for programming and interventions require NACCs capability for expedited translation into policy, in order to optimize value and benefits.
- vii) The Private Public Partnership Act 2013 provides unexplored opportunities for NACC to harness private sector experience, competencies and resources.

2.4 Stakeholders and partnerships

Stakeholders including the public sector, private sector, faith-based organizations, community-based organizations, organizations representing people living with HIV, as well as development and implementing partners were interviewed on perspectives of what NACC has done well in the past (strengths), the impending challenges and options for solutions.

2.4.1 Strengths and Opportunities

Stakeholders hold a positive view of NACC's staff, management and the leadership of the Council. Most important, they hold in high regard NACC's track record of delivering on its mandate and building the capacity of communities for the HIV response. NACC has reached out and is in touch with communities and organizations at the grassroots, including 10,000 civil society organizations, vulnerable and marginalized populations country-wide. It was noted that NACC has "fully owned the disease and created a home for

HIV and AIDS", as a recognized institution that coordinates the HIV response.

The inclusiveness of NACC's board testifies this ownership. With the county profiles on HIV, NACC has made good attempts to mobilize political support at the county level and create AIDS awareness. Using the county profiles to get the buy-in of county governments will further entrench ownership of the HIV response.

NACC benefits from technical support facilities made available by development partners. This support has bridged resources, knowledge, capacity building and other technical gaps in the quest to scale-up effective and efficient interventions. In view of Kenya's structural and governance changes, a technical facility to facilitate counties will be vital for offering quick and localized programmatic support.

2.4.2 Weaknesses and Challenges

The current funding model for the HIV and AIDS response is unsustainable given its heavy dependence on development partners. A HIV and AIDS Trust Fund is required to support long-term financing.

Coordination of partners has been a challenge for NACC, making it difficult to facilitate accountability for resources and results. There is need for NACC to develop a strategy to disaggregate results and contribution of partners to address double reporting for development partners.

In conclusion, from a stakeholders' perspective, whereas challenges exist, they are surmountable given the existing and potential strengths and opportunities. Stakeholders are receptive and willing to engage NACC, both in decision-making and in exploring alternative avenues to increase domestic funding towards the HIV response.

2.4.3 SWOT Analysis of the NACC Institution

The table below summarizes the Strengths, Weaknesses, Opportunities and Threats that NACC faces.

TABLE: SUMMARY OF NACC STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS.

Strengths	Weaknesses
<ul style="list-style-type: none"> ■ HIV and AIDS attention in national policy development ■ Resource Mobilization and granting ■ Data Management on HIV and AIDS response ■ Political Goodwill ■ Creation & Coordination of Partnerships ■ Competent & motivated staff ■ Institutional presence at lower level with County AIDS Coordinators ■ A well developed sub-granting mechanism 	<ul style="list-style-type: none"> ■ Dwindling attention to HIV and AIDS ■ Coordination of HIV stakeholders ■ Long-term financing for the HIV response ■ Lack of staff at county level ■ Inadequate corporate branding ■ Internal communication ■ Over-reliance on donor funding ■ Lack of contribution of HIV results to partners ■ Lack of capacity building standards for HIV training institutions
Opportunities	Threats
<ul style="list-style-type: none"> ■ Political Goodwill ■ Technology and ability to establish a HIV and AIDS knowledge management center ■ Resource mobilization at county level ■ Devolution ■ HIV financing options from private sector and the exchequer ■ Community and stakeholder goodwill ■ Technical support and sub-granting for counties ■ Hosting the Beyond Zero Campaign Secretariat 	<ul style="list-style-type: none"> ■ NACC current legal standing ■ Financial stability (donor dependence) ■ Donor withdrawal due to country re-basing ■ County engagement in the HIV response ■ Non-alignment implementing partners work to the KASF ■ High staff attrition

The SWOT matrix and the situational analysis contribute to the strategic objectives and expected results in the next five years.

03.

STRATEGIC DIRECTION

3.1 NACC mandate

NACC's mandate is derived from the legal Notice No. 170 of 1999 which places NACC as the overall coordinator of HIV and AIDS national response. NACC envisions being a responsive authority in the multi-sectoral coordination of the Kenya HIV & AIDS response. Its mission is to provide policy and strategic frameworks, mobilize and coordinate resources for HIV prevention and provision of care and support to the infected and affected. One such framework is KASF, whose implementation NACC oversees.

3.2 Value Statement

Values are set of beliefs and standards of behavior that drive NACC's agenda. They define the norms and standards of behavior in day to day operations. These values must be held by all NACC staff to enhance corporate culture, identity and success. The Constitution of Kenya has identified National Values and Principles of Governance.⁶ NACC, as expected of all MDAs espouses these values and will endeavor to realize them. These include:

- a) Patriotism, national unity, sharing and devolution of power, the rule of law, democracy and participation of the people;
- b) Human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalized;
- c) Good governance, integrity, transparency and accountability; and
- d) Sustainable development.

Drawn from these guiding principles, NACC's core values are:

Integrity – We commit to act with honesty, fairness and transparency in working with all stakeholders, and in our internal operations.

Professionalism – We commit to uphold ethics, and are committed to high standards of excellence in working with all our stakeholders and in our day to day operations.

Accountability – We commit to be responsive and accountable for the services provided, and resources made available to ensure a coordinated HIV response.

Diversity – We desire to work with and serve all without discrimination, fear or favor based on race, tribe, gender, sexual orientation etc.

Flexibility – We commit to change and be dynamic, based on evidence on the disease pattern and the attendant response

3.3 The NACC Strategic Plan

The Plan identifies three (3) primary goals:

- i) Delivery on NACC's key functions in respect to the activities that must be operationalized for NACC to deliver on its mandate;
- ii) Oversight for delivery of KASF results; and
- iii) Strengthening NACC's institutional capacity to deliver on its mandate by strengthening NACC's programming and operations.

Institutional strengthening is drawn from the gaps and opportunities identified as key for redress, to deliver on NACC's functions and KASF oversight role. Accompanying each goal, strategies have been formulated for operationalization, to ensure that NACC delivers on its mandate.

⁶ Article 10 2).

Goal 1: Delivery on NACC's Key Functions

NACC's five (5) key functions are derived from NACC's mandate. They include to:

1 Manage a HIV fund for sustained financing of the HIV response

2 Manage a robust monitoring and evaluation (M&E) system to monitor global and national targets

3 Be a center for HIV and AIDS Strategic Information and knowledge repository

4 Provide technical support for HIV planning, prioritization and resource allocation to counties

5 Align Partner, Sector and Ministries, Departments and Agencies' Investments to Results for HIV and AIDS

For the purpose of this document, the functions have been aligned into respective functional areas, with different strategic directions, each supported by a set of aligned activities:

Functional Area 1:

Manage a HIV Fund for Sustained Financing of the HIV Response

Strategy 1: Establish and manage a HIV fund with oversight for accountability and risk management by a multi-sector HIV Investments Advisory Committee.

