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LIST OF ABBREVIATION

ADA	Alcohol and drug abuse
AIDS	Acquired Immune-Deficiency Syndrome
ANU	Anti Narcotic Unit
CBO	Community Based Organizations
CID	Criminal Investigations Department
COMESA	Common Market for East and Southern Africa
DfID	Department for International Development (United Kingdom)
EAC	East African Community
ECOWAS	Economic Community of West African States
EU	European Union
FBO	Faith Based Organization
GDP	Gross Domestic Product
GoK	Government of Kenya
GJLOS	Governance, Justice, Law and Order Sector
HIV	Human Immune Virus
IDU	Injecting Drug Use
IEC	Information Education Communication
IGAD	Inter- Governmental Authority on Development
KADA	Kenya Anti Doping Association
KNBS	Kenya National Bureau Of Statistics
KRA	Kenya Revenue Authority
KSA	Kenya Scouts Association
KWS	Kenya Wildlife Service
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOYAS	Ministry of State for Youth Affairs
MTEF	Medium Term Expenditure Framework
NACADA	National Campaign Against Drug Abuse (Authority)
NACC	National AIDS Control Council
NEPAD	New Partnership For Africa Development
NGO	Non Governmental Organization
STI	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities and Threats
UK	United Kingdom
UN	United Nations
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

FOREWORD

This Strategic Plan document embodies the aspirations of the National Campaign Against Drug Abuse Authority (NACADA Authority) for the 5-year period of July 2009 to June 2014. It is intended to provide a master plan outlining the Authority's priorities and concerns in alcohol and drug abuse prevention, control, treatment, rehabilitation and related psychosocial support. It also defines a framework through which the Authority shall coordinate the campaign against alcohol and drug abuse by the various stakeholders including Government Ministries, Parastatals, Local Authorities, Learning Institutions, Non-governmental and Community-based organizations, Faith-based institutions and Youth networks.

The strategic direction provided in this document emanates from three sources. These are: (i) the Authority's mandate as published in Legal Notice No. 140 of July 2007; (ii) Kenya vision 2030 development blue-print; and (iii) National Strategy for Prevention, Control and Mitigation of Drug and Substance Abuse.

It is worth noting that NACADA Authority plays a coordinating role in the campaign against alcohol and drug abuse. All individuals and institutions in Kenya especially the youth, parents, teachers, clergy and opinion leaders are therefore expected to play their unique part in the prevention, control and management of alcohol and drug abuse in this country. The same applies to Parliament, Government Ministries, State Corporations, Institutions of higher learning, Non-Governmental Organizations and the Private Sector. As such, the bulk of activities planned to be undertaken in the 5-year period of this Strategic Plan aim at (i) empowering the above-named implementing partners and institutions to undertake the campaign; (ii) strengthening the Authority's institutional capacity to coordinate the multi-sectoral campaign; and (iii) forming and maintaining strategic collaborations for resource mobilization and technical assistance.

NACADA Authority shall coordinate the campaign against alcohol and drug abuse during the period July 2009-June 2014 based on six strategic objectives set out in this Strategic Plan. The objectives are to: (i) establish a functional institutional framework; (ii) develop a comprehensive alcohol and drug abuse prevention program with a focus on demand reduction; (iii) strengthen control mechanisms focusing on supply suppression; (iv) provide quality and holistic care programmes to drug users; (v) strengthen research activities on drug abuse and chemical dependence; and (vi) strengthen inter-sectoral collaboration and international cooperation.

It is anticipated that the proposed interventions set out herein will significantly assist the Authority to fulfill its core mandate and contribute towards the attainment of a drug-free Kenya.

Jennifer N. Kimani (Mrs), HSC
National Coordinator/CEO

Acknowledgements

The development of this Strategic Plan 2009-2014 was sanctioned by the NACADA Authority Board of Directors, whose directions and contribution facilitated successful completion of the document.

The office of the National Coordinator provided day-to-day guidance and technical support, which efforts are hereby highly acknowledged.

The valuable contributions made by the Authority's staff and consultants who participated in the validation retreat at Izaak Walton Inn (Embu) in May 2009 are specially recognized.

NACADA Authority also wishes to thank the GJLOS Reform Program for supporting the printing of this Strategic Plan document from the Basket Fund.

PREAMBLE

This strategic plan represents a significant step in transforming NACADA Authority into a world class organization in the fight against alcohol and drug abuse. The Strategic Planning process applied the Systems thinking approach to Strategic planning. This approach dictates that you start with the end in mind and work backwards to bridge the gap between the envisioned future and the current state.

The process was participatory. All key stakeholders were involved in the process and their ideas and feed back were incorporated in this strategic plan document.

