

# **KAIPPG PROPOSED STRATEGIC PLAN**

**KENYA AIDS INTERVENTION PREVENTION PROJECT GROUP**

*To facilitate, advocate, and coordinate broad-based  
health and development initiatives for self-reliance  
in vulnerable communities of Western Kenya*

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## **FOREWORD**

HIV/AIDS is still a major challenge to the socio-economic development of the Western region of Kenya. Since inception, KAIPPG has continued to respond to the impacts of HIV/AIDS through community-led interventions, provision of relevant information, capacity-building, and initiatives complementary to those of the Government and other stakeholders.

Since the first case was diagnosed in Kenya in 1984, it is estimated that over 1.5 people have died due to HIV/AIDS-related illnesses. Over 1.8 million children have been orphaned and 1.4 million people in Kenya are living with HIV.

I am encouraged by the ideal fact that the target communities, our collaborators--including the Government of Kenya--are committed to reducing the devastating impacts of HIV/AIDS.

Despite the numerous multi-sectoral responses, the challenges of HIV/AIDS remain. The rate of new infections is still unacceptably high, particularly among vulnerable and risk-behaviour groups.

The availability of affordable therapy for many people living with HIV/AIDS [PLWHAS] is equally still a critical challenge. Other challenges encompass the negative socio-economic impact that HIV/AIDS inflicts on households and individuals. The HIV/AIDS epidemic in Kenya peaked in the late 1990's, with an overall HIV prevalence of 10% in 2003, yet its effects remain as potent as ever.

KAIPPG is committed to leading a multi-sectoral regional response to HIV/AIDS, and has mandated the Projects Coordination Division [PCD] of the nonprofit as the Organizational Coordinating Authority [OCA], intended to provide the requisite leadership with the internationally agreed-upon principle of the Three [3] Ones, namely;

- One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners;
- One Organizational Coordinating Authority with broad-based multi-sectoral mandate; and
- One agreed-upon organizational level monitoring and evaluation system.

The KAIPPG Appropriate Strategic Plan [KASP] provides the action framework for the regional response to HIV/AIDS, and the context within which all partners will develop or re-align their strategies, plans, and budgets to respond to the extreme challenges of the HIV/AIDS pandemic. KASP gives a clear vision, goals, and targets for the regional response.

Successful implementation of this plan is expected to reduce the HIV prevalence to less than 5% during the life of the plan, and to improve the living standards of the HIV/AIDS-infected and affected people. It is anticipated that the implementation of activities outlined in this Strategic Plan will require a total of 105 million KSH.

Long-term sustainability of the HIV/AIDS programme will depend on linking the KASP implementation process to the region's socio-economic recovery and the KAIPPG budgetary cycle. This will facilitate easy budgeting for departmental

allocations to run the prospective and planned programmes.

My appeal to all stakeholders is to wholeheartedly support the implementation of KASP and to further consolidate our partnership, which is critical for achieving much-needed results. Let us ACT NOW.

Dr. Wamukoya George  
**BOARD CHAIRMAN**

## **ACKNOWLEDGEMENTS**

Kenya AIDS Intervention Prevention Project Group [KAIPPG] wishes to acknowledge the technical input of all our partners toward the development and production of the 2007-2012 KAIPPG Appropriate Strategic Plan(KASP).We also wish to acknowledge the input of our member CBOs, FBOs, NGOs, the Provincial Administration, and the private sector for their continued support towards the realization of our strategic goals. The plan, whose theme is "United We Shall Overcome AIDS!!!" operationalises the commitment of KAIPPG and all stakeholders, including development partners and civil society involved in the fight against the HIV/AIDS scourge.

Special thanks go to those who participated in the reviewing and production of this strategic plan, especially J.B. Olwenyi, the director of Rural Community Empowerment Center [RUCEC], and all the consultants for their technical input during the strategic plan development process.

The KAIPPG Management and Advisory Boards deserve special thanks for providing advice and guidance on the overall direction of the Organization. Dr. Wamukoya George, Mrs. Odongo Teresa, Mr. Onyango James, Mr. Musafu Elka, Mrs. Awour Consolata, Mr. Okumu Dickens, Mrs Mumalasi Annette and Mr. Bushebi Daniel, please accept our sincere thanks.

We indeed thank our development partners for having supported the preparation and final production of this strategic plan, including those who have pledged to extend substantial aid toward implementation of the proposed activities.

Partnering NGOs, FBOs, PLWAs, CBOs, research institutions, and the private sector, among others, are acknowledged for having taken part in the preparation of this strategic plan, including the identification of various problems and prioritization of appropriate interventions. Indeed I acknowledge these organizations and institutions for participating in the setting of realistic targets during the plan period, and for the continued support for HIV/AIDS activities in the Western Province of Kenya.

The commitment of the KAIPPG staff to the ideals of contributing experiential and technical ideas to validate the input of stakeholders and development partners is herein sincerely appreciated.

Wakhule Hussein, M'mayi Jemmimah, Wesonga Boniface, Munyendo Jane, M'mboga Margaret, Waluse Newtowne, Okumu Wycliffe, Shikuku Christine, Wetoyi Edwin, Mohammed Asman, and Mulaku Lillian. Thanks for your coordination during the staff input workshop, one of the most instrumental stages of this plan preparation process.

## **PREFACE**

I am delighted to note the commitment of many stakeholders to arresting the negative impacts of the dreaded HIV/AIDS scourge.

The Government initiative known as " Total War Against AIDS" [TOWA] carries with it a desirable objective of downsizing the current HIV/AIDS infection prevalence to 5.5% by the year 2009. The initiative targets include giving people living with HIV/AIDS more access to anti-retroviral therapy. This strategic plan entails a detailed "results" framework for guiding operations towards the attainment of the set targets. In his address to the last AGM, the Board Chairman specifically pointed to the need to work within specific timelines, budgetary allocations, and mandates that will in the end culminate and translate into positive change and deliberate achievement of KAIPPG's broader mission.

I am delighted to present the KAIPPG Appropriate Strategic Plan [KASP], in printed form, to all partners and stakeholders, who in many cases have commenced its implementation already, in particular to the results framework as set within the Kenya National HIV/AIDS Strategic Plan [KNASP], developed under the National HIV/AIDS Monitoring and Evaluation Framework. I am happy to note that KASP is finally a tangible product for use at a time when KAIPPG's contributions to addressing the HIV/AIDS pandemic are being appreciated.

The benefits anticipated from the implementation of planned activities--as inscribed in this comprehensive plan--will hopefully accord KAIPPG members a long-lasting solution to their HIV/AIDS-related problems. Our ultimate organizational goal is to participate actively in reducing and eventually eradicating the transmission of HIV in the Western province, and also the rest of the Kenyan nation.