Strategy 2: Engage government at national and county levels for a HIV budget line and resources to finance the funding gap.

Strategy 2: Facilitate sub-granting of implementing partners and counties through results-based financing models.

Strategy 3: Develop HIV resource investment/ allocation criteria to inform resource allocation among donors, partners and for government (national and counties).

Functional Area 2:

Manage a Robust M&E System and Monitor Progress on Global and National Targets

Strategy 1: Manage a functional HIV and health data dashboard ('situation room') for national and county levels.

Strategy 2: Produce reliable annual national and county HIV reports and estimates.

Functional Area 3:

Manage a Center for HIV and AIDS Strategic Information and Knowledge Repository

Strategy 1: Manage an online and web-based repository of Kenyan HIV research reports, articles and data.

Strategy 2: Promote policy utilization of data and research results.

Strategy 3: Develop a sustainable mechanism for HIV communication targeted at different stakeholders and communities across Kenya.

Functional Area 4:

Provide Technical Support for HIV Planning, Prioritization and Resource Allocation by Counties

Strategy 1: Operationalize County HIV coordinating infrastructure and systems.

Strategy 2: Manage a HIV support facility to link technical assistance, information and resource needs across different stakeholders and with counties.

Functional Area 5:

Align Partner, Sector and Ministries, Departments and Agencies' Investments to Results for HIV and AIDS

Strategy 1: Review and strengthen performance contracting mechanism to align the HIV indicator with KASF results.

Strategy 2: Develop, negotiate and evaluate progress of targets for priority sectors based on sector-specific budgeted plans.

Strategy 3: Develop criteria to monitor HIV investment by partners, MDAs and other sectors.

Strategy 4: Map-out partners and develop annual reports of partner (development, government, private sectors and NGO's) contributions to the HIV response.

Strategy 5: Develop and implement a partnership accountability framework and a partners reporting system informed by KASF results.

Goal 2: Oversight for Delivery of KASF Results

NACC is overall mandated and accountable for the attainment of results outlined in KASF. Its roles include: coordination, monitoring, oversight and facilitation of different development and implementing partners, stakeholders, ministries and government agencies and counties to deliver on results outlined in each of the strategic directions of the KASF. The results in each of the eight (8) KASF strategies will be addressed through the strategies outlined below by the different divisions in NACC respectively responsible for each KASF implementation strategy. For practical purposes, each functional area below has been formulated to respond to a respective KASF Strategic Direction, and NACC Strategies aligned to each KASF Priority Intervention Area.

Functional Area 1:

Reduce New HIV Infections

KASF Priority Intervention 1:

Granulate the HIV epidemic to intensify HIV prevention efforts to priority geographies and populations.

KASF Priority Intervention 2:

Adapt and scale-up effective evidence-based combination prevention

KASF Priority Intervention 3: Maximize efficiency in service delivery through integration

KASF Priority Intervention 4: Leverage opportunities through creation of synergies with other sectors.

Strategy 1: Advocate and ensure continued and adequate support for the Modes of Transmission and similar studies at National and County Level.

Strategy 2: Provide oversight for implementation of the Kenya HIV prevention roadmap, starting with a county-specific approach in select counties.

Strategy 3: *Advocate for technical support for the evaluation of county operational plans*
Facilitate identified HIV agenda among the key constituencies.

Strategy 4: Facilitate development and implementation of an operational plan for HIV prevention among adolescents and young women.

Strategy 5: Provide administrative and programmatic support to the Beyond Zero Campaign secretariat.

Strategy 6: Enhance multi-sectoral partnerships with coordinators and implementers of Reproductive Maternal, Neonatal, Child Health; Sexual and Reproductive Health, Tuberculosis and Malaria Programmes.

Strategy 7: Facilitate implementation of the education and other priority sector HIV plans including, review and delivery of HIV curricula in primary, secondary and tertiary institutions of learning.

Functional Area 2:

Improving Health Outcomes and Wellness of All People Living With HIV

KASF Priority Intervention 1:

Improve timely linkage to care for persons diagnosed with HIV

KASF Priority Intervention 2:

Increase coverage of care and treatment and reduce loss in the cascade of care

KASF Priority Intervention 3: Scale up interventions to improve quality of care and improve health outcomes

Strategy 1: Facilitate operation of the Strategic Direction Monitoring Group 2, to monitor health sector and NASCOP progress towards KASF targets at national and county levels

Strategy 2: Liaise with national coordination structures to promote uptake of HIV for maternal and child health services, and strengthen linkages between community and facilities' uptake; adherence support, community and health information systems.

Strategy 3: *Scale up* support to stakeholder groups at national and county levels to strengthen community involvement in the HIV response, for targets.

Functional Area 3:

Using a Human Rights Approach to Facilitate Access to Services for PLHIV, Key Affected Populations and Other Priority Groups in all Sectors

KASF Priority Intervention 1:

Remove barriers to access for HIV, SRH and rights information and services in public and private entities.

KASF Priority Intervention 2:

Improve national and county legal and policy environment for protection and promotion of the rights of priority and key populations, and people living with HIV.

KASF Priority Intervention 3:

Reduce and monitor stigma and discrimination, social exclusion and sexual and gender-based violence.

KASF Priority Intervention 4:

Improve access to legal and social justice; and protection from stigma and discrimination in the public and private sector.

Strategy 1: Identify specific barriers to service uptake by priority and key populations, develop and implement an advocacy strategy to reduce barriers at national and county levels.

Strategy 2: Analyze legal and policy context of HIV services for PLHIV, priority and key populations and identify priorities for policy and legal reforms at county and national levels.

Strategy 3: Implement a campaign to reduce stigma and discrimination against PLHIV, Key populations and other priority groups.

Strategy 4: Develop guidelines and facilitate implementation of interventions that address gender-based violence, and care in HIV programming.

Strategy 5: Review curriculum for all governance, justice, law, and order sector MDAs to include HIV related matters in the pre- and in-service training programmes.

Functional Area 4:

Strengthening Integration of Community and Health Systems

KASF Priority Intervention 1:

Provide a competent, motivated and adequately staffed workforce at the national and county levels to deliver HIV services integrated in the Essential Health Package;

KASF Priority Intervention 2:

Strengthen the health service delivery system at national and county levels, for the delivery of HIV services, integrated in the Essential Health Package.

