REPUBLIC OF KENYA

NATIONAL SYNDEMIC DISEASES CONTROL COUNCIL

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STRATEGIC PLAN

2021/2022-2026/2027

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FOREWORD

Kenya has registered remarkable progress in the management of the HIV epidemic. There has been a significant reduction in new HIV infections and AIDS-related deaths. However, syndemic diseases continue to undermine the achievement of the national social developmental agenda.

The 2021/2022-2026/2027 National Syndemic Diseases Control Council (NSDCC) Strategic Plan redefines the organization's vision and mission to align it with its expanded mandate of leading the national response to syndemic diseases. To this end, NSDCC will strengthen its institutional capacity to accelerate the country's progress toward ending syndemic diseases as public health threats. In addition, the Council seeks to promote the integration of treatment and prevention of syndemics as part of the essential health package in line with the Universal Health Coverage (UHC) agenda.

The Council aspires to strengthen its internal business processes and develop its financial, human, and technological capacity as a priority to enhance service delivery through efficient and automated systems.

Through the implementation of the Strategic Plan, NSDCC aims to realize its vision of becoming a global leader in provision of people-centered solutions to ending epidemics. NSDCC shall strengthen existing collaborations with all its stakeholders and partners and use innovative approaches to bring on board new partnerships to support the implementation of the Kenya AIDS Strategic Framework II and the 47 County AIDS Implementation Plans.

This plan represents a milestone in our ongoing commitment to safeguard the health and resilience

of our communities. It reflects the culmination of extensive research, consultation, and collaboration with stakeholders from diverse sectors, including healthcare, government, academia, and civil society. Together, we have identified key priorities, outlined strategic objectives, and charted a course of action to address the multifaceted nature of syndemic diseases.

I extend my sincere gratitude to all those who have contributed their expertise, insights, and dedication to the development of this strategic plan. It is through our shared commitment and collective action that we will succeed in mitigating the impact of syndemic diseases and building a healthier, more resilient future for all.

Thank you for your unwavering support and partnership as we embark on this critical journey.

Geoffrey Gitu

Chairperson, National Syndemic Diseases Control Council

PREFACE

The NSDCC is committed to provide leadership to stakeholders and partners in the prevention, management, and control of syndemic diseases in the country. The NSDCC Strategic Plan serves as the institutional roadmap to guide the national response to syndemic diseases.

This Strategic Plan outlines a comprehensive approach encompassing prevention, surveillance, treatment, and community engagement to address the complex interplay of factors contributing to syndemic diseases.

The overall mandate of NSDCC includes the development of policies and guidelines for prevention and control of syndemic diseases, resource mobilization for the response to syndemic diseases, provision of Technical support and capacity building and take leadership in advocacy and public education for the prevention and control of syndemic diseases. The NSDCC also monitors the progress made in the response to sexually transmitted infections and syndemic diseases.

This plan is aligned to the global, regional and national health and other development agenda including the United Nations' Sustainable Development Goals, African Union Agenda 2063, East African Community Vision 2050, the Constitution of Kenya, Kenya Vision 2030, Bottom-Up Economic Transformation Agenda and Fourth Medium Term Plan and other Health Sector Policies and Laws. This Strategic Plan builds on the achievements of the previous Strategic Plan while acknowledging emerging critical social and economic shifts at the national and global level. It identifies six key result areas with attendant strategic objectives, strategies, activities and a framework to monitor its implementation.

I would like to express my appreciation to all those who have contributed to the development of this plan, including NSDCC Board of Directors and staff, partner organizations,

healthcare professionals, policymakers and civil society organizations. Your dedication and expertise have been instrumental in shaping our strategic priorities and guiding our path forward.

Together, let us work tirelessly to prevent and control syndemic diseases and other emerging public health challenges, promote health equity, and build resilient communities for a healthy Kenya.

Dr. Ruth Laibon-Masha, PhD, EBS

CEO, National Syndemic Diseases Control Council

EXECUTIVE SUMMARY

In line with the Kenya Health Policy 2014-2030, the Ministry of Health established the National Strategic Health Programs to respond to the three diseases of global health importance: Human Immunodeficiency Virus (HIV) and Acquired Immuno-deficiency Syndrome (AIDS), Tuberculosis (TB) and Malaria. However, the vertical arrangement of these programs led to the fragmentation and duplication of services, dilution and distortion of limited human and financial resources, and the weakening of health sector coordination.

In response to this, the Ministry of Health began reforms to expand the mandate of the National AIDS Control Council (NACC) to include the leadership and coordination of HIV and AIDS, TB and Malaria. These reforms culminated into Legal Notice No. 143 of 2022 which changed the name of the National AIDS Control Council to the National Syndemic Diseases Control Council with the following expanded mandate:

i. Develop policies and guidelines relevant to the prevention and control of syndemic diseases.

ii. Mobilize resources for syndemic diseases control and prevention and provide grants to implementing agencies.

iii. Co-ordinate, supervise and ensure accountability for the implementation of syndemic diseases programmes in the country.

iv. Collaborate with local and international agencies which work in syndemic diseases control.

v. Facilitate the setting up of multi-sectoral and inter-sectoral syndemic diseases control programmes.

vi. Mobilize government ministries, counties and institutions, non-governmental organizations, community-based organizations, research bodies, the private sector, and universities to participate in syndemic diseases control and prevention.

vii. Develop strategies to deal with all aspects of the syndemic diseases.

viii. Develop national management information systems for syndemic diseases control.

ix. Identify sector training needs and devise appropriate manpower development strategies.

x. Develop appropriate mechanisms for research, surveillance, monitoring and evaluation of syndemic diseases programmes and;

xi. Take a leadership role in advocacy and public relations for the prevention and control of syndemic diseases.

The NSDCC strategic plan II (2021/22-2026/2027), builds upon the success and lessons of the previous Strategic Plan. The vision, mission, core values, and strategic themes of the plan are in line with key priorities identified through reviews and stakeholder consultations.

The Plan outlines the following six strategic areas:

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

The plan identifies key strategic objectives in line with the institutional mandate. The first strategic objective covers the coordination and supervision of an effective and efficient multi-level and multi-sectoral response to syndemic diseases. The second strategic objective focuses on mobilizing resources for a sustainable response to diseases of strategic health importance including through identifying diverse funding streams. The third strategic objective is to enhance human resources for the syndemic response through provision of technical support and capacity building. The fourth strategic objective seeks to strengthen and sustain robust strategic information, research, and innovation system that provides quality data to guide coordination, programmatic decision-making, and policy formulation to respond to TB, Malaria, syndemic diseases and other emerging challenges. The fifth strategic objective focuses on elevating public education, communication, and advocacy while the sixth strategic objective is focused on strengthening the NSDCC institutional structures to effectively deliver on the mandate.

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

Abbreviations and Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti-Retroviral Treatment
BETA	Bottom Up Economic Transformation Agenda
CAIPS	County AIDS Implementation Plans
CHPs	Community Health Promoters
COPD	Chronic Obstructive Pulmonary Disease
CXR	Chest X-Ray
DRTB	Drug Resistant Tuberculosis
EAC	East African Community
eMTCT	Elimination of Mother to Child Transmission
ERP	Enterprise Resource Planning
ETR	End Term Review
GAM	Global AIDS Monitoring
HAPCA	HIV and AIDS Prevention Control Act
HIV	Human Immuno Deficiency Virus
HPT	Health Product and Technology
HR	Human Resource
ICT	Information, Communication and Technology
IPTp	Intermittent Preventive Treatment in Pregnancy
ISO	International Organization for Standardization
LISTEN	Local Innovations Scaled through Enterprise Network
KASF	Kenya AIDS Strategic Framework
KENAO	Kenya National Audit Office
KHIS	Kenya Health Information System
KPIs	Key Performance Indicators
KRA	Kenya Revenue Authority
KRAs	Key Result Areas
KVPs	Key and Vulnerable Populations
LLINS	Long-Lasting Insecticidal Nets

MCA	Members of County Assembly
MDAs	Ministries, Departments and Agencies
MOH	Ministry of Health
MPs	Members of Parliament
MTEF	Medium Term Expenditure Framework
MTP	Medium Term Plan
MTR	Mid-Term Review
NACC	National AIDS Control Council
NASCOP	National AIDS and STIs Control Programme
NCDs	Non- Communicable Diseases
NGAO	National Government Administrative Officers
NSDCC	National Syndemic Diseases Control Council
NSP	National Strategic Plan
NTDs	Neglected Tropical Diseases
NTLP	National TB and Leprosy Programme
PEPFAR	Presidents Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PPRA	Public Procurement Regulatory Authority
PrEP	Pre-Exposure Prophylaxis
QMS	Quality Management System
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
STI	Science, Technology and Innovation
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TPT	Tuberculosis Preventive Therapy
UHC	Universal Health Coverage
WHO	World Health Organization

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01

Introduction

CHAPTER 1: INTRODUCTION

This chapter acknowledges the centrality of this strategic plan to the success of the National Syndemic Diseases Control Council (NSDCC). It presents a brief history of the institution, its mandate and functions. This strategic plan is informed by country and regional perspectives on an effective response against syndemic diseases and outlines the role of NSDCC in the national development agenda.

1.1 Centrality of the Strategic Plan to National Syndemic Diseases Control Council's Organizational Success

The strategic plan defines the organizational mission of NSDCC, identifies the organizational strategic objectives and strategies. It identifies the priorities that inform the development and implementation of the institution's costed annual workplan. Further, the plan identifies the future opportunities to be exploited, threats that must be mitigated, evaluation of the institution's strengths and weaknesses, and creation of control systems to ensure that the NSDCC remains on course to achieve its intended objectives.

1.2 The Context of the NSDCC Strategic Plan

This strategic plan has been developed in consideration of national development priorities, regional and global commitments. These include the Sustainable Development Goals, Africa Union Agenda 2063, the Bottom-Up Economic Transformation Agenda (BETA) including the realization of the Universal Health Coverage, Vision 2030 specifically Medium-Term Plan 2023-2027 among other national and international obligations.

1.2.1 The United Nations' Sustainable Development Goals

The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provided for 17 Sustainable Development Goals (SDGs), which are an urgent call to action by all countries. Key to this strategic plan is SDG Goal 3 (Ensure healthy lives and promote well-being for all at all ages), specifically Target 3.3 on ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases by 2030.

1.2.2 African Union Agenda 2063

The African Union (AU) Agenda 2063 is a strategic blueprint for the future of the African continent, emphasizing transformative and sustainable growth, integrated development, and a shared vision of an inclusive African society. The AU Agenda 2063 recognizes that good health is fundamental for socio-economic development and aspires to expand access to quality healthcare services for all Africans.

1.2.3 East African Community Vision 2050

The East African Community (EAC) Vision 2050 recognizes health as one of the key enablers that will drive the attainment of sustainable development in the EAC partner states and improve their position continentally and globally. Notably, EAC Partner States seek to enhance collaboration and cooperation to strengthen health systems through increased health financing, and the recruitment, development, training and retention of the health workforce.

The EAC Vision 2050 lays emphasis on harmonizing and strengthening health and health-related legislation, regulations, policies, strategies, and plans, among others.

1.2.4 Constitution of Kenya

The Constitution of Kenya 2010 article 43 provides that every citizen has the right to the highest attainable standard of health, which includes the right to health care services including reproductive health care.

1.2.5 Fourth Medium Term Plan of Kenya Vision 2030

The Government of Kenya, through Vision 2030, envisions an industrialized, middle-income country. The Vision recognizes the importance of high-quality, equitable, and affordable healthcare for all citizens. The Fourth Medium Term Plan (MTP IV) of the Kenya Vision 2030 identifies HIV and AIDS, tuberculosis, malaria and neglected tropical diseases as key thematic areas for in-country development; and outlines policies, legal and institutional reforms, programmes, and projects for the period 2023 to 2027.

1.2.6 Bottom Up Economic Transformation Agenda

The Government of Kenya has identified healthcare as essential to the realization of the Bottom-Up Economic Transformation Agenda (BETA). This strategic plan aligns to the four priorities of the Health sector within the BETA framework namely Health Financing, Health Products and Technology, Human Resources for Health and Digital Health. Further, the government approach is to provide more support to the primary health care in form of preventive and promotive health, an approach that is expected to result in better disease outcomes at a reduced cost.

1.2.7 Sector Policies and Laws

- The Health Policy 2014 – 2030 identifies priorities of the health sector which include elimination of communicable conditions; to halt and reverse the rising burden of non-communicable conditions and mental disorders; to reduce the burden of violence and injuries; to provide essential health care; to minimize exposure to health risk factors; and to strengthen collaboration with the private sector and other health-related sectors.
- The Universal Health Coverage Policy 2020-2030 conveys the health sector policy directions, strategies and implementation framework for the period between 2020 and 2030. Its goal is 'To ensure all Kenyans have access to essential quality health services without suffering financial hardship.
- In recognition of ICT as a key enabler to social, economic, and political development, the government has developed and operationalized Kenya National e-Health Policy 2016-2030 to guide in accelerating the integration of eHealth systems like telemedicine, health information systems, mHealth and eLearning into the healthcare system.
- The Health Act 2017 reiterates the need to fulfill the constitutional standard of the right to health that includes the need to protect, respect, promote, and fulfill the health rights of all persons in Kenya.

- The HIV and AIDS Prevention and Control Act 2006 mandates the Government to promote public awareness about the causes, modes of transmission, consequences, means of prevention and control of HIV and AIDS to all persons and outlaws any form of discrimination.
- The Kenya AIDS Strategic Framework (KASF) outlines priority interventions and lays emphasis on the need to create an enabling environment for the protection and promotion of rights, reducing stigma and discrimination, social exclusion, gender-based violence, and improving access to legal and social justice for persons living with HIV and the affected.

1.3 Historical Perspectives of the National Syndemic Diseases Control Council

In 1997, the Government of Kenya through the Sessional Paper No. 4 recommended the establishment of a National AIDS Council to provide leadership in the response to the significant morbidity and mortality caused by HIV in the Country.