KAIPPG's progress in the mitigation of the dreaded HIV/AIDS scourge is due to the concerted efforts of all our partners, stakeholders, beneficiaries in the communities we serve, as well as individuals who have in many ways contributed to successful implementation of KAIPPG's planned activities. Our able Board, under the guidance and advice of the Chairman, Dr. George Wamukoya, has ensured a conducive working environment.

*Tuongane Tuangamize Ukimwi Kote*

James Onyango  
**Executive Director**

## **ABBREVIATIONS & ACRONYMS**

**AIDS:** Acquired Immune Deficiency Syndrome  
**AGM:** Annual General Meeting  
**AMREF:** African Medical Research Foundation  
**ARV:** Antiretroviral  
**ART:** Antiretroviral Therapy  
**BAPR:** Bi-Annual Program Review  
**BCC:** Behaviour Change Communication  
**BCMs:** Behaviour Change Motivators  
**BOD:** Board of Directors  
**CACC:** Constituency AIDS Control Committee  
**CBO:** Community Based Organization  
**CE:** Chief Executive  
**COL:** Commonwealth of Learning  
**CSOs:** Civil Society Organizations  
**DDC:** District Development Committee  
**DP:** Development Partners  
**DTC:** District Technical Committee  
**EJF:** Elton John Foundation  
**FBOs:** Faith Based Organizations  
**FGE:** Futures Group Europe  
**FI:** Finance Institutions  
**FHI:** Family Health International  
**GOK:** Government of Kenya  
**GF:** Global Fund  
**HERA:** Health and Economic Recovery Agenda  
**HBC:** Home Based Care  
**HIV:** Human Immuno-deficiency Virus  
**ICT:** Information and Communication Technology  
**IEC:** Information Education and Communication  
**IGA:** Income Generating Activity  
**IES:** Internal Environmental Scanning  
**JAPR:** Joint HIV/AIDS Programme Review  
**KAIPPG:** Kenya AIDS Intervention Prevention Project Group  
**KANCO:** Kenya National AIDS Consortium  
**KARI:** Kenya Agricultural Research Institute  
**KASP:** KAIPPG Appropriate Strategic Plan  
**KDHS:** Kenya Demographic Health Survey  
**KNASP:** Kenya National AIDS Strategic Plan  
**KNHRC:** Kenya National Human Rights Commission  
**M&E:** Monitoring and Evaluation  
**MOH:** Ministry of Health  
**MOA:** Ministry of Agriculture  
**MOEST:** Ministry of Education, Science and Technology  
**MOF:** Ministry of Finance  
**MOHA:** Ministry of Home Affairs  
**MOJCA:** Ministry of Justice and Constitutional Affairs  
**MOLG:** Ministry of Local Government  
**MOP:** Ministry of Planning  
**MOCO:** Mumias Outgrowers Company

**MOSACCO:** Mumias Outgrowers Savings & Credit Co-operative Society  
**MSC:** Mumias Sugar Company  
**MP:** Member of Parliament  
**NACC:** National AIDS Control Council  
**NALEP:** National Agricultural and Livestock Extension Programme  
**NASCOP:** National AIDS and STD Control Programme  
**NEMA:** National Environmental Management Authority  
**NGO:** Non-Governmental Organization  
**NHIF:** National Health Insurance Fund  
**OCA:** Organizational Capacity Assessment  
**OCA :** Organizational Coordinating Authority  
**OI:** Opportunistic Illnesses  
**OP:** Office of the President  
**OVC:** Orphans and Vulnerable Children  
**PA:** Provincial Administration  
**PACC:** Provincial AIDS Control Committee  
**PCD:** Project Coordination Division  
**PLWHA:** People Living With HIV/AIDS  
**PAWHA:** People Affected by HIV/AIDS  
**PMCT:** Prevention of Mother To Child Transmission  
**PLA:** Participatory Learning and Action  
**PRA :** Participatory Rural Appraisal  
**RS:** Red Cross  
**RUCEC:** Rural Community Empowerment Center  
**SAP :** Structural Adjustment Programme  
**SP :** Strategic Plan  
**STD:** Sexually Transmitted Diseases  
**STI :** Sexually Transmitted Infections  
**TB :** Tuberculosis  
**TA :** Technical Assistance  
**U.S.A.:** United States of America  
**VCT :** Voluntary Counseling and Testing  
**WB :** World Bank  
**WFP :** World Food Programme

## **STRATEGIC OVERVIEW OF KAIPPG APPROPRIATE STRATEGIC PLAN (KASP)**

### ***Purpose Of The KASP***

The KASP provides an Action Framework for HIV/AIDS within which all HIV/AIDS interventions in the KAIPPG jurisdiction [Western Province of Kenya] will take place. The KASP is not intended to replace or duplicate sectoral HIV/AIDS strategies, nor does it include detailed operational or implementation plans, or detailed budgets, for specific interventions. The KASP rather provides the framework and context within which such strategies, plans, and budgets are to be formulated, coordinated, and monitored.

### ***Goal Of The KASP 2007-2012***

Provide a results-based framework that shall be subjected to annual revision, that shall guide interventions across all sectors by identifying specific tangible results to be delivered in each priority area, and shall identify lead CBOs and other strategic partners responsible for implementation.

### ***KASP Priority Areas***

For purposes of achieving the set goal, stronger focus shall be pointed to three priority areas:

- 1) Prevention Education and Services: reducing the number of new infections in both vulnerable groups and the general population.
- 2) Enhancement of the living standards of the people infected and affected by HIV/AIDS: improving homecare services, access to ARV/ART services, and protection of the rights of PLWHAS.
- 3) Mitigation of the socio-economic impact of HIV/AIDS: adapting existing programmes and developing innovative responses to reduce the impact of the epidemic on communities, social services, and economic productivity.

### ***KASP Core Principles***

The core principles that underpin the KASP are:

- 1) A multi-sectoral approach that promotes advocacy, enhances strategic partnerships, and integrates HIV/AIDS within key sectors.
- 2) Targeted interventions for the groups who are the most vulnerable to the impact of HIV/AIDS.

- 3) Recognition of the special needs of Women and Youth.
- 4) Full engagement of people living with HIV/AIDS in the implementation of the strategic plan.
- 5) Enhancement of stakeholders' capacity to participate effectively in the implementation of this strategy.
- 6) Employment of evidence-based interventions.