KASF Priority Intervention 3:

Improve access to and rational use of, quality essential products and technologies for HIV prevention, treatment and care services.

KASF Priority Intervention 4:

Contribute to a strengthened Community Health Strategy and service delivery system for HIV prevention, treatment and care services at national and county levels.

Strategy 1: Engage implementers of the EHP at national and county level, and advocate for prompt filling of gaps adversely affecting HIV product and service quality and uptake.

Strategy 2: Strengthen community advocacy for increased demand for HIV services, coverage of services; improved quality of services and funds allocation.

Strategy 3: Strengthen the capacity of affected and infected persons on rights to access HIV and AIDS services.

Strategy 4: Liaise with communities and other stakeholders to regularly monitor implementation of services and access to essential commodities; engage with relevant agencies for strategic decision making and advise counties as appropriate.

Functional Area 5:

Strengthen Research, Innovation and Information Management to Meet KASF Goals

KASF Priority Intervention 1:

Resource and implement a HIV research agenda informed by KASF.

KASF Priority Intervention 2:

Increased evidence-based planning, programming and policy changes.

Strategy 1: Develop, resource and facilitate implementation of a HIV research agenda informed by KASF.

Strategy 2: Establish a multi-sectoral and interactive web-based HIV research hub.

Strategy 3: Biennially organize the *Maisha* HIV and AIDS Research Conference to engage stakeholders to identify research, knowledge gaps and new insights in respect of the implementation of KASF.

Strategy 4: Collate research data and reports to provide bi-annual policy and technical briefs that guide decision making.

Strategy 5: Track on-going HIV research in Kenya and respond to KASF needs.

Functional Area 6:

Promote Utilization of Quality Strategic Information for Monitoring and Evaluation to enhance Programming

KASF Priority Intervention 1:

Strengthen M&E capacity to effectively track KASF performance and HIV epidemic dynamics at all levels.

KASF Priority Intervention 2:

Ensure harmonized, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data as per national and sector priority information needs.

KASF Priority Intervention 3:

Establish a multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability at county and national level.

Strategy 1: Develop a robust M&E system and framework aligned to KASF.

Strategy 2: Define and monitor implementation of reporting protocols for each subsystem of KASF assigning responsibility for frequency of reporting, tools and feedback mechanisms.

Strategy 3: Facilitate routine and regular HIV surveillance, and quality assessments.

Strategy 4: Develop and feedback to each sector, Ministry, Department and Agency and county through quarterly reports on performance and an annual score-card/gap report.

Strategy 5: Manage and be responsible for the functioning of M&E working groups, and provide oversight for Strategic Direction working groups.

Functional Area 7:

Increasing Domestic Financing for Sustainable HIV Response

KASF Priority Intervention 1:

Maximize efficiency of existing delivery options for increased value and results within existing resources.

KASF Priority Intervention 2:

Promote innovative and sustainable domestic financing options.

KASF Priority Intervention 3:

Align HIV resources/ investment to strategic framework priorities.

Strategy 1 : Undertake annual HIV expenditure tracking for Kenya

Strategy 2: Develop and implement a Public Private Partnership (PPP) framework to mobilize resources for the HIV response from the private sector.

Strategy 3: Explore consideration of HIV parameters in the national revenue allocation formulae

Strategy 4: Develop and implement an advocacy agenda for increased domestic financing for HIV

Strategy 5: Develop a long-term strategy to capitalize HIV treatment as part of the National Health Insurance Fund.

Strategy 6: Advocate for realignment of targeted infrastructure resources and develop guidelines for application to KASF results

Functional Area 8:

Promoting Accountable Leadership for Delivery of the KASF Results by all Sectors

KASF Priority Intervention 1:

Build and sustain high level political and technical commitment for strengthening country and counties' ownership of the HIV response.

KASF Priority Intervention 2:

Entrench good governance and strengthen multi-sector and multi-partner accountability for delivery of KASF results.

KASF Priority Intervention 3:

Establish and strengthen functional and competent HIV coordination mechanism at the national and county level.

Strategy 1: Develop a negotiated Memorandum of Understanding with the Council of Governors for delivery of the HIV response.

Strategy 2: Map and rationalize implementing and development partners' resource allocation and utilization by county and interventions for KASF results.

Strategy 3: Ensure harmonized routine reporting by implementing partners, to inform county planning, prioritization and resource allocation.

Strategy 4: Facilitate development of and monitor implementation of County HIV Strategic and/or work plans.

Strategy 5: Establish mechanism for routine and annual progress review of KASF.

Strategy 6: Monitor functional capacities of county HIV committees and facilitate capacity building.

Goal 3: Strengthening NACC's Institutional Capacity

To effectively function as a State agency and deliver on the goals outlined in this strategic framework, including managing a HIV Fund and the HIV situation room that is expected to be accessed routinely by His Excellency the President, NACC needs to strengthen its institutional capacity and capability. Under Goal 3 therefore, six (6) key functional areas have been identified for strengthening. These areas include;

- i) Corporate Governance and Risk Management
- ii) Resource Mobilization and Efficient Utilization
- iii) NACC's Performance Oversight Role
- iii) Strategic Human, Technical and Financial Resource Management Systems
- iv) Information and Knowledge Management Systems
- v) Stakeholder Engagement and Partnerships

Functional Area 1:

NACC's Corporate Governance & Risk Management

Strategy 1: Strengthen NACC corporate governance and regularly evaluate Board performance in accordance to international and Government of Kenya provided standards as outlined in Executive Order No.3/2014⁷ and the Mwongozo, the Code of Governance for State Corporations issued under Executive Order No.7

of 2015, regulations and procedures including but not limited to National Values and Corruption Prevention within NACC's operations.

Strategy 3: Monitor compliance to annual internal Audit plan with 100% resolution of outstanding matters.

Strategy 4: Implement and continuously review a NACC risk management plan, with requisite staffing and resourcing

Strategy 5: Engage relevant authorities to situate NACC in an Act of Parliament

Functional Area 2:

Resource mobilization and efficient utilization

Strategy 1: Develop and implement a resource mobilization strategy

Strategy 2: Review and further strengthen NACC's sub-granting mechanisms and systems.

Strategy 4: Engage Treasury for direct funding from the exchequer.

Functional Area 3:

NACC's Oversight Role

Strategy 1: Develop capacity of NACC staff and operational systems to monitor delivery of KASF and the functioning and follow-up on actions from committees.

Strategy 2: Routinely monitor status of performance contract across all Departments and Divisions.

Strategy 3: Review, maintain and strengthen the NACC ISO quality management systems and NACC institutional committees.