Consequently, the Kenya Health Policy 2014-2030 identified the elimination of infectious diseases as a priority. In line with the policy, the Ministry of Health established the National Strategic Health Programs to respond to the three diseases of global health importance, namely Human Immunodeficiency Virus (HIV) and Acquired Immuno-deficiency Syndrome (AIDS), Tuberculosis (TB) and Malaria. The Ministry established specific functional structures to coordinate the management of these diseases, namely:

i. The National AIDS Control Council, a state corporation established to develop strategies, policies, and guidelines, mobilize resources, lead in public education, and coordinate and supervise implementing partners to control and manage HIV and AIDS in Kenya.

ii. The National AIDS and STIs Control Programme (NASCOP) unit, mandated to provide technical coordination, normative guidance, standards and quality assurance of HIV programs.

iii. The National Tuberculosis (TB), Leprosy and Lung Disease Program (NTLP) unit, established to control TB and other lung diseases while addressing HIV and TB comorbidity.

iv. The Division of National Malaria Programme, mandated with the responsibility of providing policy and strategic guidance and coordination and scaling up of an effective Malaria control program.

v. The Health Promotion and Prevention Services Unit which promotes public education and advocacy.

However, the vertical arrangement of these programs led to the fragmentation and duplication of services, dilution and distortion of limited human and financial resources, and the weakening of health sector coordination. This realization coincided with regional and national efforts to consolidate and strengthen vertical disease programs towards attaining Universal Health Coverage, ending AIDS, Tuberculosis, and Malaria by 2030.

In view of the above, in 2020, the Ministry began reforms towards expanding the mandate of the National AIDS Control Council (NACC) to include the leadership and coordination of TB and Malaria in addition to HIV and AIDS. The structural reforms

were focused on reducing inefficiencies, promotion of coordination and accountability, and promotion of primary health care by integrating work across different areas of the vertical disease programmes in line with the Kenya Health Policy 2014-2030. The reforms culminated in the gazettement of Legal Notice No. 143 of 2022 published on 8th August 2022. The legal notice expanded the mandate of the National AIDS Control Council to include leadership and coordination specified syndemic diseases with a change of name to the National Syndemic Diseases Control Council (NSDCC). The mandate of NSDCC as per this order to include the following diseases:

a. HIV and AIDS and related comorbidities to the virus
b. Sexually transmitted infections
c. Malaria
d. Tuberculosis
e. Leprosy
f. Lung diseases or
g. Any other disease as may be specified by the Cabinet Secretary

1.4 Methodology in the Development of this Plan

The development of this Strategic Plan adopted a participatory planning process with representation from NSDCC and the Ministry of Health to ensure a range of perspectives to ensure a comprehensive approach, and that the Plan reflects the aspirations of the institution and enhance ownership.

The periodic review of the Strategic Plan was informed by the need to ensure alignment with the National Treasury Guidelines on Strategic Plan development by MDAs. A comprehensive situational analysis was performed on the internal strengths and weaknesses of the organization and the opportunities and threats in the external environment.

02

Strategic Direction

CHAPTER 2: STRATEGIC DIRECTION

Overview

Chapter 2 outlines the mandate of NSDCC, its vision, mission and core values. The Chapter also highlights the Council's strategic goals and the quality policy.

2.1 Mandate of NSDCC

01
Developing policies and guidelines relevant to the prevention and control of syndemic diseases

02
Mobilizing resources for syndemic diseases control and prevention and provide grants to implementing agencies

03
Coordinating, supervising, and ensuring accountability for the implementation of syndemic diseases programmes in the country

04
Collaborating with local and international agencies which work in syndemic diseases control

05
Facilitating the setting up of multi-sectoral and inter-sectoral syndemic diseases control programmes

06
Mobilizing Government Ministries, Counties and institutions, Non-Governmental organizations, community-based organizations, research bodies, the private sector and universities to participate in syndemic diseases control and prevention

07
Developing strategies to deal with all aspects of the syndemic diseases

08
Developing national management information systems for syndemic diseases control

09
Identifying sector training needs and devising appropriate manpower development strategies

10
Developing appropriate mechanisms for research, surveillance, monitoring and evaluation of syndemic diseases programmes; and

11
Taking a leadership role in advocacy and public education for the prevention and control of syndemic diseases.

Vision Statement

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

Mission Statement

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

Core Values

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

Strategic Goals

- To increase financing for HIV and Syndemic diseases
- To strengthen strategic information, research, and innovation
- To enhance technical support and capacity building
- To elevate public education, communication and advocacy
- To strengthen institution and sustain resources to ensure long term viability
- To effectively coordinate the development and monitor the implementation of policies, strategies, and guidelines in response to syndemic diseases.

01

Integrity: Act with honesty, fairness and transparency in working with all stakeholders and in our internal processes.

02

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

03

Accountability: Be responsive and accountable in the services provided and resources made available to ensure an effective and efficient response to syndemic diseases.

04

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

05

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

2.2 Quality Policy Statement

The National Syndemic Diseases Control Council is a responsive state corporation mandated to lead and coordinate multi- sectoral partnerships in the response towards syndemic diseases and is committed to:

1. Providing visionary leadership to attain effective prevention, care and treatment for syndemic diseases in Kenya;
2. Seeking to understand and satisfy the needs and expectations of all NSDCC stakeholders;
3. Promotion of innovative and sustainable financing for the response towards syndemic diseases;
4. Provision of a robust monitoring and evaluation framework, and management information systems for syndemic diseases;
5. Promotion of actions that increase services towards the response to syndemic diseases and reduce stigma across different sectors;
6. Strengthening of NSDCC institutional capacity and ensuring effective risk management;
7. Establishment and review of quality objectives that are measurable and consistent with this quality policy;
8. Continual improvement of the quality management system and compliance with the requirements of the ISO 9001:2015.

03

Situational and Stakeholders Analysis

CHAPTER 3: SITUATIONAL AND STAKEHOLDERS ANALYSIS

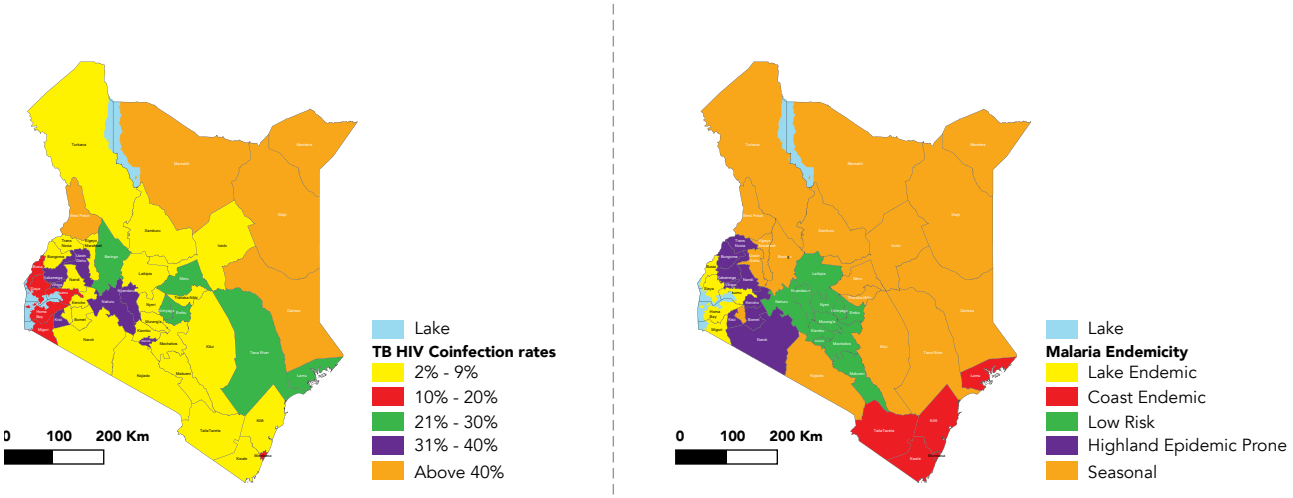
3.1 Situation Analysis

This chapter provides an overview of the response to syndemic diseases. It further provides an analysis and assessment of the internal and external factors that may affect the NSDCC in the implementation of its mandate. It also presents a stakeholder analysis of the key audiences and expectations of the Council.

3.1.1 Overview of the Syndemic Response

NSDCC is responsible for the coordination of health programs for Syndemic Diseases within the country. These include HIV, STIs, Malaria, Tuberculosis, Leprosy, Lung diseases and any other diseases as may be specified by the Cabinet Secretary, Ministry of Health. These diseases overlap and interact complicating their management leading to poor health outcomes. Evidence demonstrates that counties with high HIV prevalence also have high TB and Malaria prevalence.

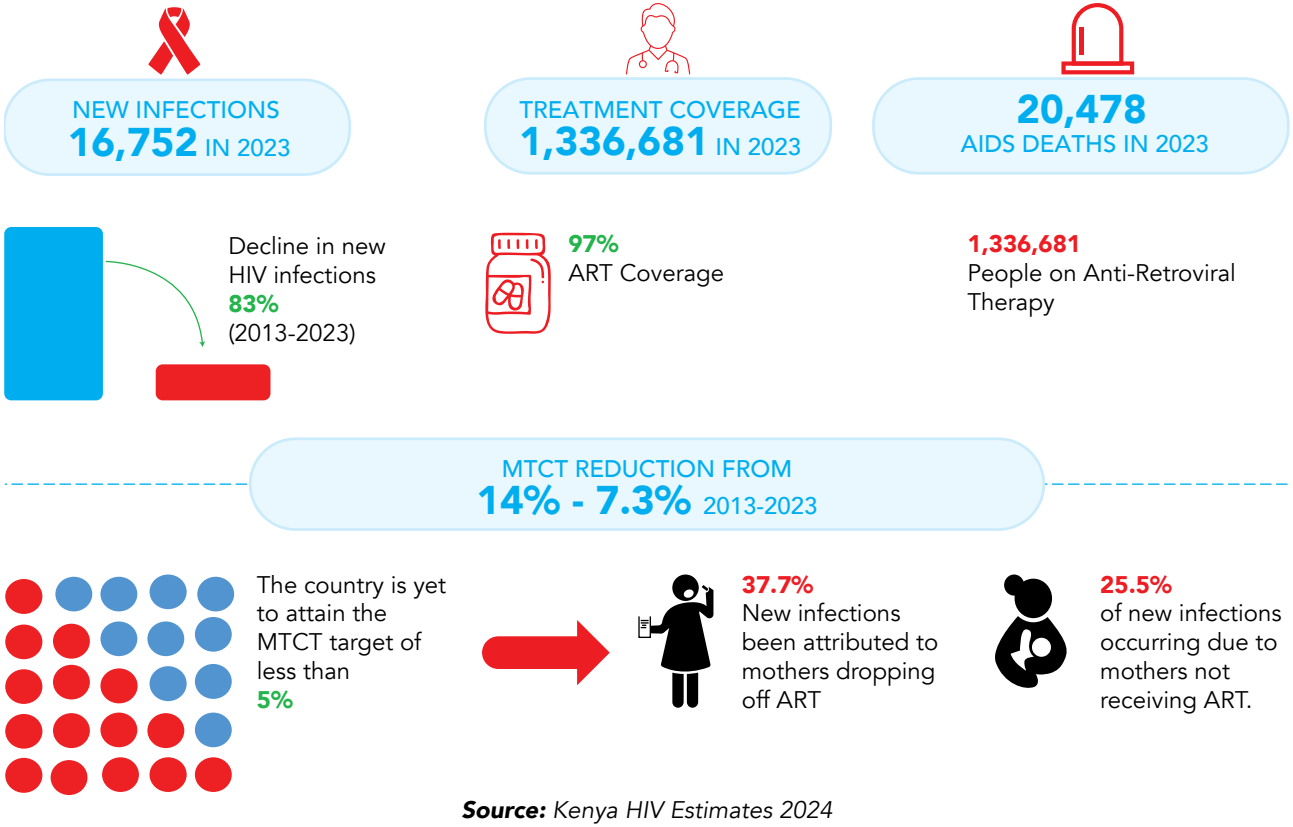
Figure 3.1: Relationship in the Prevalence of TB, HIV and Malaria by County



Source: *Kenya Malaria Indicator Survey 2020 and Data assessment for KVPS in Kenya*

3.1.1.1 HIV

Kenya has made significant progress in the HIV response under the strategic leadership of the NSDCC. This is evidenced by the current trends with the country registering an 83% decline in new HIV infections over the last ten years (2013-2023). There has also been significant decline in the number of AIDS related deaths with a total of 20,478 deaths registered in the year 2023. The Country has also made tremendous progress in reducing the Mother to Child Transmission rates from a high of 14% in 2013 to the current 7.3% as at 2023. Despite this, the country is yet to attain the eMTCT target of less than 5% (Kenya HIV estimates 2024).



Source: *Kenya HIV Estimates 2024*

Despite these achievements, various challenges persist. Men and boys are still lagging in service uptake leading to non-attainment of the 95-95-95 targets at 94-91-88. In 2022, at least 65% of people diagnosed with TB were men while 89% of people who inject drugs comprised men. An engagement framework that seeks to promote health and well-being of men and boys has been developed to address this challenge.

Further, Adolescents and Young people continue to bear the brunt of the epidemic contributing to approximately 39% to the total new HIV infections. Adolescent girls aged 10-19 years continue to face the triple threat challenge of new HIV infections, mistimed pregnancies and sexual and gender based violence. The country has adopted a whole government approach that brings on board key stakeholders ranging from Community gate keepers, Community Health Promoters, National Government Administrative Officers, religious leaders, among others to address this threat. A commitment plan to end the triple threat has been developed that outlines 12 commitments required to address this challenge.

The Kenya AIDS Strategic Framework continues to provide strategic guidance for the HIV response for the country. All the 47 counties have been supported to develop County specific AIDS Strategic plans on the basis of their individual typologies. NSDCC provides oversight for implementation of the KASF through the 47 County AIDS Implementation Plans.