## **SECTION ONE: INTRODUCTION TO KASP 2007-2012**

### **1.1 Background Information**

Kenya AIDS Intervention Prevention Project Group [KAIPPG] is a grassroots, non-discriminatory NGO, working with marginalized communities in the rural areas of Western Kenya. KAIPPG's mandate is to combat the spread of HIV/AIDS, to improve community health, and to promote sustainable development through integrated community-driven initiatives. People Living With HIV/AIDS (PLWHAS) founded KAIPPG in 1995.

KAIPPG addresses the HIV/AIDS challenge holistically, by linking it with various other aspects of community welfare and development, such as poverty and its mitigation, malnutrition and the eradication of hunger, unemployment and income-generation, illiteracy and education, lack of healthcare and its provision. The organization has a working relationship with various local and international NGOs and a wide network of online volunteers in Africa, Asia, Europe and the USA.

KAIPPG's organizational structure is composed of seven individuals on the Board of Directors, 15 full-time Staff, three full-time Programme Volunteers, and a large team of Community-Based Volunteers. The organization has a physical office in Mumias Town, located in the newly created Mumias District of the Western Province of Kenya.

KAIPPG has 24 Project Sites across seven districts of Western Kenya, namely: Teso, Busia, Butere, Mumias, Lugari, Kakamega, and Bungoma. KAIPPG is a strong proponent of HIV/AIDS prevention interventions, access to new technologies, and food-security improvements.

Local communities are central focal points in project identification, prioritization, implementation, and management. KAIPPG programmes impact 30,000 people annually directly, and thousands more indirectly. The impacted population includes PLWHAS, orphans and other vulnerable children [OVC] and their guardians, in-school and out-of-school youth, teachers, pastors, and community resource persons.

### **1.2. Structure Of KASP 2007-2012**

This is a Five [5] Year Strategic Plan for Kenya AIDS Intervention Prevention Project Group [KAIPPG]. It defines a shared vision of the organization, and the requisite steps for realizing the respective vision. This plan is designed to regulate KAIPPG operations in a manner that helps it achieve a good fit between its mission, its capabilities, and its opportunities.

In a nutshell, the document encompasses:

- Background Information on KAIPPG
- A comprehensive Environmental Scanning of KAIPPG
- A basis for developing a 5-Year Strategic Plan

-Definition of KAIPPG's Vision, Mission, Core Values, Identification of Obstacles to Achieving our Mission and Vision.

-Identification of the strategic directions or options and activities of the organization.

### **1.3. KAIPPG's Commitment To The "Three Ones"**

KAIPPG respects and practices the "Three Ones" principle, which has its origin at the ICASA meeting of September 2003 in Nairobi. Countries affected by HIV/AIDS endorsed this principle in April 2004 as the basis for concerted regional action to scale up responses to the pandemic.

The "Three Ones" are:

- 1) One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners.
- 2) One National AIDS coordinating authority with broad-based multi-sectoral mandate.
- 3) One agreed country-level monitoring and evaluation system.

The concepts of national ownership, multi-sectorality, mainstreaming, harmonization and coherence have been combined in these principles, which aim to increase the pace of the HIV/AIDS response and to promote more effective use of resources by clarifying relevant roles and relationships.

The KAIPPG Appropriate Strategic Plan [KASP-2007-2012] set out in this document constitutes the "one agreed HIV/AIDS action framework" specified in the " Three Ones".

### **1.4. Purpose Of The KAIPPG Appropriate Strategic Plan [KASP]**

The Purpose of KAIPPG's HIV/AIDS Strategic Plan [KASP] is to:

- 1) Provide clear and agreed upon vision, goals, and targets for the organizational response, over the period 2007 to 2012.
- 2) Clearly identify priority areas and key strategies for intervention by all stakeholders, including GoK, other actors in civil society, the private sector, and development partners.
- 3) Provide a results-based framework that shall be subjected to annual revision, which guides interventions across all sectors by identifying specific tangible results to be delivered in each priority area, and identifying lead CBOs and other strategic partners responsible for implementation.
- 4) Establish a clear process, interwoven in the Bi-Annual Programme Review, for

partners to jointly review, consult, and coordinate key interventions.

5) Estimate financing requirements, identify financing gaps, and enable efficient allocation of resources across the regional response.

6) Operationalize the KAIPPG commitment to fight HIV/AIDS, as set out in the Organizational Health and Economic Recovery Agenda [HERA], and set priorities for KAIPPG's HIV/AIDS spending in the mid-term and Annual Budget Cycle.

The KASP does not replace or duplicate specific programmes or HIV/AIDS strategies, nor does it include detailed operational or implementation plans, or detailed budgets for specific interventions. Rather the KASP provides the framework and context within which such strategies, plans, and budgets should be formulated and monitored.

### ***1.5. Time Period For The KASP***

The KASP 2007-2012 covers the Five [5] Year period from 1st July 2007 through to 30th June 2012. The KASP year is consistent with the July-to-June GoK Fiscal Year.

### ***1.6. Strategic Planning Process***

#### ***1.6.1 Planning Methodology***

This Strategic Plan was developed through a broad-based consultation process launched in May 2007. The strategy reflects experience with implementing previous KAIPPG programmes, as well as emerging community and regional evidence and research findings.

Kenya AIDS Intervention Prevention Project Group [KAIPPG] has taken the lead in development of the strategy and in ensuring involvement of key stakeholders across the relevant sectoral units. A strategic Planning Task Force, vetted by a consultative forum, chaired by the KAIPPG Programme Administrator on behalf of the KAIPPG CEO, and with members drawn from the provincial administration, CSOs, the private sector, and development partners, has provided overall coordination. Over 15 representative stakeholder agencies and institutions have been directly engaged in the development of the strategy [see list in the acknowledgements section of this document].

A series of meetings and workshops, held for the purpose of evolving a potential strategic plan, were coupled with KAIPPG Programme Reviews, both of which helped to inform the planning process. Ten [10] KAIPPG staff members, out of a total of 12, participated in the Strategic Planning Process. Organizational Capacity Assessments and other Evaluation Reports gathered over a span of three years informed the strategic planning process. Various methods were employed to identify, discuss, and analyze different organizational-development aspects that include: strengths, weaknesses, threats, and opportunities.

Experience-sharing, Focal Group Discussions [FGD], plenary discussions, brainstorming, and consultations were techniques that made the workshops interactive, motivating, and inclusive, which informed this strategic plan. These techniques were proposed to ensure ownership of the strategic planning process by the participants and commitment to the implementation of the respective strategies.