⁷ Government of Kenya: Executive Order No. 3/2014. "Strengthening of the National Government Coordination Function at the County Level". May, 2014. Nairobi.

Functional Area 4:

Strategic Human, Technical and Financial Resource Management Systems

Strategy 1: Review NACC structure, implement a performance-based management system and a HR policy aligned with KASF and NACC strategic plan.

Strategy 2: Recruit and maintain highly qualified and motivated staff.

Strategy 3: Resource and develop training and capacity building plan and mechanisms for NACC personnel in alignment to the performance management system.

Strategy 4: Facilitate the establishment of the Beyond Zero Campaign Secretariat and delivery of it's the mandate.

Strategy 5: Implement an integrated and automated human resource and financial management system to manage budgeting processes, procurements, payments, staff returns, and payroll.

Strategy 6: Review and strengthen administration and logistics support systems for increased efficiency in delivery of NACC functions.

Strategy 7: Monitor compliance to Government and International Public Sector Accounting and Financial Management Standards, with 100% unqualified audits.

Strategy 8: Comply with annual procurement plan, in line with Government procurement regulations, and integrated with the Integrated Financing Management Information Systems (IFMIS).

Functional Area 5:

Information and Knowledge Management Systems

Strategy 1: Implement the Information and Communication, Technology (ICT) strategy with a comprehensive information security management plan.

Strategy 2: Implement an enterprise solution to integrate Information and Communication, Technology for NACC's institutional operations and efficiency including internal and external communication, data quality management system, Computer Aided Audit Techniques (CAATs).

Strategy 3: Operationalize a seamless technological environment for management of HIV related solutions including, but not limited to, Geographical Information System (GIS), the HIV Implementing Partners Online Reporting System (HIPORS), the HIV situation room (HSR), and the Grant Management System.

Strategy 4: Implement and maintain an operational data-centre for an online knowledge management hub, accessible to counties, Ministries, Departments and Agencies of Government and stakeholders with routine feedback on performance.

Functional Area 6:

Stakeholder Focus and Partnerships

Strategy 1: Develop and implement a media engagement plan for the HIV response and key HIV matters.

Strategy 2: Identify and develop communication strategies and communication plans with, and for NACC stakeholders.

Strategy 3: Develop stakeholder feedback mechanisms for reports and data, for communication and information.

Strategy 4: Develop and implement a NACC Corporate Communication Strategy.

04.

RESULTS AND IMPLEMENTATION OF THE NACC STRATEGIC PLAN

4.1

Introduction

This plan envisions results that NACC as an institution is expected to deliver through the implementation of strategies outlined in the preceding chapter. The NACC team will set annual targets aligned to this Plan by specifying annual activities that are mapped to specific goals, objectives and strategies. NACC is committed to efficiently budget and allocate resources towards the achievement of high-impact results through sustained and structured coordination and collaboration with development and implementing partners.

The Plan highlights the key functional responsibilities of various departments of NACC and enables each division and department to focus on specific roles in the HIV response. Such alignment will enable administrative units to collectively contribute to the achievements of its goals and objectives. The structure identifies and sustains strategic institutional relationships that minimize functional overlaps, and with clarity of roles and responsibilities. It also maps out the organizational structures at the national and county levels required to implement this plan and the staffing needs and how each functional area fits into the plan. It aims to improve motivation of staff through explicit assignments of responsibilities for implementing and monitoring programmes.