The strategic plan is structured into 8 chapters as follows:

- Chapter 1: Introduction
- Chapter 2: Situation Analysis
- Chapter 3: Strategic Direction
- Chapter 4: Strategic Objectives
- Chapter 5: SWOT Analysis
- Chapter 6: Financial Strategy
- Chapter 7: Monitoring and Evaluation
- Chapter 8: Management and Coordination

1.0 INTRODUCTION

“Drugs destroy lives and communities, undermine sustainable development and generate crime. Drugs affect all sectors of society in all countries: in particular, drug abuse affects the freedom and development of young people, the world’s most valuable asset. Drugs are a grave threat to health and well being of all mankind, the independence of states, democracy, stability of nations, the structure of all societies, and the dignity and hope of millions of people and their families”. **Political declaration by the special session of the UN General Assembly devoted to countering the world drug problem together, 8-10 June 1998.**

The above statement correctly captures the negative effects that come with the abuse of alcohol and drugs within the society. Kenya is no exception and is increasingly having to confront the challenges brought about by alcohol and drug abuse.

The most commonly abused licit drugs are alcohol, tobacco, miraa (Khat), and prescription drugs such as tranquilisers and pain killers.

The commonly abused illicit drugs are bhang, heroin, cocaine, mandrax, ecstasy and inhalants.

Irrespective of its legal status, alcohol and drug abuse leads to a variety of social, medical and economic problems such as poor health, domestic violence, reduced productivity at work, sexual violence, unsafe sex, disability and even death.

1.1 Alcohol and Drug Abuse: Implications for Vision 2030 and MDGs

This Strategic Plan has been developed to position and align National Campaign Against Drug Abuse Authority (NACADA Authority) with the country’s national development blueprint of Vision 2030 and the United Nations (UN) Millennium Development Goals (MDGs).

In order to achieve the targets outlined in the two documents, the country requires a healthy and well educated workforce free from threats posed by the menace of alcohol and drug abuse.

A clear road map that finds convergence with national objectives will ensure that the Authority plays its rightful role in the socio-economic development of the country.

1.2 Establishment of NACADA Authority

The Government of Kenya (GoK) recognises the threat posed by alcohol and drug abuse and as a result has sought to enact relevant laws and establish necessary institutions through which the vice can be fought.

In March 2001, the National Agency for the Campaign Against Drugs Abuse was formed to spearhead preventive education and public awareness on alcohol and drug abuse in Kenya. In 2007, National Campaign Against Drug Abuse Authority was formed to replace the Agency. The Authority has a reinforced and expanded mandate which empowers it to coordinate a multi-sectoral effort aimed at preventing, controlling and mitigating the menace of alcohol and drug abuse within the Kenyan society.

I.3 Core Mandate

NACADA Authority's core mandate is to:

- i.** Provide directly or in collaboration with other institutions, agencies or organizations, facilities for coordination of public education against drug abuse.
- ii.** Co-ordinate the implementation of the National Action Plan on curbing drug abuse by citizens of Kenya especially the youth and children.
- iii.** Play an effective role in the development, setting up and, expansion of rehabilitation centers for the rehabilitation of drug dependants.
- iv.** Prepare and maintain a register of licensed persons to offer expert advice on treatment and prevention services in the field of drug abuse.
- v.** Liaise with relevant authorities in carrying out training or approving the training curriculum of trainers in the campaign against drug abuse.
- vi.** Advise on the best practices and discipline of licensed drug rehabilitation operators.
- vii.** Undertake research directly or in collaboration with other organisations or bodies on matters relating to drug abuse and chemical substances as may be approved by the Board.

I.4 Policy Framework

The policy framework guiding the Authority's operations consists of both national and international policy statements. The Policy Framework is guided by the following:

- i. **NACADA Authority's Parent Ministry:** The Ministry of State in the Office of the President in charge of Provincial Administration and Internal Security issues policy guidelines from time to time. One of the key documents in this regard is the National Strategy on Prevention, Control and Mitigation of Alcohol and Drug Abuse in Kenya, 2008-2013
- ii. **Legal Mandate as Articulated in Legal Notice No. 140:** Contains the executive order of His Excellency the president establishing the Authority.
- iii. **Official Development Policies and Plans:** By fulfilling its mandate, the Authority will be contributing to the ideals of Vision 2030 such as prosperity, global competitiveness, sustained economic growth, social justice, cohesiveness and equity which can only be realized in a socio-cultural environment free from ADA.
- iv. **Policy Guidelines Emanating From Kenya's International Commitments:** These include Kenya's commitment to the UN Millennium Development Goals (MDGs) and to the international conventions and protocols on illicit drugs and crime. The Kenya government has ratified all three major UN conventions on Narcotic Drugs and Psychotropic Substances.