3.1.1.2 Tuberculosis

Tuberculosis remains one of the leading causes of mortality in Kenya. According to the Global TB Report 2022, Kenya is one of the 30 high TB burden countries globally, with an estimated incidence of 133,000 cases in 2021.

Consequently, TB remains the leading cause of death among people living with HIV in Kenya. According to the Kenya National Strategic Plan for Tuberculosis, Leprosy and Lung Health 2023/24-2027/28, in 2022, TB deaths among People Living with HIV accounted for 11% of all TB deaths representing an enormous burden of preventable deaths and ill-health. The country has made some progress as evidenced in the decline in TB incidence by 9% between 2015 and 2021. This is attributable to the wide implementation of demonstrated best practice, high impact interventions as part of a robust TB control strategy, including the use of GeneXpert technology for rapid TB diagnosis and the expansion of community-based TB care services.

The WHO Global TB Report (2021) recorded a key milestone for Kenya's fight against TB, becoming one of the high burden TB countries to achieve a 32% reduction in TB incidence between 2015 and 2021. Despite this progress, significant gaps remain on treatment coverage, with nearly 50% of people with TB remaining unreached in 2021 (Kenya National Strategic Plan for TB, Leprosy and Lung Health 2023/24-2027/28).

Further, the national plan indicates there has been an increase in the number of multi-drug-resistant TB with approximately 450,000 cases reported in 2022, representing a 3% increase from 2021. Drug Resistant TB remains a public health threat and thus a priority area of focus despite Kenya's removal from the list of highest burden countries for that illness.

Global TB Status	Kenya's TB Targets Milestone	Multi Drug Resistant TB
 Kenya is one of the 30 high TB burden countries globally Estimated incidence **133,000** cases in 2021. **50%** of people with TB in Kenya remain Unreached	**32%** reduction in TB incidence against a target of **20%** **44%** reduction in TB Deaths against a target of **35%** ↓ Downward trend in treatment coverage from a high of **63%** in 2018 to a low of **59%** in 2021.	↑ **3%** Increase in Multi drug-resistant between 2021 and 2022. Approximately 450,000 TB cases reported **End TB by the year 2030: Strategy** • Reduce TB deaths by **90%** • Reduce TB incidence by **80%** • Reduce proportion of people diagnosed with Leprosy disability grade 2 to below **5%** • Reduce the burden of chronic lung health by **20%** • Zero families facing catastrophic costs from the management of TB, Leprosy or lung disease by 2030

Source: *Kenya National Strategic Plan for TB, Leprosy and Lung Health 2023/24-2027/28*

Systematic screening for TB among people living with HIV is an essential step before both TB Preventive Therapy initiation and TB diagnosis. TB symptom screening among PLHIV is 90% nationally with extremely low yield (2%). It is estimated that 50% of HIV co-infected TB cases were missed nationally in 2022. The root causes for the low yield is the low sensitivity of symptom based screening and inadequate accessibility and availability of WHO recommended digital chest x-ray that has higher sensitivity.

The Country has adopted the global End TB Strategy which aims to eliminate TB by the year 2030 through a combination of quality prevention, diagnostic and treatment services for TB, Leprosy and lung diseases. According to WHO Global Report 2021, poverty, undernutrition, HIV, alcohol use disorders, smoking and diabetes mellitus are the key drivers and social determinants of tuberculosis in Kenya. Further, HIV remains a significant co-infection to TB.

In order to end TB by 2030, there is need for implementation of high impact prevention interventions coupled with early diagnosis and treatment of identified cases.

3.1.1.3 Lung Diseases

In Kenya, asthma, chronic obstructive pulmonary disease and lung cancer are among lung health conditions of public health concern. The Country continues to rely on global estimates since there is limited data on the burden of lung health in Kenya. The prevalence of asthma ranged from 3% to 28.6%, with this variation reflecting the highest estimate found amongst the subset of patients with allergic conditions

in clinical settings (Kenya National Strategic Plan for TB, Leprosy and Lung Health 2023/24-2027/28).

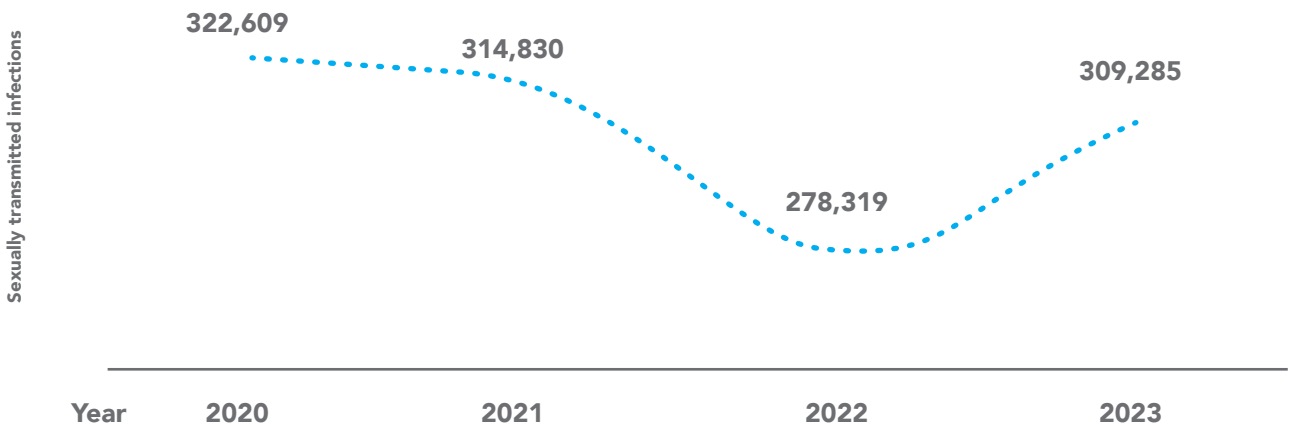
Similarly, existing data found cancer to be the third leading cause of death after infectious and cardiovascular diseases. There were 42,116 estimated cases of cancer in Kenya in 2020, resulting in an estimated 27,092 deaths. Lung cancer is ranked 14th among the cancers with an incidence of 794 new cases, and 12th in mortality with 729 deaths, translating to a high fatality rate of 92%. The National Strategic Plan for TB, Leprosy and Lung Health 2023/24-2027/28 seeks to reduce the burden of chronic lung diseases by 20% by the year 2030.

3.1.1.4 Sexually Transmitted Infections

Sexually transmitted Infections remain on the rise despite the progress made in the HIV response. According to the decade of progress report 2024, the prevalence of self-reported STIs is higher among females compared to the males. The Kenya Demographic Health Survey 2022 indicates that 13% of women and 6% of men reported to have had a sexually transmitted infection in the past 12 months preceding the survey. The counties of Garissa, Kisii, Machakos, and Wajir have the lowest proportion (<2%) of screening and diagnosing of sexually transmitted Infections among the general population.

The number of sexually transmitted infections reported from the health facilities increased in the last year by 11% from 278,319 in 2022 to 309,285 in 2023 (Kenya Health Information System, 2024).

Trends in reported cases of sexually transmitted infections 2020-2023



Source: *Ministry of Health, Kenya Health Information System, July 2024*

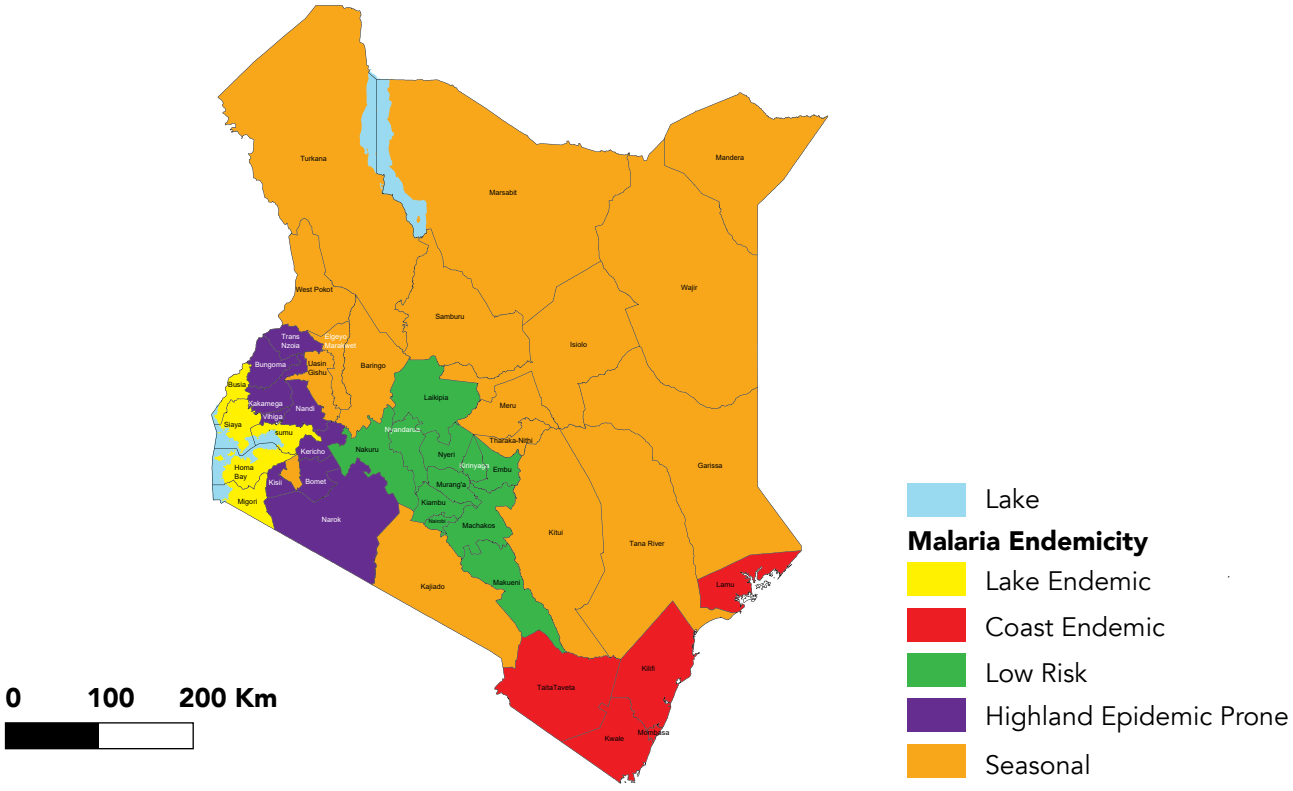
Evidence demonstrates that there are still gaps in screening for sexually transmitted Infections. For effective

treatment and management of Sexually Transmitted Infections, the Country needs to scale up screening and diagnosis across all sub-populations. This has been prioritized in the Kenya AIDS Strategic Framework 2020/21-2024/25 seeks to micro-eliminate viral hepatitis and reduce the incidence of sexually transmitted infections.

3.1.1.5 Malaria

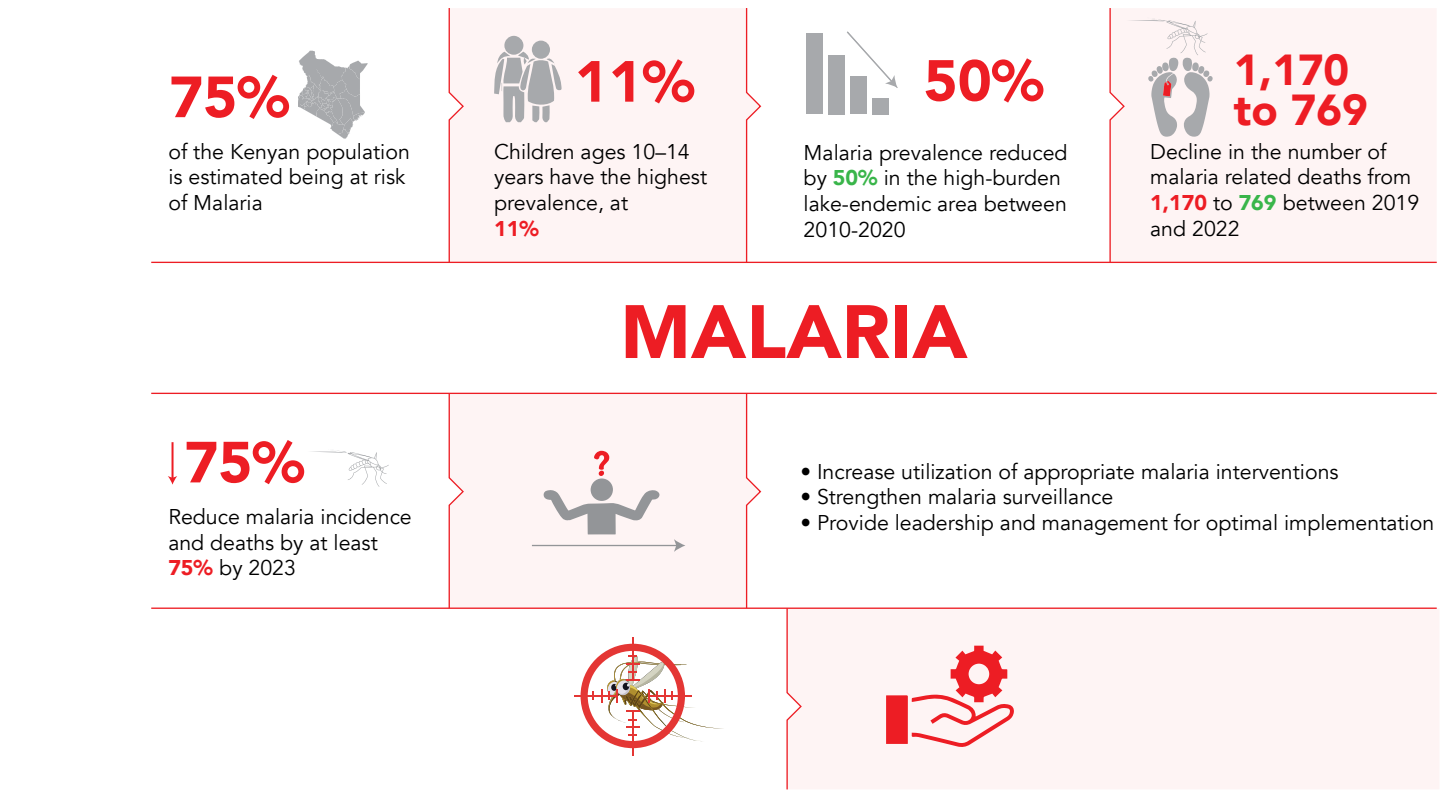
Malaria has remained a public health concern in Kenya with significant impact on the socio-economic status of the affected populations. According to the Kenya Malaria Strategy 2019-2023, at least 75% of the population is estimated at being at risk of the disease with older children ages 10–14 years having the highest prevalence, at 11%. There is geographical variation in the burden of the disease across the 47 counties as Malaria epidemiology is influenced by Altitude, rainfall patterns and temperature. Thus, there are four (4) malaria epidemiological zones in Kenya as indicated in the map below;

Figure 3.2: Malaria prevalence in Kenya by zone



Source: *Kenya Malaria Indicator Survey 2020*

The Kenya Health Information System indicates that the annual incidence for confirmed outpatient malaria has decreased over time, from 113 per 1,000 population in 2017 to 93 per 1,000 in 2022. Further, there has been a decline in the number of malaria related deaths from 1,170 to 769 between 2019 and 2022.