4.2

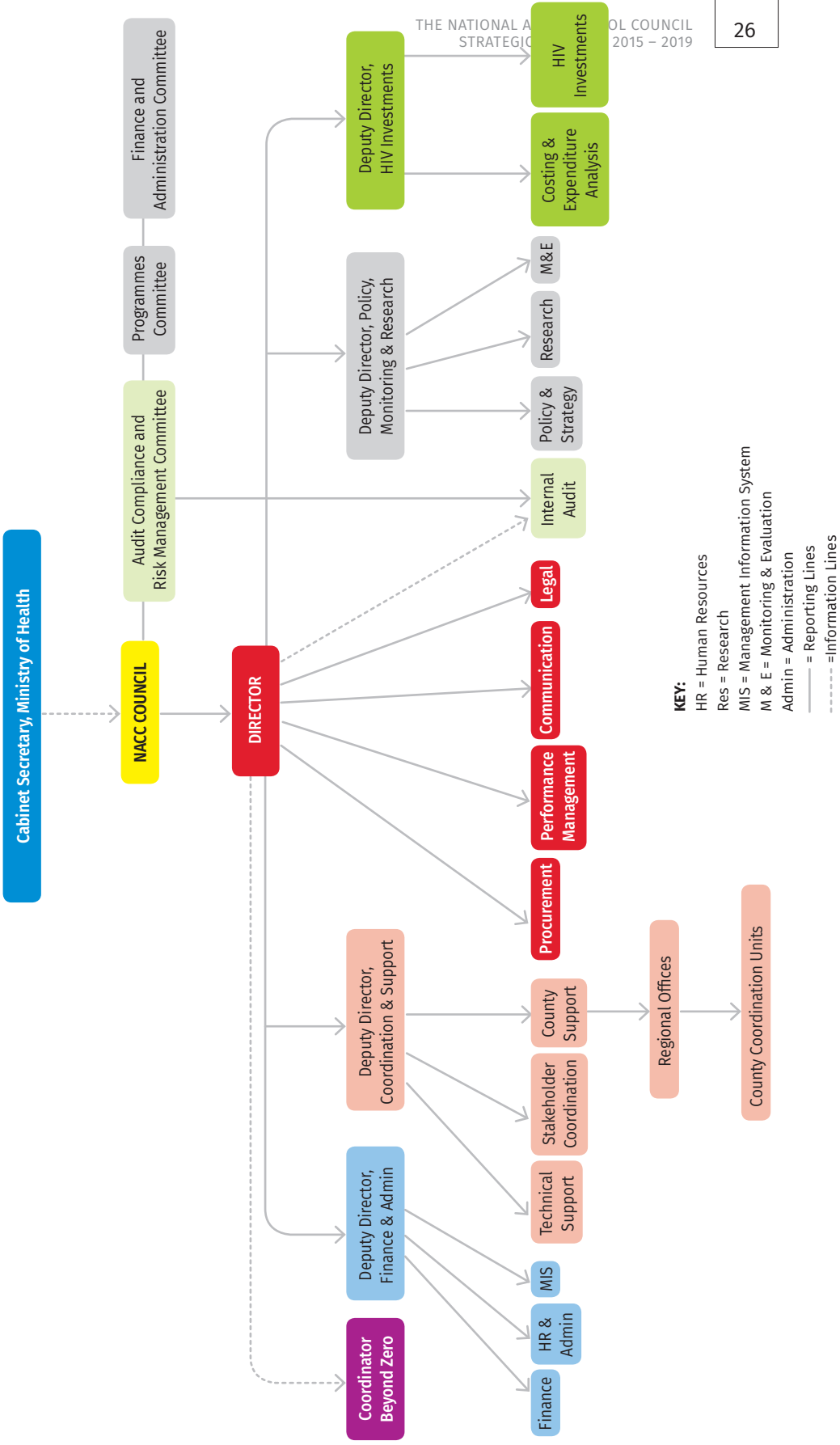
Five Year Expected Results

TABLE 2: RESULTS MATRIX

EXPECTED RESULTS	
GOAL	RESULTS
GOAL 1: Delivery on NACC's Key Functions	All 47 counties have a HIV budget line accounting for at least 30% of the County HIV Response by 2019
	80%-90% of all HIV investment resources accounted for by 2019 by MDAs, partners & other sectors
	One (1) national and at least 24 County Data Situation Rooms established by 2019
	47 County Coordinating Units created and operationalized by 2019
	Functional and reliable web-based repository center created by 2019
	Five (5) HIV reports and estimates [national and county] produced by 2019
	80%-90% of partners report on results and outcomes to NACC
GOAL 2: Oversight for Delivery of KASF	Reduced annual new HIV infections among adults by 75%
	Reduced HIV transmission rates from mother to child to less than 5%
	A cascaded and county-specific HIV prevention program in all 47 counties
	80%-90% primary, secondary and tertiary institutions use a revised HIV curriculum
	80%-90% adolescent and young women capacitated on HIV prevention
	At least 90% of support groups facilitated through their umbrella body
	Reduced stigma and discrimination related to HIV by 50%
	Increased protection of Human rights and gender-based violence at the national and county level to at least 50%
	Reduced social exclusion for PLHIV, key affected populations, women, men boys and girls by 50%
	At least two (2) biennial HIV research conferences held by 2019
	At least two (2) biannual policy and two (2) technical briefs produced that guide HIV decision making
	Quarterly M&E reports on the functioning of Strategic Directions working groups submitted to NACC

GOAL	RESULTS
	50%-60% infrastructure resources captured and utilized for the HIV response by 2019
	At least 20%-30% of HIV domestic funding source from a public private partnership
	At least 30% of HIV treatment cost paid for by the NHIF
	70%-80% of HIV resources channeled through the AIDS Trust Fund
	An annual progress report on KASF produced for the next five years
GOAL 3 Strengthening NACC's Institutional Capacity	All Board Members trained on risk management and corporate governance
	Annual evaluation reports on the performance of the Board for the next five (5) years
	100% of NACC employees appraised annually
	100% execution of Committee meetings resolutions
	80%-90% MDA's reporting in HIV indicator for Performance Contracting based on NACC's guidelines
	100% of NACC employees appraised annually
	NACC's HR, HRIS and Training policies developed and aligned with the rest of the public service
	100% of NACC's information digitized and easily accessible internally & externally
	All communication within and without NACC guided by NACC's communication strategy
	NACC's visibility increased in all 47 counties
	100% monthly returns filed on-line and integrated to payroll and banking platform
	100% of financial transaction done through IFMIS
	60% of NACC's funding channeled directly from the exchequer
	100% compliance with the IPSAS (International Public Sector Accounting System)
	100% compliance with NACC's procurement plan
	At least 30% of NACC tenders awarded to youth, women and people with disability
	100% unqualified NACC audit reports

FIGURE 7: NACC'S ORGANOGRAM



4.3 **NACC Institutional Structure**

The organizational structure of NACC is premised on the corporate adage, “*Form follows function*”. The governance of NACC is vested in the council while day-to-day management is vested in the Director as the Chief Executive. The Director is assisted by Deputy Directors who will be responsible for their respective divisions, each managed by a Heads of Division. The Beyond Zero Secretariat is administratively managed under the Director’s office. This arrangement will increase efficiency and productivity through shortening of reporting lines, enabling effective coordination of functions and limiting the number of direct reports to allow for more strategic focus.

4.3.1 **The Council of NACC**

The Council of NACC is responsible for NACC’s strategy, oversight for financial prudence and accountability, internal audit, directions of programmes and finance and administration.

4.3.2 **Organizational Structure**

The proposed organogram of NACC is shown below.

4.3.3 **Functional assignment of NACC Departments**

In order to review the aligned functions, the NACC Management identified functions for each department in the new dispensation. The following broad functions were identified for the five departments as follows:

Office of the Director

1. Provide vision and strategic leadership for delivery of KASF goals and the NACC strategic plan
2. Drive Strategy execution for KASF and NACC
3. Accountability for KASF results

4. Advise and make policy recommendations to Government on HIV
5. Lead resource mobilization and accountability for the HIV Fund
6. Ensure institutional accountability and compliance with statutory and policy regulations and requirements
7. Facilitate risk mitigation for the HIV response and NACC
8. Lead NACC external engagements and partnership building
9. Execute Board resolutions
10. Provide oversight for performance of KASF and NACC
11. Contract execution including staff appointment
12. Lead NACC corporate communications

Department of Finance & Administration

1. Ensure NACC fiscal accountability with oversight for financial controls and oversight
2. Oversee budget development, oversight and compliance
3. Oversee execution of human resource and administrative policies and procedures
4. Interpret and manage execution of treasury circulars
5. Provide advisory on investment options
6. Control and direct financial risk management

7. Coordinate external audits
8. Ensure prudence in resource allocation
9. Oversee functionality of technology systems and applications
10. Facilitate institutional operations

Department of Strategy, Policy, Monitoring and Research

1. Oversee strategy development for national and county levels
2. Provide oversight for the KASF monitoring and evaluation mechanism
3. Execute the research agenda
4. Advise on HIV policy directions
5. Oversee development of annual reports
6. Ensure routine feedback on performance
7. Communication on strategic information and performance
8. Oversight for KASF routine review
9. Ensure functionality KASF Strategic direction working groups
10. Accountable for staff, budgets, results for the Department

Department of Coordination and Support

1. Lead the KASF advocacy agenda's with partners and stakeholders
2. Ensure functionality of KASF implementation structures at County levels
3. Advise on HIV technical matters HIV response

4. Oversee implementation of MOU with counties
5. Oversee functionality of KASF implementation mechanisms
6. Oversee implementing partner reporting
7. Manage capacity building requirements for KASF delivery
8. Oversee prevention programmes and liaison with Ministry of Health
9. Accountable for staff, budgets, and departmental results

Department of HIV Investments

1. Lead resource mobilization for sustained financing
2. Advise on HIV investments in treasury, counties, Ministries, Departments and Agencies (MDAs) and development partners
3. Provide advisory on HIV investments and expenditure
4. Develop HIV investment/allocation criteria
5. Track HIV expenditure and contribution to results
6. Track and communicate on HIV financing
7. Execute resolutions of the HIV investment committee
8. Accountable for staff, budgets, results for the Department

4.3.4 Support to the Beyond Zero Campaign Secretariat

The Beyond Zero (BZ) secretariat is responsible for assisting H.E the First Lady to operationalize her framework to support programs that address HIV, maternal and child health. Support to the BZ Secretariat will revolve around facilitation to assist operationalize The First Lady's strategic framework. Areas such as ICT support – hosting the BZ website, provision of physical space and other administrative and operational costs, which will contribute towards running of the Secretariat.