#### **1.6.2 The Rationale Of The Five Year Strategic Plan Is To:**

- 1) Give a clear definition of the organization's purpose and establish realistic strategies and activities that are consistent with the mission.
- 2) Ensure optimum and effective utilization/use of the organization's resources with respect to the identified priorities.
- 3) Enhance the efficiency and effectiveness of the organization, in line with its principal focus.
- 4) Establish unity of purpose amongst the Board, membership, and staff.
- 5) Relay the vision, mission, strategies and activities of the organization's policymakers, staff, and beneficiaries.

## **SECTION 2. OVERVIEW OF THE HIV/AIDS SITUATION IN KENYA AND KAIPPG'S RESPONSE**

### ***2.1. The Challenge Of HIV/AIDS In Western Kenya***

HIV/AIDS had an acute prevalence rate in the early 1990's, with incidence of between 20-30% in some areas of the Western Region of Kenya. Some areas in Kenya saw a subsequent decline of the pandemic's prevalence, while the prevalence remained stable in others. National prevalence depreciated significantly from a peak of about 10% in the 1990's, to under 7% in 2004. This trend is evidenced by data from national surveys. The Kenya Demographic Health Survey [KDHS] 2003 revealed that 6.7% of the tested adults are infected with HIV.

On reconciling the KDHS and sentinel surveillance data an adjusted prevalence of 7% is realized, meaning a total of 1.1 million adult Kenyans infected with HIV, of whom about 2/3 are women. Over 100,000 children are living with HIV in Kenya.

### ***2.2 HIV Infections and AIDS Deaths***

HIV/AIDS deaths have had a profound and an increasing societal and economic impact on the Kenyan population. The year 2003 revealed an estimated HIV infection volume of 65,000 adults and 25,000 children in Kenya. A majority of non-paediatric infections occur among the youth, notably young women aged 15-24 years and young men under 30, according to established prevalence data.

There has been a dramatic rise in HIV/AIDS-related deaths, with 150,00 per year, twice the 1998 rate. The pandemic in Kenya has graduated to the "Death Phase". The total death rate from all causes among adults 15-49 years is three times what it was in 1990. It is estimated that 1.7 million children under 18 years are orphans, with 50% of the 1.7 million due to HIV/AIDS.

A rise in the cumulative total of HIV/AIDS-related deaths continues imposing severe impacts on society. Life expectancy in Kenya dropped from 60 years in 1993 to 47 years in 2004, this mostly due to HIV/AIDS.

### ***2.3 The Socio-Demographic And Economic Impacts Of HIV/AIDS***

HIV/AIDS has recorded adverse psychosocial and economic impacts on households, communities, and the Kenyan society as a whole. In Sub-Saharan Africa, Kenya is one of the nations where HIV/AIDS threatens personal well-being--affecting the general health, lifespan, and productive capacity of the individual--and also the viability of communities and the nation, by constraining the accumulation of human capital and its transfer between generations.

HIV/AIDS has been deemed the most devastating impediment to economic growth and development in the Western Region of Kenya. Marital status is related to

HIV/AIDS prevalence. Women in a marital union have a prevalence of 8 percent, slightly higher than the 7% rate among men in union. Women who are widowed, divorced, or separated have a prevalence ratio that ranges between 21-30 percent..

Kenya's Economic Recovery Strategy for poverty reduction is based on economic growth. HIV/AIDS impacts heavily on economic growth and development, and the direct impact of increased mortality and morbidity on the lives of the poor make HIV/AIDS a threat to poverty-reduction efforts.

The 2004 Sector Impact Studies by Futures Group Europe [FGE] highlights HIV/AIDS as a critical factor that undermines development across all sectors of society and economy.

There, however, exist various other challenges that augment the socio-economic impacts of HIV/AIDS on the Kenyans:

1) The Gross Domestic Product from the Agricultural Sector is relied upon by a majority of Kenyans for their livelihoods. Inadequate supply of labour, agricultural extension services, and the high cost of farm inputs limit farm produce, contributing to skyrocketing food insecurity, malnourishment, and lack of surplus for resale, which would help to finance the basic requirements of rural households that are acutely impacted and devastated by HIV/AIDS. Commercial agriculture, a major source of employment and foreign earnings, is detrimentally affected by increasing health costs as well as protracted morbidity and mortality of reproductive and productive persons.

2) HIV/AIDS has had tremendous negative effects on the education sector. Many teachers are lost to HIV/AIDS, and children drop out of school as parents die and household incomes fall. With health institutions losing professional staff, effective performance in the health institutions diminishes.

3) The high poverty incidence amongst the target households poses challenges in terms of caring for the growing number of orphans and vulnerable children.

#### **2.4 KAIPPG Response**

With the Government of Kenya having declared HIV/AIDS a National Disaster in 1999, KAIPPG embarked on a number of interventions to curb further devastation of the population in Western Kenya by the HIV/AIDS pandemic.

This facilitated the development of KAIPPG's 2001-2006 programme workplans, which set out a multi-sectoral response to the epidemic that translated into positive impacts appreciated by the provincial administration, civil society, the private sector, and KAIPPG's development partners.

#### **Achievements:**

Remarkable progress was realized from the KAIPPG response under the previous program components, which include:

- 1) Prevention education and Advocacy
- 2) Home-based care, and care and support for PLWHAS
- 3) OVC care and support
- 4) Institutional capacity building
- 5) ICTs Transfer
- 6) Mitigation of socio-economic impacts
- 7) Monitoring and Evaluation

## **3.0 IMPLEMENTATION OF THE KASP**

### **3.1 KASP Core Principles:**

#### **Introduction:**

Core values are the "what for" of the mission and the vision. They are the underpinning of the motivation or drive that determines greatly why we do what we do.

In addition, the core values underlie the thinking and beliefs about the following factors within the organization:

- Our thinking and beliefs about the people we target and serve.
- Our thinking and beliefs about sustainable or quality development.
- Our thinking and beliefs about the development context and process.

On the whole, KAIPPG is guided by the core values of inclusiveness, neutrality and non-partisanship.

Other core values include, but are not limited to the following:

- Demonstrating unquestionable commitment in serving all stakeholders.
- Accountability in resource utilization including being good stewards of time and finances.
- Operating in such a manner that we remain sensitive to the socio-cultural values and other needs of the people we serve, regardless of their race, religious and political affiliation, gender, ethnicity.
- Background and status in the community and society at large.
- Maintaining respect and dignity for humanity at all times, regardless of any extenuating circumstances.
- Exhibiting unrelenting integrity in our dealings within all program operations.
- Exercising fairness, equity, and justice in our words, promises, and deeds.
- Promoting a culture of tolerance and good governance.
- Operating in an interactive and dynamic organizational setting.