Source: *Kenya Malaria Strategy (KMS 2019–2023) and Kenya Health Information System (KHIS)*

The country continues to make progress in malaria control through multifaceted approaches, primarily prevention and treatment interventions. These interventions include distribution of long-lasting insecticidal nets, intermittent preventive treatment in pregnancy, and diagnosis and management of malaria cases. Over the years, the country has organized its fight against malaria based on key documents for guidance. The National Malaria Policy, the Kenya Malaria Strategy, and the Monitoring and Evaluation

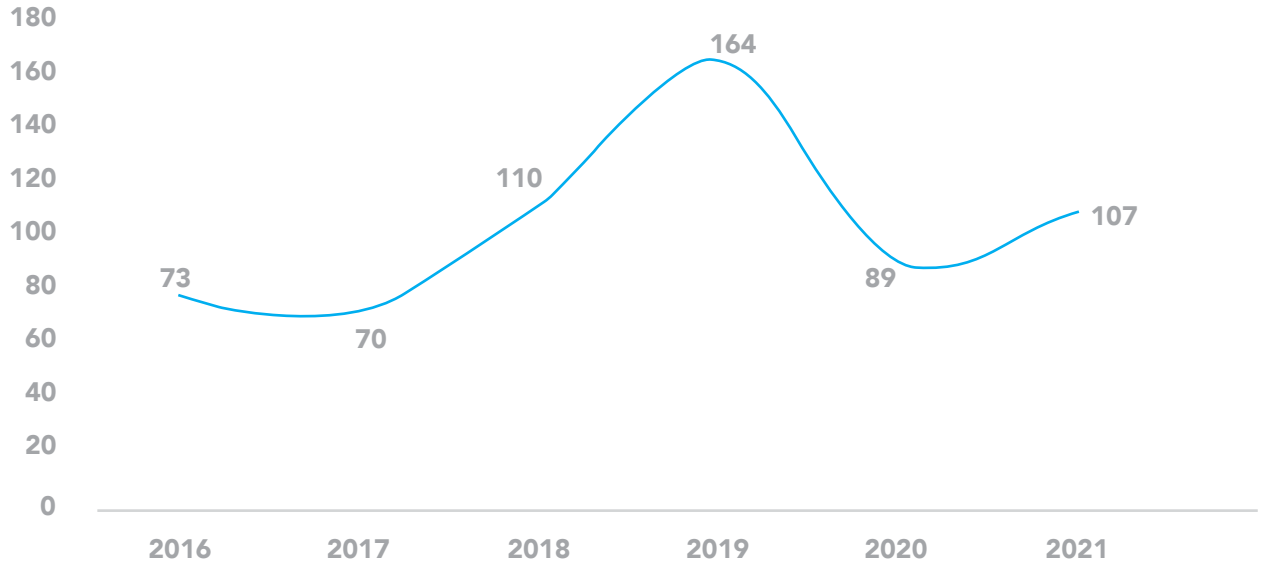
Plan provide a framework for guiding the response to the malaria burden in Kenya.

3.1.1.6 Leprosy

Leprosy is considered a neglected tropical disease with more than 200,000 new cases reported every year globally. Elimination of leprosy as a public health problem globally (defined as prevalence of less than 1 per 10 000 population) was achieved in 2000 (as per World Health Assembly resolution 44.9) and in most countries by 2010. The reduction in the number of new cases has been gradual over the years.

According to the Kenya National Strategic Plan for TB, Leprosy and Lung Health 2023/24-2027/28, Kenya is in the post-elimination phase for Leprosy, having achieved the WHO elimination target of less than 1 case per 10,000 people in 1989. These targets seem at risk, with rising detection and reporting rates in recent years primarily from the five Leprosyendemic counties in Kenya. Children account for 6.3% of the cases reported in 2020. Endemic counties in Coast, Western and parts of Nyanza account for more than 60% of the total cases notified in the country, although sporadic cases have also been reported in non-endemic counties.

Figure 3.3: Trend of Leprosy cases notified in Kenya between 2016 and 2021



Source: *Kenya National Strategic Plan for TB, Leprosy and Lung Health 2023/24-2027/28*

The vast majority of leprosy patients (95%) in Kenya suffer from multibacillary Leprosy (NTLDP, 2021). This advanced form of the disease means a localized infection, which spreads in communities as individuals remain undiagnosed and highly contagious for long periods. The National Strategic Plan for TB, Leprosy and Lung Health 2023/24-2027/28 seeks to reduce the proportion of people with leprosy diagnosed with a grade 2 disability to below 5% by 2030.

The country has developed guidelines to manage Leprosy based on a strategy of early diagnosis, treatment to prevent disability and preventive therapy using rifampicin. This also includes management of Leprosy patients in the proper facilities at sub-county, county or national level.

The NSDCC will continue to provide leadership and adopt the multi-sectoral approach to ensure an integrated approach in management of HIV, TB, Lung diseases, Leprosy, Malaria for enhanced efficiency towards ending syndemic diseases by 2030.

3.1.2 External Environment

An analysis of the external environment has enabled NSDCC to identify opportunities for the implementation of programme activities for the coordination and control of syndemic diseases, risk management and formulation of strategies to align with prevailing conditions. Due to the dynamic and regular changes in the environment, the Council will regularly monitor the environment to ensure sustained success.

3.1.2.1. Macroenvironment

The NSDCC macroenvironment is characterized by Political, Economic, Social, Technological, Ecological, and Legal (PESTEL) factors.

3.1.2.2. Microenvironment

The NSDCC has analyzed the operating environment that will facilitate the achievement of identified strategic objectives. The analysis includes the stakeholder interests, the profile of the customers, the regulatory framework etc. The NSDCC has identified opportunities and threats for the period of the strategic plan.

3.1.3. Summary of Opportunities and Threats

The following table summarizes the opportunities and threats that the NSDCC is likely to face under the PESTEL factors.

Category	Opportunities	Threats
Political	High level political goodwill and support from the Executive, Senate and National Assembly and County Governments	Government transitions could affect the placement of the agenda on syndemic diseases
	Global Call to End Syndemic diseases as public health threats by 2030. The President of the Republic of Kenya committed to end AIDS in children by 2027	
	Availability of public information dissemination platforms during election periods	
Economic	Increased domestic resources through increased tax collection	Gradual reduction of funding from the Exchequer and donors
	Resource mobilization through the Global Fund and other partners	Adverse effects of the COVID-19 pandemic on the economy impacted on key sectors leading to loss of income and increased vulnerabilities among the stakeholders
		Austerity measures on spending and budget cuts, affect the achievement of NSDCC goals and objectives
		Delayed release of funds by the government affects the implementation of planned activities by NSDCC
Social	Medium term planning provides an opportunity to bridge gaps in the response to syndemic diseases	Lack of commodities that result in decreased human security
	Partnerships and collaborations with other Government agencies with similar agenda to advance social cultural issues.	Prioritization of COVID-19 affected the focus on investment for other health related issues
		HIV related stigma and discrimination and negative cultural practices affect the gains made in the response to syndemic diseases

Category	Opportunities	Threats
Technology	Mobile penetration that provides an opportunity to leverage on digital space to enhance the response to syndemic diseases	Rapid change in technology may affect delivery of public education and advocacy
	Compliance with the Data Protection Act gives assurance for a human rights approach to Syndemic diseases programming	
Environment	Partnership with public and private institutions for continued health care provision during floods and droughts	Changes in climate resulting in drought, flooding, air pollution that affects livelihoods and increase vulnerabilities and risks to syndemic diseases
		Climate change is the biggest health threat to humanity as it affects the social and environmental determinants of health hampering access to clean air, safe drinking water, sufficient food and secure shelter.
Legal	Review of the HAPCA to incorporate emerging issues	Legal issues affecting HIV testing and treatment

3.1.4. Internal Environment

The NSDCC internal environment has been analyzed and summarized as Governance and administrative structures, internal business processes, resources and capabilities.

3.1.4.1. Governance and Administrative Structures

The NSDCC operates under governance and administrative structures that ensure delivery of effective and efficient service to the public. The Board and the staff adhere to the values of the organization for productivity and quality performance.

Legislative Structures

The National Syndemic Diseases Control Council (NSDCC) is a State Corporation established under section 3 of the State Corporations Act, Cap 446 through the National AIDS Control Council Order 1999 as amended by Legal Notice Number 143 of 2022.

The NSDCC has the responsibility of providing the required leadership in designing suitable frameworks and strategies that will contribute to impactful and sustainable socio-economic development.

The NSDCC has internal policies and Standards Operating Procedures (SOPs) that guide day-to-day operations. These policies and procedures promote

collective responsibility and teamwork for the execution of the NSDCC mandate. The internal policy documents include Human Resource Policy, Staff Induction Handbook, Staff Training Manual, Sexual Harassment Policy, Communication Policy, Code of Conduct, Records Management Handbook, Drugs and Substance Abuse Policy and Appraisal Tool Manual. The SOPs are customized to each department with a clear mandate indicating the services offered. Each year, the Council signs a performance contract with the Cabinet Secretary, Ministry of Health.

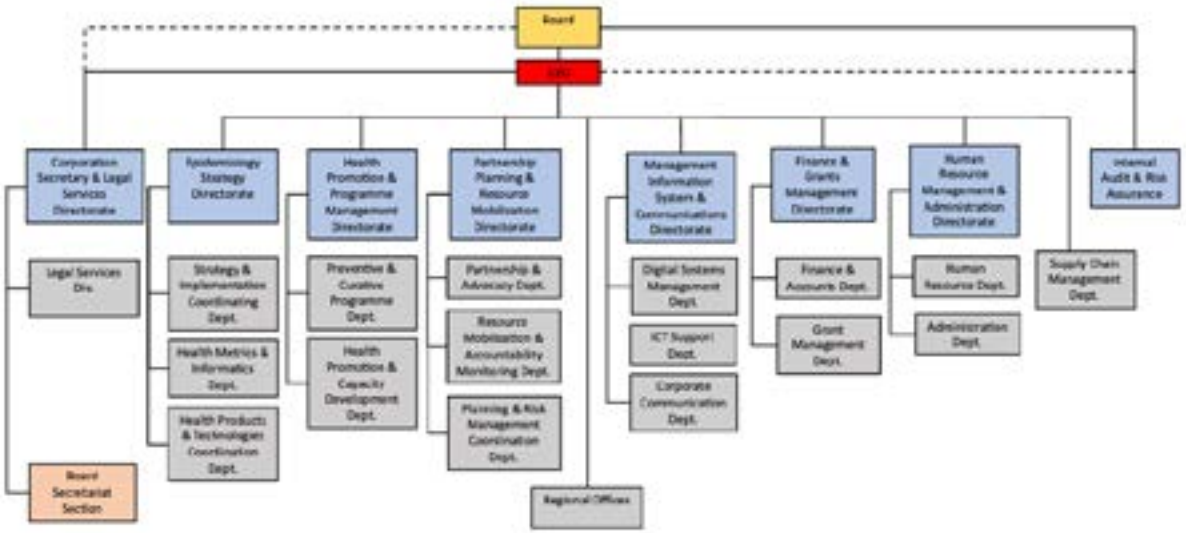
Governance Structures

The NSDCC has a Council with clear roles and responsibilities as per the Mwongozo Code of Governance for State Corporations 2015. The operations of the Council are executed through the following Committees: Finance and Resource Mobilization Committee, Human Resource and Administration Committee, Strategy and Programmes Committee and Audit Compliance and Risk Management Committee.

The composition of the Council members is as follows:

1. Mr. Geoffrey Gitu - Chairperson
2. Dr Ruth Laibon-Masha - CEO and Secretary to the Board
3. Mr. Andrew Rukaria - Member
4. Mr. Patrick Macharia - Member
5. Ms. Jeniffer N'gan'ga - Member
6. Ms. Khatra Ali - Member
7. Mr. Tom Okundi - Member
8. Ms. Ruth Bungei - Member
9. Ms. Lucy Wanjiku - Member

The NSDCC day to day operations are spearheaded by the Chief Executive Officer through the Heads of Directorates and Departments. There are nine directorates and eighteen departments. The Organogram below shows the NSDCC structure and reporting lines.



3.1.4.2. Internal Business Processes

NSDCC has internal business processes that are key in achieving the organization's strategic goals and delivery of quality service to the stakeholders. The NSDCC is ISO 9001:2015 certified and the internal business processes comply to the set objectives and goals. The NSDCC core internal business processes for the prevention and control of syndemic diseases include: policy formulation, resource mobilization, multisectoral and community mobilization, strategic information, research and innovation, public education and advocacy. Other support business processes include compliance to government and regulatory policies.

