The Stakeholder Coordination Division

The stakeholder Coordination’ Division is one of the divisions of Coordination and support Department of National AIDS Control Council. The Division comprises of four desks /units that coordinate the following category of stakeholders, Key population (KP), People Living with HIV (PLHIV), Faith Sector, and Vulnerable and Marginalized Groups (VMGs). The program Officers attached to the four desks/units are guided and coordinated by the Head Stakeholder Coordination for purpose of supervision and delivery of results and effective engagement of stakeholders.

Objective: To ensure all stakeholders are mobilized, coordinated and supported to participate effectively in the national response. The main roles of the division include;

a) Develop advocacy agenda with stakeholders
b) Network and build appropriate partnerships
c) Implementation advocacy strategies for KASF
d) Facilitate capacity assessments and evaluations
e) Enhance visibility among stakeholders for the mutual benefit of NACC and stakeholders

The Stakeholder coordination Division units

1) Key Population desk
2) PLHIV Desk
3) Faith Sector Desk
4) Marginalized ,Vulnerable and priority Groups

1) Key Population Desk

The Key Population desk/Program Officer ensures issues of key population are identified and addressed in the HIV response. This includes developing strategies for engagement of Key population in the Country Mechanism of HIV response.

Categories referred to as Key Population includes, Men who have Sex with Men) MSM), Sex Workers (SW) and People who inject Drugs (PWID). The population by nature of their business, they are in danger of HIV infections. They contribute to 33% of New HIV infections in the country. They experience
cultural, social stigma and they are considered illegal in the country. They are vulnerable to HIV infections as they sometimes fear to access HIV services.

**Main activities**

a) Policy formulation and Advocacy on universal access to HIV services by Key Populations

b) Participate in KP technical review meetings and international HIV and AIDS meetings

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**Achievements**

a) Development of an advocacy strategy overarching policy framework for the engagement of Key Populations.

b) Mobilization and coordination of resources from various partners: The UN family, UOM, for key population programmes

c) Have conducted capacity building among Key Population networks on HIV prevention, advocacy, media engagement, resource mobilization. Advocate for an enabling environment for
service delivery and uptake by key populations to prevent new infections and provide care and support for the infected.

d) County directors of Health and health providers and law enforcement officer including judiciary have been sensitized on HIV programming for Key population,

e) A Technical Working Group (TWG) on Human Rights and the Law has been established for purpose of giving guidance on programming for key populations

2. PLHIV/MIPA desk

The engagement of People Living with HIV is central in the Country’s response to HIV. The NACC has representation of PLHIV at the highest level of decision making. The organization has also continued to engage with networks of PLHIV through the Network of Empowerment of People Living with HIV in Kenya (NEPHAK). There is an established desk and a Program Officer charged with the responsibility of Spearheading the mobilization and facilitation of PLHIV in the national HIV and AIDS response including ensuring their effective participation in policy development, strategic planning and budgeting. The desk facilitates forums that enhance partnerships, networking and linkages between organizations working with the PLHIV. The desk ensures engagement of PLHIV networks and communities in the country HIV response as well as participation of PLHIV community in local, county, regional and international HIV conferences. The program Officer PLHIV Engages PLHIV networks and communities participate and contribute to the outcomes of the HIV response

Main roles include:

i. Provide necessary leadership and support in the development and design of the group’s response to HIV and AIDS response guided by the KASF.

ii. Organize consultative and plan forums for the PLHIV.

iii. Facilitates capacity needs assessments among PLHIV and liaison with relevant units within NACC and its partners for necessary support

iv. Facilitate effective communication between NACC and the PLHIV by providing necessary information to them to facilitate effective collaboration with NACC and other stakeholders in the prevention and control of HIV and AIDS

v. Provide information to the PLHIV to facilitate collaboration with NACC and its partners in the prevention and control of HIV and AIDS;

vi. Support the PLHIV in mobilization of available resources for implementation of programs that support them.

Achievements

a) Representation of PLHIV at highest level of decision making (NACC)
b) Continuous engagement of NACC with PLHIV networks through engagement with NEPHAK  
c) Engagement of PLHIV community in local, County regional and international meetings and conferences  
d) Development of guide to greater Involvement of people Living with HIV GIPA translated to /MIPA  
e) Capacity building of PLHIV leadership, Facilitating strengthening of Governance and Leadership for PLHIV networks and communities ,including Young PLHIV (Sauti sikika National Steering Committee)

3) Faith Sector Desk  
**Objective** is to facilitate the participation and coordination of Faith communities’ engagement in the HIV response and so as to reduce HIV and AIDS related stigma and discrimination. The Faith sector engagement in HIV response as has since the epidemic started. With the development of a Faith Sector Technical working group, NACC has engaged Faith Communities and Faith Based Organization in the coordination of the HIV response

**Definition of the Faith Sector** The faith sector comprises of organized groups joined together by a common focus, goal, or ideas based on the same set of principles or beliefs. It includes the faith community, faith-based organizations, congregations, congregational leaders and religious leaders, as defined in the definition of terms. Over 97% of the Kenyan population ascribe to a religious affiliation (KDHS 2014), giving the faith sector a wide reach from the national to the county and the grass root level.

Faith Sector Technical working group has been representative of the Faith Sector and has worked with NACC in a number of consultative forums including development of the Strategic Framework and development of a Faith Sector Action Plan aligned to the KASF.

**Achievement**

a) Formation of a technical working group with a ToR  
b) Participation in regional conventions, South Africa (Cape Town and Malawi)  
c) Planning and organizing a national religious Leaders Convention on HIV response  
d) Development of a National Action Plan for the Faith sector which as been aligned to the KASF  

4) Marginalized ,Vulnerable and priority Groups  
**Objective** The desk/ Program Officer ,spearheads the mobilization and facilitation of vulnerable groups participation in the national HIV and AIDS response including ensuring their effective participation in policy development, strategic planning and budgeting.

**Main Activities**
a. Facilitate forums that enhance partnerships, networking and linkages between vulnerable groups’ organizations and other sectors.

b. Provide necessary leadership and support in the development and design of the sector’s response to HIV/AIDS response guided by the KASF.

c. Organize consultative forums for the vulnerable groups.

d. Facilitate capacity needs assessments among the vulnerable groups and liaising with relevant units within NACC and its partners for necessary support.

e. Facilitate effective communication between NACC and the vulnerable groups by providing necessary information to them that facilitate effective collaboration with NACC and other stakeholders in the prevention and control of HIV and AIDS.

f. Provide information to the vulnerable groups to facilitate collaboration with NACC and its partners in the prevention and control of HIV and AIDS;

g. Support vulnerable groups in mobilization of available resources for implementation of their programs

**Achievements**

i. Development of a strategy for mainstreaming Disability in the HIV response

ii. Development of some IEC materials in a accessible formats for People with disability (PWD)

iii. Formation of a Working Group for PWD

   a) Engagement of PWD in development of KASF