The KASP 2007-2012 is founded on definite core principles that respect the common values of stakeholders in the regional response. The core principles are destined to determine the priorities of the strategy, the design of interventions, and the approach to the implementation of the plan.

These core principles are:

- A multi-sectoral approach that encompasses development of strategic partnerships and mainstreaming HIV/AIDS issues into all organizational programmes.
- Maximum involvement of People Living With HIV/AIDS in the implementation process of this strategy.
- Evidence-based interventions.
- Working with the most vulnerable groups/individuals of the target society.
- An empowered, participatory approach.
- Support to national, regional, and international initiatives.

### **3.2 Possible Obstacles**

The term "underlying" means what is beneath the obvious surface to any casual observer. This will require some analysis in order for it to be detected or determined. On the other hand, contradiction in ordinary phrasing means an opposing situation or reality. But in the context of strategic planning, this refers to real problems: obstacles or stumbling blocks that prevent planned change from being implemented effectively and efficiently.

The focus question that is often asked while analyzing the underlying contradictions is: despite the potential progress noted, what is preventing us or likely to prevent us from fulfilling our mission in order to realize our vision

- §1 Structure that does not fit in well with some of the potential stakeholders
- §2 Indefinite membership
- §3 Limited appraisal of personnel amongst other stakeholders
- §4 Challenges of resource sustainability
- §5 Challenges of data base development
- §6 Gender and religious biases
- §7 The challenge of managing change
- §8 Duplication of programs
- §9 Self-centeredness amongst stakeholders
- §10 Other CSOs undercutting the space created by KAIPPG

- §1 Regional marginalization due to GOK development policies
- §2 Non-domestication of conflict-sensitive programming within the NGO Regulation Board
- §3 Non-domestication of international treaties and instruments
- §4 Bureaucratic tendencies and inefficiencies of government in the implementation of policies and protocols
- §5 Poor infrastructure
- §6 Inadequate knowledge and unavailability of female condoms
- §7 Inadequate youth-friendly support systems and services
- §8 Inability to interpret and utilize most IEC material due to illiteracy within the community

- §1 Inadequate ARVs and ART services
- §2 Low access to, affordability and sufficiency of food and nutritional supplements for PLWHAS
- §3 Poor referral networks to hospitals for the sick PLWHAS
- §4 Low access to appropriate technology
- §5 Natural health calamities and hazards
- §6 Attitude of denial and stigma still prevalent amongst target communities

- §1 Inadequate financial resources
- §2 Duplication of activities thence resource depletion/wastage
- §3 Inadequate institutional capacity of most implementing collaborators and stakeholders
- §4 Political machinations at all levels
- §5 Leadership wrangles within CBOs

- §1 High poverty incidence in Western Province [68%]
- §2 High unemployment index amongst the reproductive and productive age bracket [Youth]
- §3 Inadequate resources amongst mismanaged CBOs that target OVCs and widows impacted by HIV/AIDS in the target area

- §1 Negative socio-cultural and economic ideologies and practices [significant religious theories in Western Province]
- §2 Inadequate commitment to and involvement in contributing locally available resources to support HIV/AIDS related activities
- §3 Intense stigmatization and discrimination still present and prevalent in most societal sectors
- §4 Target groups are least involved in programme planning and implementation by most stakeholders
- §5 Shortage of well-trained personnel amongst collaborating organizations/institutions
- §6 Bureaucratic tendencies and inefficiencies of government in the implementation of policies and protocols
- §7 No workplace HIV/AIDS policies in most institutions/organizations.

## **SECTION 4: OPERATING ENVIRONMENT**

### ***4.1 Situational Analysis***

#### **4.1.1 Global HIV/AIDS Context**

KAIPPG considers external political factors to have considerable impact on the implementation of the KAIPPG Appropriate Strategic Plan [KASP]. KAIPPG believes that some of Kenya's bilateral partners have an impact on national policies regarding HIV/AIDS, especially the USA. KAIPPG--having closely monitored the commitment of the Kenyan Government in delivering the action plans agreed to in the Abuja and UNGASS 2001 declarations--has decided to take an active role in designing workable and applicable mechanisms that can help to alleviate the devastating impacts of the dreaded HIV/AIDS scourge.

#### **4.1.2 Political Context**

There is political uncertainty in Kenya as a country. KAIPPG is compelled to meet the challenge of shifting goal posts on the part of political regimes that come up with different modes of governance. Such uncertainty may cause unrewarding stalemates, as well reduce the rate of engagements with bilateral donors, which may affect the implementation process of this strategic plan [KASP]. This strategic plan can also be hampered by controversies that culminate from the interface void between the Government and the civil society. Despite the current political will there is need to beef up collaboration between the CSOs and the Government.

#### **4.1.3 Socio-Economic Factors**

Behaviour Change Communication (BCC) can work well for reducing the negative impacts that go with the prevalent HIV/AIDS epidemic. Irresponsible sexual activity amongst 14-25 years old has enhanced the incidence of HIV infection amongst the youth population.

## **5.0 INTERNAL ENVIRONMENTAL SCANNING**

The internal context refers to factors that are within the control of an organization. Factors such as technical aspects, governance, participation, planning, coordination of operations, financial, management and administrative policies, systems and procedures require analysis. The purpose of the analysis is to determine the strengths as well as weaknesses in the functioning of such internal factors.

### **5.1 Strengths**

Strengths are capabilities that work in favour of an organization. An aspect that constitutes strength enables organizations to be more effective and efficient in what it does. Some of the key strengths of KAIPPG identified by stakeholders include:

- 1) Broad Range of International Partners: KAIPPG has international donors such as USAID, and the Commonwealth of Learning (COL), and other well-wishers who are supportive of its programmatic interventions and institutional development.
- 2) Competent Secretariat: The secretariat staff is comprised of qualified, committed, and knowledgeable persons willing to offer their services to ensure KAIPPG fulfils its mandate.
- 3) Gender balance representation is manifest in representation of women in decision-making capacities.
- 4) Good networking and collaboration, as demonstrated by linkages with like-minded actors/partners such as KANCO, PATHFINDER, USAID, ELTON JOHN FOUNDATION, COL, NACC, AMREF, KARI, GoK and the private sector.
- 5) Documentation of regional experiences and dissemination to various stakeholders in the form of the periodic reports.
- 6) KAIPPG has a national image, well known nationally due to its organizational and operational structures that have district and regional presence. KAIPPG also has an international presence and image, due to its international office in the USA.
- 7) Legal identity and physical location: KAIPPG is registered as an NGO, thus derives its mandate from a known parliamentary act. Moreover, the NGO has got a physical location where its secretariat and other officers are hosted.
- 8) Existence of administrative, financial, human resource policies, structures and procedures, which are being reviewed are continually being enriched and renewed.
- 9) Clear mandate and relevance: KAIPPG's mandate is GOOD HEALTH and SELF-RELIANCE, which is relevant within the Kenyan context where POVERTY and HIV/AIDS are manifested in different forms and magnitudes.