To effectively implement and execute the internal business processes, the management is structured into directorates and departments. There are eight directorates that report directly to the Chief Executive Officer and eighteen departments that report to the relevant directorates. The directorates and departments carryout both the core and support business processes as indicated below:

The Office of the Chief Executive Officer

The office of the Chief Executive Officer is responsible for providing leadership, direction, and coordination to ensure execution of NSDCC strategy and goals. Technical advisory services to the Chief Executive Officer on county activities and programs are managed through the office of Regional Coordination.

- **Office of Regional Coordination:** This department is responsible for coordinating the implementation of Policies, Strategies and Programmes in Counties, enhancing the Council's visibility at the County Level; promoting inter-governmental partnerships with the Counties.

Corporation Secretary and legal services Directorate

This directorate plays an advisory role to the management and board on legal and governance issues affecting the council.

It consists of one department and a support unit as follows:

- **Legal Services Department:** This Department is responsible for legal advisory services, contracts management, compliance with laws, rules and regulations, management of legal and contractual risks; litigation management, legal processes, systems and standardized documentation and monitoring legal developments and trends in policies, bills and serve as source of legal information.
- **Board Secretariat section:** The Unit is responsible for the provision of support and administrative services to the Board, Board Committees and Corporation Secretary.

Epidemiology and Strategy Directorate

This Directorate is responsible for coordination of the development and implementation of policies, strategies and guidelines for syndemic diseases and management of Health products and technologies. It is also responsible for monitoring and evaluation of strategic health programmes as well as coordination of multi-sectoral stakeholders. It consists of three departments:

- **Strategy and implementation coordinating department:** This Department is responsible for the development, and coordinating the implementation of policies, strategies

and guidelines in line with the syndemic diseases control programmes in the country. It is also responsible for the coordination and mobilization of multi-sectoral stakeholders.

- **Health Metrics and Informatics department:** This Department is responsible for the surveillance, monitoring and evaluation of strategic health programs; and for collaborating in research on syndemic diseases.

- **Health Products and Technologies Department:** The department is responsible for the development and supervision of the implementation of policies, strategies, and guidelines on the management of Health Products and Technology (HPT) for syndemic diseases.

Health promotion and programme management directorate

The Directorate is responsible for providing policy, strategic guidance, technical support and capacity building for the treatment, prevention, control, and management of syndemic diseases. It is also responsible for devising appropriate capacity building strategies. It comprises of the following two departments:

- **Preventive and Curative department:** The department will provide policy and other strategic guidance, and technical support for the treatment, prevention, and overall management of syndemic diseases.

- **Health promotion and capacity development department:** This department is responsible for providing policy and other strategic guidance; program-specific technical support; and support advocacy and devise appropriate capacity-building strategies for the management and control of syndemic diseases.

Partnership, Planning and Resource mobilization Directorate

The Directorate is responsible for coordinating the creation of strategic partnerships, linkages and stakeholder mobilization. It will also spearhead resource mobilization, promote accountability and provide oversight for institutional strengthening including management of the Council's quality management system and risk management. It consists of three departments:

- **Partnership and Advocacy Department:** The Department is responsible for coordinating the creation of strategic partnerships and linkages and mobilizing multi-sectoral stakeholders to deliver on the Council's Mandate.

- **Resource mobilization and accountability monitoring Department:** This Department is responsible for spearheading and enhancing resource mobilization as well as promoting accountability for the management and control of syndemic diseases.

- **Planning and Risk Management Coordination Department:** The Department is responsible for initiating development, implementation, monitoring, evaluation, and review of the Council's Policies, Strategies and Guidelines, Strategic Plan in line with the Council's mandate. The Department is also responsible for coordinating the Council's quality management system and risk management.

Management Information System and Communications Directorate

This Directorate is responsible for the development and management of information, communication and technological systems to support in delivery of the institutional functions. It is also responsible for corporate communication and promotion of the institution's visibility through various media and digital platforms. It comprises of three departments:

- **Digital systems management department:** The Department is responsible for managing multiple digital platforms, including end-to-end Enterprise Resource Planning (ERP) systems, digital media, monitoring, and evaluation software systems.
- **ICT Support Department:** This Department is responsible for the architecture, hardware, software and networking and information communication technology (ICT) technical support in the Council.
- **Corporate Communication Department:** This department is responsible for the development and implementation of corporate communication strategies, public education, relations and advocacy.

Finance and Grants Management Directorate

The Directorate provides oversight to ensure prudent use of financial resources and management of grant budgets as guided by existing financial regulations and frameworks. It consists of two departments:

- **Finance and Accounts Department:** The Department is charged with ensuring prudent management of financial resources and reporting thereof within the existing legal framework.
- **Grants Management Department:** This department is responsible for provision of oversight for prudent management of grant budgets and execution as well as development of sustainable grant management capacity.

Human Resource Management and Administration Directorate

The Directorate is responsible for effective management of human resource for the council and development and implementation of effective administrative policies, procedures and processes. It comprises two departments:

- **Human Resource Management Department:** The Department is established to ensure prudent implementation of Human Resource policies, procedures, and processes within the existing legal framework to enable the Council to deliver on its overall mandate.
- **Administration Department:** The Department is responsible for developing and implementing effective administrative policies, procedures, and processes for the Council.

Supply Chain Management Department

The Supply Chain Management Department is responsible for the management of all procurement and disposal activities of the institution. It is also responsible for inventory management.

Internal Audit Directorate

This Directorate is responsible for providing independent and objective assurance to the Council's internal control systems and processes by systematically evaluating the effectiveness of risk management, control and governance processes.

The Directorate is responsible to the Chief Executive Officer administratively and functionally to the Board.

3.1.4.3 Resources and Capabilities

The capabilities of the NSDCC in the execution of its mandate are exemplified in:

i. The establishment of efficient structures for the coordination of multi-sectoral partners engaged in disease management,

ii. The implementation of 4 Five-year National Strategic Plans accounting for more than Kes 600 billion invested through external and domestic resources.

iii. The high absorption of funds- typically 15% -20% higher than other similar programs managed through the Ministry of Health infrastructure.

iv. The establishment of digital platforms that aid in data capture, reporting, and visualization at all levels.

v. The capacity to effectively follow-up, monitor and provide quality assurance, with direct reporting lines for on and off-budget resources and programmes implemented by community-based organizations in all 47 County Governments.

vi. The utilization of Electronic Resource Planning Platforms that reduce workload, increase absorption of results-based funds such as Global Fund, and strengthen accountability and transparency.

The NSDCC has also developed internal standard operating procedures and policies that guide day-to-day activities. These procedures and policies standardize and eliminate bias and subjectivity of the personnel involved in the realization of its mandate.

a. Human Resources

The NSDCC has a well constituted human resource base informed by the approved staff establishment. Currently, the NSDCC has a total 147 staff in-post against an approved establishment of 244. To address this gap, and to operationalize the expanded mandate, the NSDCC will progressively recruit qualified personnel to facilitate achievement of the institutional objectives.

b. Social Resources

The NSDCC leverages the social resources derived from the collaboration with its key partners and stakeholders including both donor and implementing partners, community and faith-based organizations, civil society organizations, other government ministries, departments and agencies, county governments, other health regulatory bodies, training institutions, enforcement agencies, regional and international organizations, among others.

c. Financial Resources

The NSDCC resources are from both government and non-government organizations including the Global Fund and PEPFAR. In addition, the NSDCC has invested in tangible resources for longevity and posterity, including the establishment of 18 Regional Offices, purchase of vehicles and other equipment, supplies, data servers and software, and utility items that ensure smooth operations and optimum performance.

3.1.5 Summary of Strengths and Weaknesses

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

Strengths	Weaknesses
• Existence of Legal Notice No.170 of 1999 to establish the National AIDS Control Council through an executive order as a State Corporation under Act Cap 446 published to coordinate HIV response	• Inadequate harmonized accountability mechanisms for overall HIV response performance for both health and non-health sectors
• HIV response integrated in the Medium-Term Expenditure Frameworks • Political commitment to assure universal access to treatment	• Limited capacity (of officers, managers, implementers, and service providers) to effectively use existing networks and develop others, from national to community level to coordinate multiple strands of actions (data, technical support, capacity building) limits the effectiveness of the response
• Existence of decentralized institutional arrangements and structures for effective coordination from national, county, sub-county, ward, and community levels	• Limited investments for existing and operationalizing networks/committees to deliver on their mandates at all coordination levels
• Presence of international and local philanthropists to support the response	• Limited involvement of private sector and civil society in the HIV response
• HIV response mainstreamed through the Maisha Certification System which monitors implementation of performance contract HIV and AIDS prevention indicator in Ministries, Departments and Agencies	• Limited shared knowledge between government, private sector, and civil society investments (on and off budget) for HIV programmes with a view of avoiding duplication of efforts, wastage of scarce resources and improving the quality of people-level outcomes and impacts
• Robust M & E systems for epidemic surveillance and programme monitoring	• Lack of alignment of government, civil society, and private sector towards effective delivery of the Kenya AIDS Strategic Framework

Strengths	Weaknesses
• Existence of policies, guidelines, tools for policy advocacy, resource mobilization, technical support, reporting and capacity building. Biennial Maisha Conference as a knowledge platform for sharing best practices, lessons learnt and innovative actions for HIV programming and policy formulation	• Lack of shared and clear goals, strategies, indicators to measure success for effective multisectoralism in the HIV and AIDS response.

3.1.6 Analysis of Past Performance

The performance of NSDCC during the past strategic planning period has been analyzed in terms of key achievements, challenges and lessons learnt. The analysis provides a baseline to reflect on future performance. The findings of the performance analysis are outlined below.

3.1.6.1 Key Achievements

No	Strategic Area	Achievement
1.	Coordinate the development and implementation of policies, strategies, and guidelines	Kenya AIDS Strategic Framework II and 47 County AIDS Implementation Plans developed and implemented
		Mid-term review of KASF II Completed
2.	Mobilize resource and grants to implementing partners	Increased allocation of funds through public and private mechanisms
		Mobilized grants to support community-based initiatives, including the LISTEN program that supports communities of Practice in Homa Bay and Kiambu County
		Guidelines for the Environment and Social Impact Assessment Requirements on Infrastructure Projects developed
		The NSDCC led the National Multi-Agency Team in mobilising resources for the COVID-19 response

No	Strategic Area	Achievement
3.	Technical Support	Draft guidelines on the expansion and transformation of the workplace AIDS Control Units into Wellness Centres developed
		Draft Legal Framework on the local manufacturing of essential commodities to ensure security developed
		Initiated a nation-wide, whole government, campaign to address stigma and other emerging challenges such as the Triple Threat through community leaders and other gate keepers
		Senior Cadres of the disciplined forces capacity built on HIV prevention, treatment, care, and support including mental health and pandemic preparedness
4.	Strategic Information, Research, and Innovation	Kenya HIV and Health Situation Room re-engineered for improved knowledge sharing and collaboration with other stakeholders towards improved data utilisation for decision making
		Developed the HIV Estimates Portal to optimise access to granulated real-time HIV and STIs data
		Reports from assessments of program effectiveness used to inform Grant making, Program restructuring and Resource Mobilisation.
5.	Public Education, Communication and Advocacy	Initiated a nation-wide, whole government, advocacy campaign to address stigma and other emerging challenges such as the Triple Threat through community leaders and other gate keepers
		Communication and advocacy strategy developed and approved for dissemination

No	Strategic Area	Achievement
6.	Institutional Strengthening	As a member of the National Multi-Agency Team on COVID-19, the NSDCC was assigned the responsibility of public education and advocacy to promote COVID-19 awareness and vaccine uptake.
		Mwongozo training for board members to facilitate good governance
		Risk management plan developed
		Implementation of e-board for Council meetings
		Digitalization of the internal business processes using ERP
		9001:2015 ISO Certified
		HR instruments (HR Manual, Organisational Structure and Career Guidelines) Developed
		Recognized by PPRA for timely submission of reports
		Under the government performance contracting, the NSDCC was a Specialized Agency for the indicator on Prevention of HIV infection and Non Communicable Diseases (NCDs)

3.1.6.2 Challenges

The following factors decelerated the achievement of some of the set targets during the implementation of this Strategic Plan:

1. Lack of optimal operationalization of the coordination and accountability framework for partners and stakeholders in response to HIV and other syndemic diseases resulting in inefficiencies and incoherent implementation of key objectives for the HIV response.
2. Insufficient funding for effective implementation of the Plan- including for staff recruitment and for provision of technical support to all partners and key stakeholders and sectors.
3. Suboptimal utilization of data for decision making by key decision makers.
4. Incomplete operationalization of the expanded mandate (as per legal notice number 143 of 2022) due to lack of a clear implementation framework.
5. Emerging public health challenges, including the emergence of the COVID-19 pandemic, the negative impact of climate change such as flooding, and insecurity in parts of the country that shifted priorities and disrupted implementation plans.

3.1.6.3 Lessons Learnt

During the implementation period of the previous strategic plan, several lessons were drawn:

i. The need to broaden and intensify interventions in regions most affected and allocate more resources to programmatic areas that have the highest impact on the prevention of new HIV infections.

ii. National and county governments' capacity needs to be improved, and a framework to guide their HIV, STIs and related epidemic response developed.

iii. NSDCC should explore unexploited opportunities for domestic resource mobilization such as, social impact bonds, private sector financing, and community-led approaches.

iv. Structured collaborations with key and relevant stakeholders were necessary and should be strengthened to provide effective oversight over implementing partners across the country.

v. It was essential to establish a research fund for HIV and co-morbidities in collaboration with partners of similar interest to inform HIV and AIDS programming and interventions.

vi. The enhancement of compliance to policies, standards, procedures, and applicable laws and regulations at all levels of the organization was crucial to avoid any eventualities of adverse nature to the operations of NSDCC.

vii. NSDCC needs to make robust its delivery of strategic information and communication on HIV and related epidemics to enhance its effectiveness in the delivery of its mandate.

3.2 Stakeholder Analysis

Stakeholders are an integral part of the Council's operations. The NSDCC undertook a stakeholder mapping and analysis to understand the roles and expectations of the stakeholders. The table below outlines the analysis.