NACC decentralized institutional structures

Attainment of the HIV results outlined in the KASF and the strategies in this plan requires decentralization of NACCs institutional structures. This function is vested in the Department of Coordination and Support, under the Division of County Support. The constitution requires that state agencies decentralize their functions, and that the National and County level governments exchange information, co-ordinate policies and administration to en-

hance efficiency⁸. In each County, one NACC staff, a County HIV officer, jointly recruited by NACC and the County Government will provide Secretariat support to the County HIV Committee through the HIV and AIDS Coordinating unit as outlined in the KASF. Clusters of County HIV officers will report to the NACC regional officers, who will provide management oversight, financial support, accountabilities to their Secretariat functions to the County. A phased recruitment approach, informed by KASF and the HIV prevention roadmap will be utilized in view of the significant resource required to facilitate each County.

4.4 NACC institutional structure and HIV coordination committees

The KASF outlines operational committees (KASF, page 61) whose functionality and management NACC is responsible for. To operationalize the outlined committees

⁸ Articles 174 (h) and 189 (c), the Constitution of Kenya, 2010.

KASF implementation committees	Department	Division	Roles and responsibilities of the KASF Institutional Committees
National KASF monitoring Committee	Office of the Director	Monitoring and Evaluation	Oversee the implementation of KASF
HIV investments advisory committee	HIV Investment	HIV Investments	Responsible for the evaluation of sustainability of HIV financing
Inter-agency Coordinating Committee (ICC)	Coordination and support	Technical Support	Responsible for coordination of all partners' response to HIV
Development Partners	Office of the Director	Technical Support	Coordination of national partners response to HIV and AIDS
Public Sector Working Group	Coordination and support.	Technical Support	
County HIV Committee	Coordination & Support	County Support	Accountable effective performance and delivery at the County
Sub-County/ Constituency committees	Coordination and support.	County Coordination	Accountable effective performance and delivery at the Sub -County

NACC decentralized institutional structures

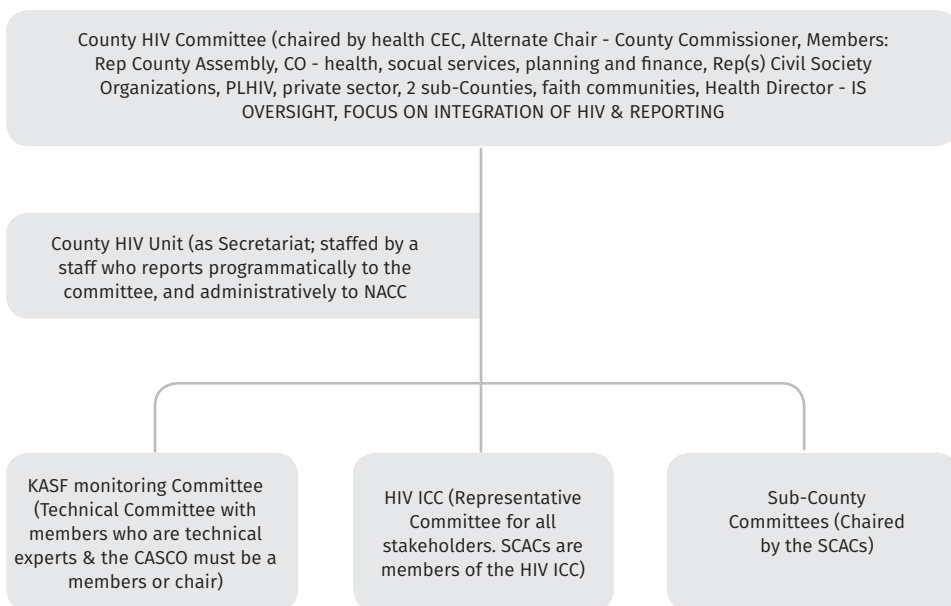
To effectively execute the KASF and field operations at the county level, NACC's county HIV coordinators will primarily support the County HIV Committee, chaired by the County Executive Committee Member for Health with the County HIV Coordinator providing secretariat services. At the sub-County levels, NACC will engage the sub-County/Constituency AIDS Coordinators through the County HIV Committee for further decentralization.

The figure below presents the organizational structures of these committees.

4.5 Staff Establishment and Human Resource Management

The current staffing levels at NACC are insufficient to successfully implement the strategic plan. Achievement of the plan will in part be pegged on increasing current staffing levels. Optimal staffing levels with clearly defined job descriptions in line with the Salaries and Remuneration Commission, will be evaluated and implemented. NACC has since inception retained a static salary and remuneration structure. To attract and retain qualified and competent staff, NACC will engage relevant agencies for salary review and reclassification. NACC will formulate a Human Resource plan that provides harmonized and competitive terms and conditions of service and implement attractive

FIGURE 8: COUNTY HIV ENGAGEMENT COMMITTEES



career path guidelines and schemes of service. Core technical competencies required by NACC include an epidemiologist and public health experts, social scientists, health economists, bio-statisticians and modelers. Support functions required include accountants, administrators, logisticians, procurement experts, lawyers, human resource and ICT experts

In order to have a motivated workforce, NACC will need to develop and implement an effective performance management system, develop and implement internal incentive systems, establish talent management systems, promote innovation and creativity, and enhance the work environment. NACC's work environment will be improved to benefit its employees from the pool of incentives made available to other public service.

4.6 Coordination Mechanism

To promote coordination, NACC will establish a coordinating and accountability mechanism for the different stakeholders, to ensure alignment of stakeholders' activities to KASF and NACC's priority areas. The accountability mechanism will articulate resources committed, type of activities undertaken, location of activities and results and outcomes of those activities.