## **5.2 Weaknesses /Limitations**

A weakness implies a negative attribute that does not work in favour of an organization. In other words, a weakness prevents those involved in an activity from timely implementation and performance that could have enabled them meet the set targets or objectives. The following weaknesses were identified for KAIPPG:

- 1) Inadequate human resources, attributed to untapped skills from members and practitioners, absence of clear mechanism to develop and retain staff, limited capacity by members to intervene.
- 2) Limited financial resources, due to lack of financial sustainability mechanisms and limited fundraising skills at various levels.
- 3) Lack of strong networks at various levels, arising from lack of clarity on how KAIPPG fits into the organizational structures of its members and intervention structures by other actors.
- 4) General lack of motivation from national to grassroots level. Those serving KAIPPG in various capacities, such as the board and coordinators, are doing so voluntarily. They have limited direct financial remuneration commensurate to the time and efforts they dedicate to KAIPPG.
- 5) Inadequate capacity building at all levels: there has been lack of a clear framework to enhance capacities (through training, exposure) of staff, board, coordinators, and different leadership and implementation organs.
- 6) Over-reliance on donor funds--leading to design, development and implementation of a number of donor-driven programmes-- thus compromising their sustainability.
- 7) Poor communication and transport mechanisms: KAIPPG has limited investment in telecommunications, such as reliable Internet access to ensure effective information flow between the secretariat and the regions. Besides, KAIPPG has limited means of transport, thus constraining mobility of its regional and district representatives.
- 8) Low commitment to the network by the members. Although there are many registered members, few are active members in terms of payment of membership fees and participation in regional and district interventions.
- 9) Weak regional structures manifested in various ways, including low level of engagement at regional levels, lack of physical offices at district/location/sub-location levels, and passive coordination efforts.

## **5.3 External Environmental Scanning**

In strategic planning, the environment outside the organization is explored to

identify opportunities and threats the organization faces. These are factors that the organization does not have control over. An assessment of these factors enables the organization to keep tabs on what is happening in the larger context that is likely to have a direct or indirect effect on the organization and pursuit of its mission.

### **5.3.2 Threats**

A threat is an external factor occurring within the socio-economic, political, legal and cultural environment in which the organization operates. It is important to analyze such threats, because prior understanding of what they constitute helps the planners to determine appropriate ways of reducing their impact pre-emptively. Otherwise they would have devastating effects on the operations of the organization. The following threats were identified as ones KAIPPG does or might face:

- 1) The unpredictable political will/space. Possibility of change of political leadership resulting in a new political dispensation with new ideals that might not be supportive of KAIPPG's interventions.
- 2) Competition and duplication of efforts among actors. Competition for resources by KAIPPG, its members, and other actors to respond to health issues in the same areas may impact negatively on the principles and ideals of collaborative efforts, resulting in limited effectiveness.
- 3) Occurrence of natural hazards and calamities such as drought and/or floods that might divert attention and resources by donor partners, government, and the membership from HIV/AIDS-related interventions to relief and other emergency responses.
- 4) Inability by KAIPPG to attract and retain competent staff will result in poor implementation of programmes, thus risk of losing credibility with stakeholders.
- 5) KAIPPG mainly depends on donor funding for its operations, thus, the problem of a donor-driven agenda in design and implementation of programmes. Coupled with donor fatigue, institutional sustainability of KAIPPG is not guaranteed.
- 6) Unfulfilled raised expectations. Failure by KAIPPG to meet the expectations of the membership and of stakeholders will result in reduced commitment and weak collaborative efforts.
- 7) Political machinations, for instance formulation of new districts leading to the challenge of programming key activities. This may also imply continuous reconstitution of grassroots' structures of KAIPPG to ensure regional balancing.
- 8) Risk of losing neutrality/impartiality. Although KAIPPG espouses neutrality in its endeavors to serve its constituents, it is difficult to have neutral positions on conflict related issues, which are usually emotive, political, and historical in nature.

9) Managing change: over the last few years, KAIPPG has undergone tremendous changes, including transformation into a full-fledged NGO, thus formation of new leadership and governance structures. Although this institutional growth is commendable, it could as well spell doom for the organization if it is not done gradually, under sound and consistent leadership and management.

#### **5.4 Opportunities**

Opportunities are possible ways of addressing threats that face the organization. They are interventions or options that an organization is capable of taking advantage of to pursue its mission and further its vision. The following opportunities were identified for KAIPPG to utilize in order to address existing and emerging threats:

- 1) Government goodwill to provide leadership on HEALTH-RELATED issues, including broadening scope of intervention.
- 2) Engage in policy formulation and implementation. KAIPPG has rich and valuable experience and broad-based and national membership/representation that is useful in HEALTH policy formulation and implementation.
- 3) Neutrality of the network in the eyes of the impacted persons and communities, and government circles, makes it a credible health-providing agency.
- 4) Development of HIV/AIDS prevention and management strategies which are proactive, responsive, and focused on existing and emerging health challenges.
- 5) To engage more in supporting PLWHAS, orphans and widows/widowers widowed by HIV/AIDS, thus necessitating deliberate efforts for KAIPPG to initiate workable interventions in these areas. Need to package programmes that respond to trauma healing, empowerment, and reconciliation.
- 6) Healing those impacted by HIV/AIDS through trauma healing. The fact that Kenya has had conflicts dating back to the time of independence, presents an opportunity to develop frameworks to undo the adverse effects of conflicts such as trauma and displacement.
- 7) Effective utilization of Information Education Communication (IEC) materials, such as publicizing HEALTH issues through the media, billboards, and Information and Communication Technologies (ICTs).
- 8) KAIPPG can be a rallying point to harness Civil Society Organizations (CSOs) and other actors' energies and resources towards certain goals on issues of national concern. For instance, rally CSOs to advocate and lobby for adoption and legislation of RELEVANT health policies. Because of its mandate, national stature, and government connectivity, KAIPPG has leverage to mobilize like-minded organizations to pressure the political class to ensure legislation and implementation of the RELEVANT HEALTH POLICIES.

## **6.0 KAIPPG IDENTITY AND MANDATE**

KAIPPG'S MANDATE is to strengthen the capacity of communities and households to mobilize, co-ordinate, and take charge of their own health and development needs.