Stakeholder Analysis

Stakeholder Category	Stakeholder	Role	Expectation of the Stakeholder	Expectation of the Organization
Internal stakeholders	The Board	Leadership and Governance	Oversight, strategic leadership, good governance, and organizational performance	Policy development, accountability structures and mechanisms
	Secretariat	Technical Support	Support development and adherence to policies, guidelines, accountability for resources, and availability of information	Develop and disseminate a clear service delivery charter which spells out the NSDCC obligations
Public sector	MDAs	Workplace response to syndemic diseases	Efficient and effective delivery of NSDCC mandate through multi-level and multisectoral coordination of the response to syndemic diseases Maisha certification	Create effective platforms for coordination of the response to syndemic diseases Implementation of the workplace program
	MOH	Oversight	Coordination and monitoring of the response to syndemic diseases	Resources, Policy direction
	County governments	Implementation of KASF and CAIPs	Provide technical assistance to develop, implement and monitor policies and strategies	Provide support in the development, implementation and monitoring of County implementation plans
	Research institutions and institutions of higher learning	Training and Research	Coordination and dissemination of research related to syndemic diseases	Translate research findings into policy and programmes

Stakeholder Category	Stakeholder	Role	Expectation of the Stakeholder	Expectation of the Organization
	Regulatory bodies (KRA, KENAO, PPRA)	Regulatory requirements	Compliance with regulatory requirements	Fairness in enforcement of regulatory environment
	Certification bodies	ISO certification	Maintaining of the QMS standard	ISO certification
	Legislative bodies (Parliament, Senate, County Assemblies)	Legislation	Effectively respond to syndemic diseases Accountability in the use of appropriated resources Advocacy for financing of the response to syndemic diseases	Legislation that addresses the changing landscape of syndemic diseases, Resource allocation to support domestic financing for the response to syndemic diseases
Non state actors	Development partners (donors, International organizations)	Technical support and Resource mobilization	Provide oversight for the implementation of regulatory frameworks for syndemic diseases Mobilize resources for the response to syndemic diseases Provide leadership on the development of policies and guidelines for the response to syndemic diseases Collect data and share strategic information	Provide financial, technical support and build human resource capacity Advocate for NSDCC activities among the partners Mobilize resources for a fully funded response to Syndemic diseases

Stakeholder Category	Stakeholder	Role	Expectation of the Stakeholder	Expectation of the Organization
	Private sector – formal and informal	Workplace response on syndemic diseases, resource mobilization	Guidance and technical advice on the implementation of workplace policies on Syndemic diseases Mobilize resources for commodities for syndemic diseases Collect data and provide strategic information	Implementation of interventions in the workplace towards syndemic response Partnerships in response to syndemic diseases Complement the NSDCC funding
	Implementers	Project implementation	Capacity building and technical assistance	Effective and efficient implementation of initiatives
	Networks (People living with HIV, Vulnerable Populations, Key populations, Persons with disability, Adolescents and young people)	Advocacy	Capacity building, supply of commodities and financial support Invest in interventions to reduce HIV related stigma and discrimination Resource mobilization	Implement community led activities that mitigate the social and economic impact of Syndemic diseases Monitor a rights based and community centered response to Syndemic diseases
	Faith Sector	Community mobilization	Capacity building, Resource mobilization, Information sharing	Leverage the huge following and goodwill for advocacy and information sharing on syndemic diseases
	Civil society	Advocacy	Timely information sharing, resource mobilization, capacity building	Advocacy

Stakeholder Category	Stakeholder	Role	Expectation of the Stakeholder	Expectation of the Organization
	Service providers	Provision of goods and services	Fairness and equity in the procurement process, timely payment of goods and services	Timely provision of quality goods and services
	Media	Awareness creation	Public education, advocacy and information sharing	Sharing of correct and upto date information and status on Syndemic diseases and comorbidities
	Training and capacity building institutions	Skills development	Continual skills development and training	Training programs that meet the changing dynamics of syndemic diseases

04

Strategic Issues, Goals and Key Result Areas

CHAPTER 4: STRATEGIC ISSUES, GOALS AND KEY RESULT AREAS

This chapter provides a comprehensive description of the Strategic issues, the strategic goals and key result areas (KRAs) for the organization within the period of the strategic plan.

4.1 Strategic Issues

Guided by the review of the previous strategic plan, the following key strategic issues persist. They include the: (1) Sub-optimal coordination and accountability framework for partners and stakeholders in the response to syndemic diseases; (2) Inadequate financial resources; (3) Low level of knowledge on prevention of syndemic diseases; (4) Suboptimal utilization of data for decision making; (5) Inadequate human resource for optimum technical support and capacity building to the counties; (6) establishment of the NSDCC under subsidiary legislation rather than through an Act of Parliament; and; (7) operationalization of Legal Notice No. 143 of 2022 to expand the NSDCC mandate.

4.2 Strategic Goals

NSDCC is committed to develop policies and guidelines relevant to the prevention and control of Syndemic diseases as well as mobilize resources and Government Ministries, Counties and institutions, non-Governmental organizations, community-based organizations, research bodies, the private sector and universities to participate in syndemic diseases control and prevention. As part of addressing the aforementioned strategic issues, the NSDCC intends:

- To increase financing for Syndemic diseases
- To strengthen strategic information, research, and innovation
- To enhance technical support and capacity building
- To elevate public education, communication and advocacy
- To strengthen institution and sustain resources to ensure long term viability
- To effectively coordinate the development and monitor the implementation of policies, strategies, and guidelines in response to syndemic diseases

4.3 Key Results Areas

This section provides an overview of the key result areas (KRAs) identified to realize the goals, mission, and vision. It also demonstrates the interlinkage of the strategic issues, strategic goals, and KRAs as illustrated in the table below:

Table 4.1: Strategic Issues, Goals and KRA

Strategic Issue	Goal	KRAs
Sub-optimal coordination and accountability framework for partners and stakeholders in the response to syndemic diseases;	To effectively coordinate the development and monitor the implementation of policies, strategies, and guidelines in response to syndemic diseases.	Coordination of stakeholders
Inadequate financial resources	To increase financing for syndemic diseases	Resource mobilization
Low level of prevention knowledge on syndemic diseases	To enhance public education, communication, and advocacy	Public education and advocacy
Suboptimal utilization of data for decision making	To promote utilization of evidence-based data for decision making	Data Utilization
Inadequate human resource for optimum technical support and capacity building to the counties	Increase and build capacity of NSDCC's human resource	Technical support and capacity building
Establishment of the NSDCC under subsidiary legislation rather than through an Act of Parliament;	To enhance stability of NSDCC through an Act of Parliament	Institutional Strengthening
Operationalization of Legal Notice No. 143 of 2022 to expand the NSDCC mandate	To execute the expanded mandate	

05

Strategic Objectives and Strategies

CHAPTER 5: STRATEGIC OBJECTIVES AND STRATEGIES

5.1 Strategic Objectives

Following articulate formulation of the strategic goals and Key Result Area (KRAs), the NSDCC came up with strategic objectives that will help in their actualization. These strategic objectives are well-aligned to the strategic goals and serve as a critical metric for measuring the performance of the organization. Below are the strategic objectives that capture all the crucial areas for the long-term success and sustainability of the organization.

Table 5.1: Outcomes Annual Projections

Strategic objective	Outcome	Outcome Indicator	Projections				
			Year 1	Year 2	Year 3	Year 4	Year 5
Coordination of Stakeholders							
To strengthen the coordination and accountability framework for partners and stakeholders in response to syndemic diseases	Strategic Coordination Framework and County Implementation Plans Developed, Implemented and Reviewed	Strategic Coordination Framework and County Implementation Plans	100%		100%		100%
Resource Mobilization							
To mobilize and effectively manage resources for sustainable financing of syndemic diseases	Optimum resources for sustainable financing	Percentage increase in financing	36%	40%	45%	50%	55%
Public Education and Advocacy							
To enhance public education, communication, and advocacy on Syndemic Diseases	Improved levels of accurate knowledge of Syndemic diseases	Number of persons reached	1,000,000	2,000,000	3,000,000	4,000,000	5,000,000
Data Utilization							
To strengthen and manage a robust and coherent National Information System for syndemic diseases	Evidence-based data for decision making	Number of obligatory data reports generated	2	2	2	2	2

Strategic objective	Outcome	Outcome Indicator	Projections				
			Year 1	Year 2	Year 3	Year 4	Year 5
Technical Support and Capacity Building							
To provide technical support and capacity building for effective sectoral programmes for Syndemic Diseases response	A developed and implemented capacity building plan Baseline survey conducted	Capacity building plan Number of sectors capacity built	1 10	0 10	0 10	0 10	0 10
Institutional Strengthening							
To strengthen the institutional capacity to deliver on its mandate	Operationalization of the Legal Notice No. 143 of 2022	Proportion of Transition Plan implemented	10%	20%	50%	70%	100%

5.2 Implementation Strategies

The NSDCC identified specific strategies that will help realize the set objectives as illustrated in the table below:

Table 5.2: Strategic Objectives and Strategies

Key Result Area	Strategic Objectives	Strategies
Coordination of stakeholders	To strengthen the coordination and accountability framework for partners and stakeholders in response to syndemic diseases	• Develop and implement a partnership engagement framework
Resource mobilization	To mobilize and effectively manage resources for sustainable financing of syndemic diseases	• Implement the Resource Mobilization Strategy
Public education and advocacy	To enhance public education, communication, and advocacy on syndemic diseases	• Develop and implement a public education and advocacy strategy
Data Utilization	To strengthen and manage a robust and coherent National Information System for syndemic diseases	• Review of National Information System to incorporate other syndemic diseases

Key Result Area	Strategic 0bjectives	Strategies
Technical support and capacity building	To provide technical support and capacity building for effective sectoral programmes for syndemic diseases	• Develop and implement a capacity building plan
Institutional Strengthening	To strengthen the institutional capacity to deliver on its mandate	• Operationalization of the expanded mandate (NSDCC) • Establish NSDCC under an Act of Parliament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06

Implementation & Coordination Framework

CHAPTER 6: IMPLEMENTATION & COORDINATION FRAMEWORK

6.0 Overview

This chapter provides information on the strategic plan implementation framework consisting of an action plan/implementation matrix, annual work plan and budget and performance contracting. It describes the coordination framework that highlights the required human resource capacity; skills set and competence development; leadership; and systems and procedures required to implement the strategic plan. The chapter also highlights a risk management framework.

6.1 Implementation Plan

Table 6.1 below presents the NSDCC's Strategic Plan Implementation Matrix which constitutes the Strategic Issues, Strategic Goals, KRAs, Outcomes, Strategic Objectives, Strategies, Key Activities, Expected Outputs, Output Indicators, Annual Targets, Annual Budgets and Responsibility for execution of the activities.

6.1.1 Action Plan

To implement this Strategic Plan, NSDCC has devised a detailed action plan outlined below (Table 6.1: Implementation Matrix), encompassing Strategic Issues, Strategic Goals, KRA, Outcomes, Strategic Objectives, Strategies, Key Activities, Expected Outputs, Output Indicators, Annual Targets, Annual Budgets and Responsibility for execution of the activities for carrying out the activities.

Table 6.1: Implementation Matrix

Strategic Issue: Optimal operationalization of the coordination and accountability framework for partners and stakeholders

Strategic Goal: To effectively coordinate the development and monitor the implementation of policies, strategies, and guidelines in response to syndemic diseases.

KRA 1: COORDINATION OF STAKEHOLDERS

Outcome: Operationalization of the National and County Strategic Frameworks

STRATEGY	KEY ACTIVITIES	EXPECTED OUTPUT	OUTPUT INDICATORS	5-YEAR TARGET	TARGET				
					Y1	Y2	Y3	Y4	Y5
Strategic Objective 1: To fast track the implementation of the coordination and accountability framework among partners and stakeholders.									
Provide effective leadership to coordinate, supervise, and monitor the implementation of the existing coordination frameworks and sectoral plans	Develop national and county strategies and plans	Developed national and county plans	National and county strategies developed	48		48			
			National and County coordination committees operationalized	58	58				
	Undertake annual reviews of strategies and plans	Reviewed strategies and plans	Reviewed reports	2		1	1	1	1

Strategic Issue: Low level of prevention knowledge on syndemics diseases;

Strategic Goal: To enhance public education, communication, and advocacy

KRA 2: PUBLIC EDUCATION AND ADVOCACY

Outcome: Increased awareness and knowledge on prevention of syndemic diseases

STRATEGY	KEY ACTIVITIES	EXPECTED OUTPUT	OUTPUT INDICATORS	5-YEAR TARGET	TARGET				
					Y1	Y2	Y3	Y4	Y5
Strategic Objective 1:									
Enhance and empower policy and decision makers' advocacy capacity on syndemic diseases	Conduct advocacy and capacity building forums on policies on syndemic diseases	Improved levels of accurate knowledge on syndemic diseases	Number of forums held	4	1	1	1	1	1
Strategic Objective 2:									
Enhance the visibility of NSDCC on a national, regional, and global scale.	Develop and implement a communication and advocacy strategy	Enhanced public profile of NSDCC	Corporate social responsibility activities	4	1	1	1	1	1
			Monthly Website analytics of visitors	1.35m	200k	250k	300k	300k	300k
			Social media engagement metrics based on specific social media platforms	10m	2m	2m	2m	2m	2m
			Number of posts and rate of posting in all NSDCC social media platforms.	6000	1200	1200	1200	1200	1200
			Improved customer satisfaction ratings	50%	60%	70%	80%	85%	90%

Strategic Objective 3:									
Promote programmatic communication and advocacy on syndemic diseases.	Develop and implement a programmatic communication strategy	Increased uptake of services	Programmatic communication strategy developed and implemented	1					1

Strategic Issue: Sub-optimal programme implementation for syndemic diseases

Strategic Goal: Enhanced programme implementation for syndemic diseases

KRA 3: TECHNICAL SUPPORT AND CAPACITY BUILDING

Outcome: Enhanced capacity of stakeholders in the implementation of the response towards syndemic diseases