Within NACC, an internal coordination mechanism will be achieved through meetings and reporting systems of various NACC management and administrative organs, including the Council and its standing committees, senior management and departmental committees, and other operational units in the organization structure. To enhance operational efficiency in the field, the division of coordination and support at the headquarters will coordinate and provide logistical and mobilization support to all divisions running operations in the field. NACC will develop a clear organizational communication

guideline on how to coordinate field operations to maximize efficiency.

NACC will actively seek membership of several county, national, regional and international associations and other professional bodies. Such memberships and alliances will provide further coordination of NACC's strategic and operational activities.

4.7 Accountability

The implementation of this Plan requires proper utilization of financial, human and material resources. This demands that staff take responsibility and be accountable for their use. The implementation of the various strategies depends significantly on how the planned activities and outputs are effectively delegated, monitored and evaluated.

4.8 Risk Management

Risk anticipation and mitigation will be undertaken through continuous reviews of the rest assessment plan, establishment of a risk management function under the audit and risk management division. Internal audit will retain its independence with functional reporting to the Audit and Risk management committee of the Board and administrative reporting to the Director.

Table 3 contains a list of the major risks, levels of risk and suggested mitigation strategies:

RISK MANAGEMENT MATRIX

Strategic Risks	Risk level	Impact	Mitigation
Lack of attainment of KASF targets	High	HIV results not achieved for Kenya	<ul style="list-style-type: none"> ■ Routine KASF monitoring through operational Strategic Direction working groups ■ Incremental alignment of results with staff contracts
Weak legal framework	High	Revocation of legal notice 170 of 1999 which can lead to NACC non-existence.	<ul style="list-style-type: none"> ■ Enhancement of NACC mandate through enactment of a legal framework that is anchored under the Act of Parliament.
Inadequate capacity at the county-levels to domesticate KASF	High	KASF objectives not achieved	<ul style="list-style-type: none"> ■ Establish functional HIV County Coordination Units.
Limited use of HIV strategic information for decision making	High	Ineffective planning and prioritization of interventions in the HIV response	<ul style="list-style-type: none"> ■ Consolidation of various data sources into one M & E system to inform planning and prioritization for the response at all levels. ■ Continuous translation and dissemination of newly emerging strategic information to partners, stakeholders and the wider public.
Over-reliance on donor funds	High	Haphazard programme implementation.	<ul style="list-style-type: none"> ■ Increased advocacy for allocation at all levels for sustainable domestic financing. ■ Development and implementation of a resource mobilization strategy
Stigma and decriminalization in HIV programming and implementation	High	Increased incidence and prevalence of HIV and AIDS	<ul style="list-style-type: none"> ■ Stigma index survey and increased advocacy campaigns against stigma and discrimination.
NACC ORGANIZATION			
High staff turnover and attrition, and reliance on seconded staff	High	Non-attainment of KASF and NACC targets	<ul style="list-style-type: none"> ■ Enhanced remuneration and HR policy for improved staff development
COMPLIANCE			
Non-compliance with ISO requirements	Low	Loss of ISO certification	<ul style="list-style-type: none"> ■ Continuous review and resolution of ISO gaps
FINANCIAL			
Qualified audit reports	High	Loss of credibility of the institution	<ul style="list-style-type: none"> ■ Strict adherence to institutional policies and internal control systems.
Delayed receipt of funds from MOH	High	Lack of attainment of PC targets	<ul style="list-style-type: none"> ■ Enhancement of NACC mandate through enactment of a legal framework that is anchored under the Act of Parliament.

05.

MONITORING, EVALUATION AND REPORTING

5.1 Introduction

Monitoring implementation of the strategic plan constitutes systematic tracking of activities and actions to assess progress. Progress will be measured against specific targets and schedules included in the Plan. Effective monitoring helps to identify difficulties and problem areas, and to take immediate remedial action; thereby ensuring that relevant targets are achieved. Regular reporting at all levels is necessary for follow-up and record keeping.

5.2 Strategies for Monitoring and Evaluation

The Division of Performance Management will monitor corporate performance on progress to targets of the annual Performance Contract, quality management through NACC's ISO accreditation and performance of institutional as well as Departmental/divisional levels. Their role will be to follow up and ensure that strategies are being implemented, performance measured, progress reports are made and discussed, and corrective action is taken where necessary.

5.2.1 Cascading the Plan to all cadres of Staff

The Strategic Plan must translate in order to work. The Plan and its targets will therefore be cascaded downwards to the lowest positions. This will help each member of staff understand and plan for their respective roles. Specifically:

1. Annual performance targets derived from the strategic plan will be cascaded to the deputy directors;
2. The deputy directors will cascade the performance targets to the divisional heads and other key staff;
3. The performance targets will end up in the individual staff Performance Appraisal System.

5.2.2 Departmental, Divisional and Individual Annual Work Plans

1. Detailed annual work plans with clear performance indicators and assigned responsibilities for their achievement will be developed and approved by the Council. The Plans will include key performance in-

dicators that will inform management decision-making.

2. Also included will be the frequency of reporting on these indicators. This will form the foundation for the M&E system.

5.2.3 Data and Information Collection

1. Elaborate data and information collection templates and procedures will be developed by the M&E division to measure performance as per the indicators and report appropriately to management.
2. These procedures will be incorporated as part of NACC's Quality Management System and functional operating manuals so that they form part of routine work.
3. An integrated monitoring and evaluation database will be developed and aligned to the National Integrated Monitoring and Evaluation System (**NIMES**).

5.2.4 Scheduled Meetings and Workshops

- (i) **Monthly Review Meetings** will be scheduled at the divisional level to ensure that implementation remains on track.
- (ii) **Quarterly Review Meetings** at the Corporate and Management levels will be scheduled to obtain and provide feedback on pertinent performance indicators.

The overall oversight of the Strategic Plan and its implementation is a critical role of the NACC Council/Board. Therefore progress reporting will be a standing **Agenda Item in all Board Meetings**.

5.2.5 What to measure

NACC will apply both quantitative and qualitative tools to monitor the performance of respective Divisions and Sections. The major technique of monitoring and evaluation that shall be used is variance analysis.

5.2.6 Variance Analysis

NACC shall simply compare the performance targets with the actual results and any variance identified. As a consequence of variance analysis and identification of causes, NACC shall take appropriate remedial actions.

5.2.7 Progress Reports

Progress reports will regularly be prepared by the implementing Division as per the budgetary cycles. The Performance Management department will take the lead in assisting various divisions prepare and present their reports. The reports will describe actions taken by the division toward achieving specific outcomes and strategies of the Plan and may include costs, benefits, performance measures, and progress updates. In preparing annual reports, NACC will dedicate time to review the “Strategy implementation” which will focus on progress made and challenges faced.