### **6.1 Vision Statement**

A vision is a new or desired future. It is a picturesque scenario that underlines what can be achieved through sustained and collective mobilization of resources within a given entity. When visioning, we look at what changes can collectively be undertaken to transform a problematic situation. A vision is a hoped-for situation, what the future we intend to create will look like. It captures a near-ideal situation. The vision statement describes what we want the future to look like in ideal terms. The vision provides inspiration and general direction on organization objective-setting.

### **6.2 KAIPPG's Strategic Vision**

A healthy and self-sustainable society that upholds equity and development.

### **6.3 Mission Statement**

A Mission Statement underlines the overall mandate of an organization. It provides the sense of direction that guides the decision-making processes, on the one hand, and determines the strategies as well as objectives that are subsequently identified and applied. Broadly, a mission specifies what needs to be done systematically and consistently in order to attain the vision. The mission statement basically states why an organization exists.

### **6.4 KAIPPG Strategic Mission Statement:**

KAIPPG exists to facilitate, advocate, and coordinate broad-based health and development initiatives for self-reliance in vulnerable communities of Western Kenya.

### **6.5 KAIPPG's Previous Strategic Areas Of Focus**

Since inception in 1996, KAIPPG has been responding to the impact of HIV/AIDS through six [6] strategies, namely:

1) Ensuring capacity-building for community resource persons and groups that translates to provision of better HIV/AIDS services and suitable intervention approaches.

2) Facilitating access to information on HIV/AIDS, sustainable agriculture, and ICTs through the KAIPPG Resource Center.

3) Comprehensive care and support for PLWHAS; support for orphans and vulnerable children [OVC]; nutrition and food security for vulnerable families/households; prevention, education and advocacy; Information and Communication Technologies for women; developing and empowering community networks through a local Resource-Tapping Initiative [RTI]; and external fundraising to support initiatives of the local community groups.

The organization has a track record of managing various donor funds. KAIPPG upholds the spirit of collaboration and networking for purposes of increasing the desired impact from the named programmes to the deserving communities.

### **6.5.1 Vision**

KAIPPG's vision has been "having a food-secure and HIV/AIDS-free society."

### **6.5.2 Mission**

**The KAIPPG mission has been** "to combat the spread of HIV/AIDS by mobilizing, encouraging, and enabling community groups to initiate culture-specific intervention programmes."

## **6.6 KAIPPG Membership**

KAIPPG membership is open to all registered NGOs, CBOs, FBOs, PLHA support organizations, academic institutions, the public and private sector organizations in Kenya that are committed to the strife of managing and controlling HIV/AIDS-related programmes. Associate members include inland and online individuals and other development partners.

## **6.7 KAIPPG Programs**

KAIPPG Programmes have included these characteristics:

1) Capacity Building for Care Providers and Community Based Groups

- 2) Comprehensive Care Continuum
- 3) Nutrition and Economic Empowerment of Families Affected By HIV/AIDS
- 4) Prevention Education and Advocacy
- 5) Vulnerable Children's Education in Building Life-Skills
- 6) Information and Communication Technology Transfer

### **6.8 KAIPPG Objectives**

In order to achieve its VISION and MISSION, KAIPPG objectives have been:

- 1) To build local capacity for culture-specific HIV/AIDS interventions, and to initiate and manage community-based income-generating activities.
- 2) To provide home-based care, material, and psychosocial support services to people living with HIV/AIDS and other vulnerable groups.
- 3) To advocate for a holistic and multi-dimensional approach to HIV/AIDS in which concern for whole life is shown.
- 4) To maintain an up-to-date database on the latest social and scientific developments in the field of reproductive health and HIV/AIDS.
- 5) To encourage networking of stakeholders in HIV/AIDS prevention by way of forming and training multi-disciplinary Regional Teams.

### **6.9 Networking**

KAIPPG has been promoting networking, linkages, and collaboration among CSOs and other stakeholders, including the private sector and Government Line Ministries involved in HIV/AIDS Programmes. This has successfully led to the establishment and development of regional and community-oriented thematic networks at various levels.

This has been done through participating in international, national, regional and local community forums; innovation of technical approaches to quell the acute food insecurity levels amongst impoverished households; management of regional and community resource centers; facilitation of learning exchange visits amongst CSOs; working with external service-providers for technology transfer; exposure and exchange of challenges, successes and experiences. Various internal and external well-wishers and development partners have supported networking activities.

## **7.0 STRATEGIC DIRECTIONS**

### **7.1 Focal Strategic Areas**

In the context of strategic planning, we talk about actions, which are the same as activities or strategic interventions.

#### **OBJECTIVE ONE:**

To respond proactively to all issues of ill health in order to prevent the adverse effects of HIV/AIDS.

#### **Strategy One :**

Build the capacity of all stakeholders, including Gok And civil-society organizations, on all issues related to HIV/AIDS.

#### **Programme Management**

**Core activities:** 1) Develop training manuals 2) Prepare IEC materials 3) Conduct training for leaders drawn from GoK and CSOs 4) Hold "training of trainers" (TOT) training workshops at different levels 5) Establish/strengthen the existing structures for linkages between the government and civil society 6) Undertake exposure visits/forums for education, where PLWHAS will be able to speak about their life experiences and effects of HIV/AIDS on themselves and their families 7) Convene regular open forums with partners on thematic issues related to health.

#### **Strategy Two:**

#### **Advocate/Lobby for Change in Legislation and Policies in the Areas of Health Security**

Core Activities: 1) Undertake relevant research in the areas of effective HIV/AIDS prevention 2) Develop sample policy proposals 3) Convene local policy and legislation conferences 4) Undertake mass civic awareness campaigns 5) Train staff and other stakeholders on the process of legislation and policy development 6) Undertake campaigns to sensitize people on the importance of good feeding and good behavioral culture 7) Strengthen traditional authority systems on HIV/AIDS prevention and management.

#### **Strategy Three:**

Promote the culture of food security, supplemental security, as well as the utilization of locally available resources for self-reliance, for the following purposes:

1) Develop a sample curriculum on food security and ICT culture, and lobby for its

adoption and use in various institutions within the educational system in the country.

2) Establish HEALTH forums for cross-border HIV/AIDS prevention and management initiatives.

3) Establish community based EMPOWERMENT projects and related initiatives, in collaboration with like-minded partners and government departments, as well as agencies.