STRATEGY	KEY ACTIVITIES	EXPECTED OUTPUT	OUTPUT INDICATORS	5-YEAR TARGET	TARGET				
					Y1	Y2	Y3	Y4	Y5
Strategic Objective 1:									
Strengthen the capacity of internal and external stakeholders in the implementation of the response towards syndemic diseases	Mainstream the response towards syndemic diseases in sectoral programmes	Syndemic diseases response mainstreamed in sectoral programmes	Number of private and public sector institutions capacity built	500	100	100	100	100	100

Strategic Issue: Suboptimal utilization of data for decision making

Strategic Goal: To promote utilization of evidence and data for decision making

KRA 4: DATA UTILIZATION

Outcome: Data for Decision Making (D4D)

STRATEGY	KEY ACTIVITIES	EXPECTED OUTPUT	OUTPUT INDICATORS	5-YEAR TARGET	TARGET				
					Y1	Y2	Y3	Y4	Y5
Strategic Objective 1:									
Strengthen and manage a robust and coherent national information system	Generate quality strategic information for the response to syndemic diseases	Quality strategic information for the response to syndemic diseases	Performance review, reporting obligations and commitments honoured	2	1	1	1	1	1
	Digital transformation for granulated real-time data		Maisha data systems and knowledge repository digitization	1					1
Strategic Objective 2:									
Coordinate uptake of research findings to inform policy and practice	Translate research into policy and practice	Research translated into policy and practice	Policy research briefs, innovations, and best practices	4		1	1	1	1

Strategic Issue: Inadequate human resource for optimum technical support and capacity building to the counties;

Strategic Goal: Increase and build capacity of NSDCC's human resource

KRA 5: INSTITUTIONAL STRENGTHENING

Outcome: Enhanced institutional capacity, improved governance structures and increase operational efficiencies and effectiveness

	KEY ACTIVITIES	EXPECTED OUTPUT	OUTPUT INDICATORS	5-YEAR TARGET	TARGET				
					Y1	Y2	Y3	Y4	Y5
Strategic Objective 1:									
Enhanced corporate governance	Build the capacity of the board and management in line with the Mwongozo Code	Strengthened NSDCC institution capacities to deliver on its mandate	Number of trainings held for Board members	5	1	1	1	1	1
			Number of trainings held for management	5	1	1	1	1	1
	Restructure NSDCC to effectively deliver on her expanded mandate	Review structure to respond to the expanded mandate	Reviewed and implemented structure	1		1			
Enhanced NSDCC business processes	Automate the internal business process systems	NSDCC business processes digitalized	Number of processes digitalized	7	2	2	2	1	
Manage risk and build resilient systems for the NSDCC	Develop and review business continuity plans	Business continuity plans developed	Developed business continuity plans	1		1		1	

Strategic Issue: Inadequate financial resources

Strategic Goal: To increase financing for Syndemic diseases.

KRA 6: RESOURCE MOBILIZATION

Outcome: Increased financial resources

STRATEGY	KEY ACTIVITIES	EXPECTED OUTPUT	OUTPUT INDICATORS	5-YEAR TARGET	TARGET				
					Y1	Y2	Y3	Y4	Y5
Strategic Objective 1:									
Advocate/Lobby for additional resources	Engage MPs, MCAs on increasing budgetary allocation	Conduct strategic meetings with policy makers	Number of meetings held with policy makers	10	2	2	2	2	2
	Operationalize the Resource Mobilization Strategy	Implementation of the Resource Mobilization Strategy	Resources committed by development partners						
	Operationalize the Private sector engagement framework	Workplace policy to mainstream syndemic diseases in the private sector	Number of private sector institutions reporting through Maisha Certification system	50	10	10	10	10	10
	Tap into Capital projects to increase resource for programmes	Increased resources for programmes	Number of capital projects onboarded in MTEF	1					1
			Number of capital projects implementing components of the syndemic diseases programme	5	1	1	1	1	1

6.1.2 Performance Contracting

NSDCC uses Performance Contracting as a key accountability tool with a view to improve service delivery. All key activities in the annual workplan will form part of the performance contract.

6.2 Coordination Framework

NSDCC has established a coordination framework to facilitate the realization of activities and programs crucial to the implementation of this Strategic Plan. This framework outlines the institutional framework, staffing requirements, skill sets and competencies, leadership, as well as systems and procedures necessary for effective coordination.

6.2.1 Institutional Framework

To effectively support the implementation of strategic initiatives, the NSDCC has a well-defined organizational structure. The NSDCC Management comprises the Chief Executive Officer's (CEO's) office, Directorates and Departments. The Directorate Heads are Directors, and the unit functions (Departments) are led by Deputy Directors. Additionally, the NSDCC has comprehensive policies in place governing various areas such as human resources, finance, procurement and operations. These policies align with the strategic objectives and provide clear guidelines for implementation.

The NSDCC is building human resource capabilities for the present and future by attracting and retaining staff with the appropriate skills, attitudes, and competencies required for the achievement of its mandate.

6.2.2 Staff Establishment, Skills Set and Competence Development

One of the key areas of focus for human resource management and development is to ensure a system of Employee Value Proposition with requisite skill set for NSDCC through recruitment and selection. Human resource management and development will be guided by the Human Resource Plan which will involve identifying the Human resource requirements in terms of numbers, skills and competencies. In addition, Human Resource instruments will be reviewed to address dynamic human resource management and development issues. NSDCC comprises of one hundred and forty seven (147) employees, with an approved establishment of two hundred and forty four (244). To ensure the effectiveness of its role, the NSDCC works with Counties in ensuring the impact of its roles in the devolved systems and will progressively recruit qualified personnel to achieve its objectives. The staff establishment and the skills set and competence development are as shown in Table 6.3 and 6.4 respectively.

6.3 Staff Establishment

Technical Cadres	Support Cadres	Total
172	72	244
70.08%	29.92%	100%

6.3.1 Grading Structure

DESIGNATION	NSDCC GRADE
Chief Executive Officer	1
Director	2
Deputy Director	3
Assistant Director	4
Principal Officer/Principal Assistant Officer	5
Senior Officer/Senior Assistant Officer	6
Officer I/ Assistant Officer I	7
Officer II/ Assistant Officer II/Principal Technician	8
Assistant Officer III/Senior Clerical Officer/Senior Driver/ Senior Technician	9
Senior Officer Assistant/ Clerical Officer I/Driver/ Technician	10
Office Assistant I/ Clerical Officer II	11
Office Assistant II	12

Table 6.4 Skills Set and Competence Development

Cadre	Skills Set	Skills Gap	Competence Development
Senior & Middle Management	People and Culture	Leadership Development	Strategic Leadership Skills
Monitoring & Evaluation Officers	Strategic Information and Analytical Skills	Experience in analysing Strategic Information	Training in Strategic Data Analytics
Support Functions	Supervisory Skills	Overall supervising of units	Capacity building in Supervisory Skills
Supervisory and Line Managers	Effective Communication	Work Collaboration and internal synergies	Team Cohesion and Team Building to avoid silo working
Regional Coordination	Crisis Communication and Management	Coordinating different stakeholders in one direction and institutional Thinking.	Effective Project Management
Support Cadres	Supervisory skills	Innovation and initiative	Change Management & innovation courses
Customer relations Executives and middle cadre	Effective dealing with Clients	Customer relations Management	Customer analytics, Communication and effective relations

6.3.2 Leadership

NSDCC has identified six (6) Key Result Areas (KRAs) for this Strategic Plan, namely coordination of stakeholders, public education and advocacy, resource mobilization, technical support and capacity building, data utilization and institutional strengthening.

The Key Result Areas (KRAs) will be executed by the relevant Directorates and Departments with clear responsibilities and established reporting lines to the Council through the CEO. The strategic theme teams for the key result areas are as shown in Table 6.5 below;

Table 6.5: Strategic Theme Teams for Key Result Areas

No.	Key Result Area	Strategic Theme Team
1.	Coordination of Stakeholders	• Partnership and Advocacy Department • Strategy and Implementation Coordination Department • Regional Coordination Department
2.	Public Education and Advocacy	• Preventive and Curative Department • Health Promotion and Capacity Development Department • Communication Department
3.	Resource Mobilization	• Resource mobilization and Accountability Monitoring Department • Grants Management Department
4.	Technical Support and Capacity Building	• Health Promotion and Capacity Development Department • Preventive and Curative Department • Communication Department • Health Products Technologies Coordination Department
5.	Data Utilization	• Health Metrics and Informatics Department • Strategy and Implementation Coordination Department
6.	Institutional Strengthening	• Human Resource Management Department • Administration Department • Legal Service Department • Communication Department • Finance and Accounts Department • Information and Communication Technology Support Department • Digital Systems Management • Internal Audit Directorate • Supply Chain Management Department • Planning and Risk Management Coordination Department

6.3.3 Systems and Procedures

The NSDCC was ISO Certified 9001:2015 in the year 2021 and is committed to realizing its strategic objectives by leveraging on internal systems, processes and standard operating procedures (SOPs). NSDCC will not only adopt stringent quality standards but also integrate digitization across its operations. By digitizing processes, the NSDCC aims to streamline workflows, enhance data accessibility, and foster innovation. Additionally, NSDCC will implement a value chain execution framework to optimize operational efficiency and ensure seamless coordination across departments and divisions. Through the holistic embodiment of these principles, the NSDCC aims to strengthen its capability in translating strategic objectives into tangible achievements. To exemplify the integration of quality standards, digitization, and value chain execution within the NSDCC's strategic approach, NSDCC will:

1. Establish and Operationalize a Digitalization Committee
2. Conduct a baseline survey to determine the institutional level of digitalization.
3. Develop workplace digitalization and automation strategy incorporating measures that will enable people with disabilities to access online services.
4. Adopt the usage of official emails and set up appropriate infrastructure to facilitate digitalization of business processes.
5. Utilize mass media, digital media as well as face-to-face sensitization forums to carry out communication and advocacy for the response to syndemic diseases.
6. Leverage on digitization and automation of government processes to make 80% of government services online.
7. Support devolution by strengthening collaboration and cooperation between the two levels of government for improved service delivery.
8. Mainstream and integrate Science, Technology and Innovation (STI) within NSDCC.
9. Conduct internal audits in accordance with ISO Standard requirements to verify the conformity and effectiveness of the Quality Management System (QMS).
10. Customize the charter to cater to the unique needs and convenient access of customers by, among other methods, translating the Charter into Braille, providing audio recordings, and uploading the Charter on the Council's online platforms for easy accessibility.

6.4 Risk Management Framework

The Strategic Plan incorporates a Risk Management Framework essential for effectively managing situations that may pose material, strategic, reputational, regulatory, legal, security, or operational challenges for NSDCC. Throughout this strategic planning period, risk management will be integrated into NSDCC's processes and systems. Risks have

been classified into categories such as financial, reputational, operational, legal, and organizational risks. Corresponding mitigation measures have been identified for each risk, forming an integral part of strategy formulation and implementation.

Table 6.6: Risk Management Framework

RISKS	RISK LIKELIHOOD (L/M/H)	SEVERITY (L/M/H) OVERALL RISK LEVEL (L/M/H)	OVERALL RISK LEVEL (L/M/H)	MITIGATION MEASURE(S)
Unprecedented change in disease dynamics such as emergence of new mutations of the virus	H	H	H	Continual Surveillance Early detection and treatment
Divergent priorities among stakeholders	L	H	L	Develop and implement effective partnership coordination framework
Overreliance on and reducing donor funding Competing priorities due to emerging epidemics like Covid-19	H	L	L	Implement the health sector transition roadmap Diversifying financing options
Parallel reporting systems Data Security and privacy	H	M	M	Harmonization of the reporting systems Implement the monitoring and evaluation framework for the response to syndemic diseases Compliance with the Data Protection Act

RISKS	RISK LIKELIHOOD (L/M/H)	SEVERITY (L/M/H) OVERALL RISK LEVEL (L/M/H)	OVERALL RISK LEVEL (L/M/H)	MITIGATION MEASURE(S)
Low literacy on syndemic diseases	M	H	M	Consistently increase communication and advocacy through diverse platforms Implement the communication and advocacy strategy


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07

Resource Requirements and Mobilization Strategies

CHAPTER 7: RESOURCE REQUIREMENTS AND MOBILIZATION STRATEGIES

7.0 Overview

The financial health and future viability of the National Syndemic Diseases Control Council (NSDCC) is crucially dependent on its current and projected financial resources. A clear identification of these resources is vital for an in-depth understanding and accurate prediction of the organization's financial condition. Our comprehensive analysis evaluates the financial needs for implementing the strategic plan, pinpointing any potential gaps that might hinder the NSDCC's operations at full capacity. Additionally, it outlines effective strategies for fundraising and the frameworks in place for the prudent management of these funds.

7.1 Financial Requirements

Table 7.1. Financial Requirements for Implementing the Strategic Plan

Key Strategic Area	2023/24	2024/25	2025/26	2026/27	2027/28	TOTAL
Coordination of stakeholders	115,959,814	122,917,403	130,292,447	139,412,918	149,171,823	**657,754,405**
Resource Mobilization	150,974,354	160,032,815	169,634,784	181,509,219	194,214,864	**856,366,036**
Data Utilization	133,342,957	141,343,535	149,824,147	160,311,837	171,533,666	**756,356,142**
Technical Support and Capacity Building	102,466,425	108,614,410	115,131,275	123,190,464	131,813,797	**581,216,371**
Public Education, Communication and Advocacy	277,946,007	294,622,768	312,300,134	334,161,143	357,552,423	**1,576,582,476**
Institutional Strengthening	1,076,465,922	1,141,053,877	1,209,517,110	1,294,183,308	1,384,776,139	**6,105,996,356**
Grand Total	**1,857,155,480**	**1,968,584,809**	**2,086,699,897**	**2,232,768,890**	**2,389,062,712**	**10,534,271,788**

Table 7.2: Resource Gaps (In Ksh.)