5.2.8 Annual, Midterm and End Term Review

1. At the end of each financial year, a report will be produced and released to the public. It will evaluate the year’s activities and indicate the extent to which NACC has implemented the Plan.
2. A midterm review of the Strategy will also be carried out in the third year of this plan’s implementation.
3. An end term review will also be carried out on the fifth year, which will summarize results in terms of lessons learnt. These lessons will inform the next planning cycle and the same shared will be shared with internal and external stakeholders.

5.2.9 Linking M&E to Annual Performance Contracts

The Performance Contract (PC) which NACC’s Board signs annually with GoK through the Ministry of Health is derived from the Strategic Plan. The PC is therefore a principal monitoring and evaluation tool. The actual performance of various administrative levels will be continually monitored and evaluated at the end of the fiscal year against the agreed targets in the Performance Contract.

GOAL	RESULTS	Indicator	Baseline 2014	Mid term 2017	End Term 2019	Responsible Unit
GOAL 1: Delivery on NACC's Key Functions	Increased domestic financing for HIV response to 50%	Percentage of funding for the HIV response coming from the government	25%	35%	50%	Investment Division
	The HIV trust Fund operational contributing 10% of HIV resources	Percentage contribution of the trust fund to HIV response	0	5%	10%	Investment Division
	County budgets contribute 10% of the County HIV Response investments by 2019	Percentage of county HIV budgets contributed directly from the county governments	0	5%	10%	Investment Division
	Increased utilization of strategic information to inform planning and program prioritization at national and county level.	Number of counties utilizing HIV strategic information to inform the county plans	1	30	47	M&E Division
	increased reporting rates for counties to the one country level M & E system to 80%	Percentage of counties reporting through the one country level M&E system	0%	50%	80%	M&E Division
	Increase MDA reporting rate to the one country level M&E system to 100% by 2019.	Percentage of MDAs submitting HIV activity reports to NACC	40%	70%	100%	M&E Division
	80% of counties provided with online access to situation room.	Percentage of counties with situation rooms	0	50%	80%	M&E Division
	70% of ERC approved HIV related research studies uploaded into the HIV research hub.	Percentage of ERC approved HIV related research reports uploaded into HIV research hub	0	50%	70%	Research Division
	80% of NGO bureau registered NGOs implementing HIV reporting through the HIPORS system by 2019	Percentage of NGOs registered by NGO board reporting through HIPORS	0	60%	80%	Stakeholder Coordination Division

GOAL	RESULTS	Indicator	Baseline 2014	Mid term 2017	End Term 2019	Responsible Unit
GOAL 2: Oversight for Delivery of KASF	80% counties with HIV in their County Integrated Development Plans	Percentage of counties with HIV activities in their country integrated development plans	0%	50%	80%	County Coordination Division
	Reduced annual new HIV infections among adults by 75%	Estimated number of new HIV infections among the adults	88,000	30,000	22,000	Technical Support Division
	Reduce new HIV infections among Adolescents and Young people by 75%	Estimated number of new HIV infections among adolescents and young people	9720		2430	Technical Support Division
	Reduced HIV transmission rates from mother to child to less than 5%	Mother to child HIV transmission rate	13,000	5,000	650	Technical Support Division
	100% County HIV Coordinating Units and Committees functional	Percentage of counties with established HIV coordination units and a functional committee	0%	50%	100%	County Coordination Division
	Reduced stigma and discrimination related to HIV among adults by 50%	Percentage of people showing accepting attitude towards people living with HIV and AIDS	45%	28%	22.5%	Stakeholder Coordination Division
	Reduced violence levels among key populations by 50%	Percentage of key population reporting having experienced violence	22%	15%	11%	Stakeholder Coordination Division
	Establish the HIV, TB and STI web based research hub	HIV, TB and STI web based research hub established	0	1	1	Research Division
	70% of all ERC approved HIV related research studies uploaded into the HIV research hub.	Percentage of ERC approved HIV related research reports uploaded into HIV research hub	0	50%	70%	Research Division
	Develop the Kenya HIV Situation Room	Kenya HIV Situation Room developed	0	1	1	MIS Division

GOAL	RESULTS	Indicator	Baseline 2014	Mid term 2017	End Term 2019	Responsible Unit
GOAL 3: Strengthening NACC's Institutional Capacity	Increased reporting rates for counties to the one country level M & E system to 80% by 2019.	Percentage of counties reporting through the one country level M&E system	0%	50%	80%	M&E Division
	Increase MDA reporting rate to the one country level M&E system to 100% by 2019.	Percentage of MDAs submitting HIV activity reports to NACC	54%	70%	100%	M&E Division
	Annual performance contract rating of NACC increased	NACC performance contract score	3.00	2.00	1.6.00 (Excellent)	Performance management Division
	Retain annual ISO certification	annual ISO certification retained	100%	100%	100%	Performance management Division
	Unqualified annual institutional and donor audits	Annual institutional and donor audits unqualified	84%	95%	100%	Finance Division
	80% of priority sectors develop sector specific HIV plans	Percentage of priority sectors that have developed sector specific HIV plans	0%	50%	80%	Stakeholder Coordination Division
	Development partners utilizing one national HIV commodities pipeline	Percentage of development partners that utilize the national HIV commodities pipeline	N/A	70%	100%	Technical support Division
	80% timely KASF coordination meetings held at National and County level	Percentage of planned KASF coordination meetings held at national and county level	0%	60%	80%	Strategy Development Division
	70% execution council resolutions and audits	Percentage of Council and audit committee resolutions executed	50%	60%	70%	Director's Office
	At least 30% of NACC tenders awarded to youth, women and people with disability	Percentage of tenders awarded to youth, women and people with disability	30%	30%	30%	Procurement Division

GOAL	RESULTS	Indicator	Baseline 2014	Mid term 2017	End Term 2019	Responsible Unit
	Timely reporting on statutory obligations	Percentage of reports submitted in a timely manner to address statutory reporting obligations	100%	100%	100%	Various Divisions
	Monthly returns filed on-line and integrated to payroll and banking platform	Percentage of monthly returns filed on-line and integrated to payroll and banking platform	100%	100%	100%	Finance Division
	100% of financial transaction done through IFMIS	Percentage of financial transactions carried out through IFMIS	0	100%	100%	Finance Division
	Compliance with the IPSAS (International Public Sector Accounting System)		100%	100%	100%	
	Compliance with NACC's procurement plan	Percentage of NACC procurements that are compliant with the NACC procurement plan	10%	70%	100%	Procurement Division



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NATIONAL AIDS CONTROL COUNCIL

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