## **OBJECTIVE TWO:**

To improve and sustain the efficiency, effectiveness, and impact of program operations of KAIPPG:

### **Promote strategies for ensuring financial sustainability**

Core activities: 1) Define and establish key programmatic areas/themes of the network 2) Establish thematic-based sub-committees 3) Establish a donor database 4) Establish a fundraising department at the secretariat 5) Develop local capacity for resource mobilization 6) Develop internal systems for financial management and accountability within the broad network.

### **Strategy Three:**

Develop a fundraising strategy for the organization.

Core activities: 1) Conduct capacity-building needs assessment for the organization 2) Set up a "Behaviour Change and Human Resource Development Institute" 3) Establish a team to coordinate the activities of the Behaviour Change and Human Resource Development Institute 4) Establish regional "Health and Economic Improvement Resource Centers" 5) Establish and develop core teams of consultants 6) Develop and roll out a training program 7) Establish a national peace institute for peace-building and conflict resolution as well as transformation, the better to facilitate and support capacity-building, research, advocacy, and consulting.

## **OBJECTIVE THREE:**

To re-focus and enhance collaborative efforts in responding to the levels and types of HIV/AIDS infection.

### **Strategy One:**

1) Develop programs that give a sense of belonging and visibility to partners of

KAIPPG, through devolved horizontal and vertical structures.

2) Establish a research component to continuously update KAIPPG's database for members and other actors with similar initiatives.

3) Strengthen horizontal and vertical collaboration with stakeholders and other like-minded actors.

Core activities: 1) Establish a department to undertake research activities to update the organizational database 2) Carry out a baseline survey on peace-related issues 3) Undertake profiling of membership in the regions to identify their areas of operation 4) Establish systems of packaging, documenting, and disseminating information 5) Develop IEC materials for sharing with other stakeholders, members and the GoK line ministries and departments 6) Establish monitoring and evaluation systems to assess the effectiveness of collaboration.

#### **OBJECTIVE FOUR:**

To influence the formulation and implementation of GoK policies on HIV/AIDS programme management and governance.

#### **Strategy One:**

Build the capacity of Health Providers and Behaviour Change Motivators to guarantee implementation of relevant health policies and a community-led development process.

Core activities: 1) Organize capacity building workshops for health providers and behavioural-change modifiers 2) Develop community-friendly education materials to help disseminate the respective health education 3) Communalize health education dissemination, and initiate reciprocal activities for lasting solutions to health problems that impact on the community directly or indirectly.

## **8.0 MANAGEMENT OF THE STRATEGIC PLAN PROCESS**

For purposes of realizing the vision and mission of KAIPPG, strategic planning will remain a continuous exercise. The process will continue involving a variety of stakeholders, each with a significant and important role to play. Roles of respective stakeholders will be clearly defined to avoid confusion in identifying abilities and activities of each actor.

### ***8.1 Management Changes***

The Strategic Plan will present some changes in the management and administration of the organization. KAIPPG is committed to managing possible changes as they fall due but in a strictly professional manner. Organizational staff will be informed of major changes that affect them in good time. Changes and decisions will be discussed with them where possible and appropriate to help subject their inputs to just consideration.

### ***8.2 Monitoring And Evaluation***

This process of strategic planning will be subjected to continuous assessments. The regular monitoring and evaluation is to measure progress and ensure timely and concrete implementation of the plan. This system will highly depend on the objectives and indicators incorporated in this plan.

### ***8.3 Organization Structure***

This organizational structure has been reviewed in line with the revised vision, mission, core values, and the Five [5] -Year Strategic Plan 2007-2012. The Strategic Planning Task Force was guided by a set of principles while developing the Plan. These were thus:

- 1) A structure that facilitates quick decision-making and accountability.
- 2) A structure that is value-adding, business-driven, and responsive to organizational challenges and opportunities.
- 3) A structure that promotes both external and internal communication.
- 4) A structure that facilitates the creation of sound internal control systems.
- 5) A structure that invites clear reporting lines, roles, and responsibilities.

Based on these criteria, KAIPPG agreed on the Organization Structure attached as appendix 1. This structure has both the "top-down" and "bottom-up" approaches of communication. The top-down approach provides for direction and instruction issuance, policy formulation, and interpretation, given by the management system. The bottom-up approach provides for responses, consultations, and reports from Implementing Units.

The Structure provides the Chief Executive Officer [CEO] with ample time to address various issues of a strategic nature. He or she can depend on the Senior Managers to deal with the day-to-day work, and only forward to him/her the very demanding matters that call for his/her attention. This guarantees the capacity building of Senior Managers for purposes of succession planning. The Structure demands for continuous commitment to the ideals of this plan by all protocols of the organization, to avoid bottlenecks that can interfere with information and business flow between the Chief Executive Officer, Senior Managers, Mid-Level Managers, and Supervisors.

## **KAIPPG ORGANOGRAM**

### **BOARD OF DIRECTORS**

### **IMPLEMENTATION PROGRAM**

### **STAFF**

### **BENEFICIARIES**

### **COMMUNITY**

## **PREPARATION OF THE KASP 2007-2012:**

### **Introduction:**

The KASP 2007-2012 evolved through a consultative broad-based process launched in May 2007. The Plan is informed by experience with implementing the previous programmes and by emerging community, regional, national and international evidence and research findings.

KAIPPG led the development of the strategy and ensured participation of stakeholders across all key sectors. A strategic planning task force--chaired by the Administrator of KAIPPG Programmes, on behalf of the Director, who had proceeded on an official trip to Israel--with membership drawn from the provincial administration, civil society, the private sector and development partners, provided overall coordination. Over 15 representative stakeholder agencies and institutions were engaged in the development of the strategy [see Acknowledgement Section]. Stakeholders participated in meetings, workshops, and the procedural strategic planning.

**9.0 KASP 2007-2012 ESTIMATED FINANCING REQUIREMENTS [KSHS MILLIONS]**

<b>NO</b>	<b>CATEGORY</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>TOTAL</b>
01	Program operations and Institutional Capacity Building	15	18	22	24	27	32	138
02	Mitigation of Socio-Economic Impacts and Community Empowerment Measures	25	33	35	37	42	45	217
03	Prevention Education and Advocacy	27	20	15	10	7	3	82
04	Home Based Care- Care and Support for PLWHAS	25	15	15	10	5	10	80
05	OVC care and support	25	20	20	15	10	5	95
06	Monitoring and Evaluation	5	5	4	3	3	2	25
07	<b>TOTAL</b>	<b>122</b>	<b>111</b>	<b>111</b>	<b>99</b>	<b>94</b>	<b>97</b>	<b>634</b>

## KAIPPG Strategic Planning Workshop, Jamindas Hotel, Kakamega

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