Funding Source	2023/24	2024/25	2025/26	2026/27	2027/28	Total	%
(KES Millions)							
Global Fund	448,972,419	343,000,000	343,000,000	343,000,000	367,010,000	1,588,316,411	20
Government	967,000,000	987,000,000	1,036,000,000	1,128,000,000	1,206,960,000	5,324,960,000	67
Others (UNFPA, UNAIDS, AIA, BMGF	4,459,400	100,000,000	150,000,000	150,000,000	150,000,000	554,459,400	7
AIA	74,340,772	100,000,000	100,000,000	100,000,000	100,000,000	474,340,772	6
Total Resources	**1,494,772,591**	**1,530,000,000**	**1,629,000,000**	**1,721,000,000**	**1,823,970,000**	**7,942,076,583**	**100**
Resource Gaps							
(KES Millions)							
	2023/24	**2024/25**	**2025/26**	**2026/27**	**2027/28**	**Total**	
Resource Needs	1,857,155,480	1,968,584,809	2,086,699,897	2,232,768,890	2,389,062,712	10,534,271,788	100%
Available funds	1,494,772,591	1,530,000,000	1,629,000,000	1,721,000,000	1,823,970,000	7,942,076,583	75%
Gaps	**-362,382,889**	**-438,584,809**	**-457,699,897**	**-511,768,890**	**-565,092,712**	**-2,592,195,205**	**25%**

7.2 Resource Mobilization Strategies

To enhance the mobilization and effective use of financial resources for the response towards syndemic diseases, the National Syndemic Diseases Control Council (NSDCC) has crafted strategic implementation plans for all counties alongside a comprehensive resource mobilization strategy. This strategy aims to streamline the council's efforts in securing sustained funding for initiatives for syndemic diseases, focusing on six key areas:

- **Diversification through Donor Engagement:** Strengthening relationships with donors, partners, and establishing new linkages to widen the funding base. This includes advocating for more flexible payment options for commodities, supporting local production of health products and technologies, and improving coordination among partners involved in the response towards syndemic diseases.
- **Innovative Financing**: Exploring new financial mechanisms to fund prevention efforts, including setting aside specific budget lines and accounts for prevention of syndemic diseases, and lobbying for laws that allow for pooling funds from various sources, including capital and infrastructure projects.
- **Public-Private Partnerships**: Developing a framework to encourage financing for syndemic diseases from the private sector and integrating interventions on syndemic diseases in workplace policies and practices.
- **Efficiency and Effectiveness in Resource Use**: Adopting and implementing models that increase efficiency, thereby informing policy and decision-making in program management.
- **Expanding Fiscal Space**: Lobbying for increased budget allocations for commodities and other prevention interventions at both national and county levels to ensure a steady supply of essential resources.
- **Enhanced Accountability and Governance:** Committing to the goal of ending syndemic diseases by 2030 through improved coordination and governance frameworks and advocating for increased social accountability in the response towards syndemic diseases.

Through these strategic pillars, the NSDCC aims to secure a robust and sustainable financial base for the ongoing fight against syndemic diseases, ensuring a coordinated, efficient, and accountable approach.

7.3 Resource Management

The National Syndemic Diseases Control Council (NSDCC) is dedicated to the prudent utilization of resources, emphasizing the importance of strategic financial planning, and the adoption of efficiency models to ensure every resource is used wisely and effectively. By diversifying funding sources, actively pursuing increased budget support, and enhancing operational efficiencies, the NSDCC showcases its commitment to not only managing funds responsibly but also stretching each dollar to its fullest potential. This approach underlines the Council's dedication to maximizing the impact of its response initiatives to syndemic diseases, ensuring sustainability, and demonstrating fiscal prudence in every aspect of its operations.


KPI INFOGRAPHIC

08

Monitoring and Evaluation Framework

CHAPTER 8: MONITORING AND EVALUATION FRAMEWORK

8.0 Overview

An effective Monitoring and Evaluation (M&E) Framework is essential for NSDCC's strategic plan to ensure successful implementation, track progress, and achieve desired outcomes. This framework provides a structured approach to systematically assess the performance of strategic results areas and make informed decisions based on evidence and data.

8.1 Monitoring Framework

A well-designed M&E framework is a critical tool for NSDCC to systematically track progress, measure outcomes, and assess the effectiveness of strategic initiatives. By regularly monitoring key performance indicators (KPIs) and evaluating the impact of actions taken, NSDCC will gain valuable insights into what works well and where adjustments are needed.

8.2 Performance Standards

Key performance indicators at output, outcome, and impact levels will be used to measure the Key Strategic Area identified. Directorates/departments will be responsible for reporting on respective key result areas. Strategies for reporting will include.

1. Performance Contracts

NSDCC's performance Contract will be cascaded downwards to respective Heads of Directorates/ Departments, with detailed annual work plans, budgets, and appraisal systems.

2. Data and Information Collection

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

3. Meetings and Workshops

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

4. Progress Reports

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

8.3 Evaluation Framework

NSDCC will adopt an evaluation framework that will serve as a critical tool for promoting accountability, transparency, and continuous improvement. This evaluation framework provides a structured approach for outcomes, identifying gaps, and driving organizational change to achieve desired outcomes

and impact.

8.3.1 Mid-Term Evaluation

A mid-term review will be conducted to evaluate the progress made towards achieving the goals, objectives, and targets as outlined in the strategic framework, make necessary adjustments to enhance effectiveness, ensure alignment with organizational priorities, and identify areas of improvement.

8.3.2 End-Term Evaluation

The end-term review of NSDCC's strategic plan will build upon the insights gained from the mid-term review to provide a holistic assessment of the organization's performance and outcomes over the five years.

Table 8.1: Outcome Performance Matrix

Key Result Area	Outcome	Outcome Indicator	Baseline Value	Baseline Year	Target	
					Mid-Term Period	End-Term Period (Y5)
Key Result Area 1: Coordination of stakeholders	Operationalization of the National and County Strategic Frameworks Program Policy Documents for syndemic diseases developed and implemented (Kenya AIDS Strategic Framework and County AIDS Implementation Plans)	National Strategic Framework documents developed (M&E framework, Research Agenda, Resource Mobilization plan, prevention plan)	5	2021	5	5
		Mid-term and end-term reviews of Strategic Framework and County Plans undertaken	48	2023	48	48
Key Result Area 2: Public Education and Advocacy	Increased awareness and knowledge on prevention of syndemic diseases.	Percentage of young people with knowledge on prevention of syndemic diseases	54.5%	2022	60%	70%
		Proportion of adolescents using PrEP (initiation)	51%	2022	57%	68%

Key Result Area	Outcome	Outcome Indicator	Baseline Value	Baseline Year	Target	
					Mid-Term Period	End-Term Period (Y5)
Key Result Area 3: Technical Support and Capacity Building	Enhanced capacity of stakeholders in the implementation of the response to syndemic diseases	Proportion of MDAs with sector specific plans	14%	2023	50%	100%
		Conduct annual performance Evaluation of MDAs	1	2023	1	1
		Number/Proportion of MDAs certified	52%	2021	55%	60%
		Number/Proportion of private sector institutions with plans	0%	2023	20%	30%
Key Result Area 4: Data Utilization	Data for decision making (D4D)	Generate and disseminate annual Estimates on syndemic diseases	1	2023	3	5
		Submission of Annual Global AIDS Monitoring (GAM) Report	1	2023	3	5
		Kenya AIDS Response Progress Report developed and disseminated	1	2023	3	5
		Integrated dashboard developed and functional	1	2023	1	1
		Policy research briefs, innovations, and best practices	1	2023	3	5

Key Result Area	Outcome	Outcome Indicator	Baseline Value	Baseline Year	Target	
					Mid-Term Period	End-Term Period (Y5)
Key Result Area 5: Institutional Strengthening	Enhanced institutional capacity, improved governance structures and increase operational efficiencies and effectiveness	Annual Compliance Reports	1	2023	3	5
		Revised Organizational Structure and Implementation Plan	1	2023	1	2
		Operationalization and maintenance of the Enterprise Resource Planning (ERP) system	1	2023	3	5
		Implement an Annual Risk Management Plan	1	2023	3	5
		Audit and management reviews of NSDCC quality management systems	4	2023	12	20
		Coordinate development of NSDCC Performance Progress Reports	4	2023	12	20
		Undertake mid-term and end-term reviews of NSP	2	2023	1	2
Key Result Area 6: Resource Mobilization	Increased Financial Resources	Proportion of counties with enacted laws ringfencing prevention for syndemic diseases within their health budget	2	2023	3	4
		Proportion of funding for syndemic diseases from private sector institutions	6	2023	8	11
		Proportion of funding for syndemic diseases from Infrastructure Resources	0.1	2023	0.15	0.2
		Number of capital projects implementing components of the syndemic disease program	-	2023	6	10

8.4 Reporting Framework and Feedback Mechanism

NSDCC will adopt a reporting framework that will outline the key components, processes/activities, and criteria for reporting on output indicators on key result areas and expected outcomes of the strategic plan. The Feedback Mechanism will be conducted on a quarterly and annual basis to promote accountability.

Table 8.2 Quarterly Progress Reporting Template

QUARTERLY PROGRESS REPORT										
QUARTER ENDING										
Expected Output	**Expected Indicator**	**Annual Target**	**Quarterly Reporting**			**Cumulative to Date**			**Remarks**	**Corrective Intervention**
			Target D	**Actual E**	**Variance (E-D)**	**Target F**	**Actual H**	**Variance (H-F)**		

Table 8.3 Annual Progress Reporting Template

ANNUAL PROGRESS REPORT									
YEAR ENDING									
Expected Output	**Expected Indicator**	**Achievement for year**			**Cumulative to Date (Years)**			**Remarks**	**Corrective Intervention**
		Target D	**Actual E**	**Variance (E-D)**	**Target F**	**Actual H**	**Variance (H-F)**		

Table 8.4 Evaluation Reporting Template

Key Result Area	Outcome	Outcome Indicator	Baseline		Mid-Term Evaluation		End of Plan Evaluation		Remarks	Corrective Intervention
			Value	Year	Target	Achievement	Target	Achievement		
Key Result Area 1: Coordination of stakeholders	Development and implementation of Program Policy Documents for syndemic diseases. (Kenya AIDS Strategic Framework and County AIDS Implementation Plans)	Development of National Strategic Framework and supporting documents (M&E framework, Research Agenda, Resource Mobilization plan, prevention plan)	5	2021	5		5			
		Number of counties with operational Multisectoral Coordination Committees	48	2023	48		48			
		Undertake mid-term and end-term reviews of Strategic Framework and County Plans	48	2023	48		48			

Key Result Area	Outcome	Outcome Indicator	Baseline		Mid-Term Evaluation		End of Plan Evaluation		Remarks	Corrective Intervention
			Value	Year	Target	Achievement	Target	Achievement		
Key Result Area 2: Public Education and Advocacy	Increased awareness and knowledge on prevention of syndemic diseases.	Number of community sensitization fora targeting marginalized and vulnerable communities	47	2023	47		47			
		Number of Training and mentorship programmes on Prevention targeting multiple influencers in media, education, health, and other sectors.	5	2023	10		20			
		Social media engagement metrics based on specific social media platforms	1.6m	2023	5m		10m			
		Number of posts and rate of posting in all NSDCC social media platforms.	900	2023	3000		6000			
		Conduct Annual Customer Satisfaction Survey	1	2023	3		5			
		NSDCC Communication strategy developed and implemented	1	2023	1		1			
Key Result Area 3: Technical Support and Capacity Building	Enhanced capacity of stakeholders in the implementation of the response towards syndemic diseases	Proportion of MDAs with sector specific plans	14%	2023	50%		100%			
		Conduct annual performance Evaluation of MDAs	1	2023	1		1			
		Number/Proportion of MDAs certified	52%	2021	55%		60%			
		Number/Proportion of private sector institutions with plans for syndemic diseases	0%	2023	20%		30%			

Key Result Area	Outcome	Outcome Indicator	Baseline		Mid-Term Evaluation		End of Plan Evaluation		Remarks	Corrective Intervention
			Value	Year	Target	Achievement	Target	Achievement		
Key Result Area 4: Data Utilization	Data-informed decision-making - Data for decision making (D4D)	Generation and dissemination of annual Estimates on syndemic diseases	1	2023	3		5			
		Submission of Annual Global AIDS Monitoring (GAM) Report	1	2023	3		5			
		Development and dissemination of Kenya AIDS Response Progress Report	1	2023	3		5			
		Number of Innovative dashboards developed	1	2023	3		5			
		Policy research briefs, innovations, and best practices	1	2023	3		5			
		MAISHA Conference held	1	2023	1		1			
		Published conference proceedings, reports, or official documents associated with MAISHA conference	1	2023	1		2			
Key Result Area 5: Institutional Strengthening	Enhanced institutional capacity, improved governance structures and increase operational efficiencies and effectiveness	Annual Compliance Reports	1	2023	3		5			
		Revised Organizational Structure and Implementation Plan	1	2023	1		2			
		Operationalization and maintenance of the Enterprise Resource Planning (ERP) system	1	2023	3		5			
		Implement an Annual Risk Management Plan	1	2023	3		5			
		Audit and management reviews of NSDCC quality management systems	4	2023	12		20			
		Coordinate development of NSDCC Performance Progress Reports	4	2023	12		20			
		Undertake mid-term and end-term reviews of NSP	2	2023	1		2			

Key Result Area	Outcome	Outcome Indicator	Baseline		Mid-Term Evaluation		End of Plan Evaluation		Remarks	Corrective Intervention
			Value	Year	Target	Achievement	Target	Achievement		
Key Result Area 6: Resource Mobilization	Increased Financial Resources	Proportion of counties with enacted laws ringfencing prevention of syndemic diseases within their health budget	2	2023	3		4			
		Proportion of funding for syndemic diseases from private sector institutions	6	2023	8		11			
		Proportion of funding for syndemic diseases from Infrastructure Resources	0.1	2023	0.15		0.2			
		Number of capital projects implementing components of the syndemic diseases program	-	2023	6		10			

NATIONAL SYNDEMIC DISEASES CONTROL COUNCIL

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