2.0 SITUATIONAL ANALYSIS

NACADA Authority has made good progress in prevention of and fighting the negative effects of alcohol and drug abuse in the Kenyan society.

2.1 Challenges in the Campaign Against Alcohol and Drug Abuse

Despite the progress in the last few years, the Authority has been facing various challenges in its campaign. The campaign against alcohol and drug abuse is usually complex and may require hiding the identity of the Authority so that interested parties do not block the campaign.

Specifically, the campaign is handicapped in the following ways;

- a. Advertisements by the Authority in the local media are usually sandwiched between adverts by companies extolling the benefits of the same products that the Authority is cautioning the public against thus neutralizing its campaign message.
- b. There are risks associated with working for the Authority as some companies dealing with products that the Authority cautions the public against, for example, beer companies are very powerful and they are able to influence the Authority's key stakeholders to support their position and block those opposing them.
- c. Due to risks involved in the alcohol and drugs trade, some campaigns need to be very discreet and to some extent carried out through other persons or organizations. The challenge is usually how to account for such resources spent in such discreet campaigns without blowing the identity of who conducted the campaign.
- d. Lack of a forensic laboratory for the NACADA Authority. This would help the Authority not depend on other government departments for analysis of suspected alcohol and drugs substances and thus ensure confidentiality.

2.2 External Environment Analysis

The following analysis identifies the significant external factors that will impact on the Authority's operations:

Socio-Demographic Analysis – The Population Reference Bureau's 2007 World Population Datasheet puts Kenya's population at 36.9 million with a median age of 17.5 years. Children aged less than 15 years were estimated at 45% of the total population, while 15-24 years accounted for 20%. Overall young people aged 10-24 constituted 34.3%. Alcohol and drug abuse (ADA) is estimated to be highest among young adults of ages 15-29 and lowest among adults of ages 65 and older. Alcohol and drug abuse cuts across gender, race and nationality although more men than women being drug dependant or having drug problems.

Rapid migration, urbanization and social dislocation, has heavily eroded Kenya's traditional values as the country opens up to emerging influences. This has led to more Kenyans taking up to alcohol and drugs. Cultural diversity also leads to conflicts that can be exploited for drug trafficking and consumption.

Stressful situations like the post election violence witnessed in Kenya in the beginning of 2008 also exacerbate the problem of alcohol and drug abuse. Drug dealers take advantage of these situations to market their drugs to stress victims e.g. the internally displaced persons (IDPs).

Stakeholders Analysis – The composition of the NACADA Authority Advisory Board includes among others, the Permanent Secretaries in the Ministries of State in charge of Provincial Administration and Internal Security, Treasury, Health, Education and Youth Affairs. In addition, the Board has two representatives of religious organisations, a youth representative, and a member of the Medical Practitioners and Dentists Board. The Board constitutes a multi-sectoral response to alcohol and drug abuse. It also

ensures the holding of national level meetings of the different stakeholders to plan, share responsibilities and exchange relevant information. These board members represent the key stakeholders that the Authority must work with to be effective in delivering on its mandate.

Political Analysis – The setting up of NACADA Authority in June 2007 to spearhead and coordinate the fight against ADA demonstrates the Government's commitment to enhancing the fight against drug abuse in the country. A key focus for Kenyan leaders should be to nurture and build good relations with key donors, development partners and UN agencies so as to ensure continued support to campaigns against alcohol and drug abuse.

The associated political risks to NACADA Authority are changes in government policy that may lead to change of its mandate/ policy statements, changes in funding from donors and changes in drug legislation. For example, the legislation on packaging, advertising and sale of alcohol and tobacco products is a case in point.

Technical Analysis- Private Sector growth in Kenya has enabled easy and affordable drug processing and packaging. There has also been increasing production of cheaper alcohol brands that increases its consumption. The phenomenal growth of mobile telephony and the internet allows the sale and purchase of drugs without detection. Internet access also facilitates cross-border drug trafficking and money laundering.

3.0 STRATEGIC DIRECTION

This Strategic Plan has been developed to provide a strategic direction and guide the activities of NACADA Authority for 5 years from July 2009 to June 2014.

3.1 Vision Statement

The objectives in this strategic plan will reflect the vision of NACADA Authority, which is:

“To be the lead organisation in the campaign against alcohol and drug abuse in Kenya”

3.2 Mission Statement

The above vision is in line with the mission of NACADA Authority, which is:

“To provide leadership on policy development, education regulation, management, programme implementation and research coordination on matters pertaining to alcohol and drug abuse in Kenya”

3.3 Core Values

NACADA Authority recognizes that having the right values will result in more efficiency, higher productivity, and better focus. The overriding principles guiding the Authority's value definition include the following:

- i. **Loyalty and Patriotism-** Will be faithful to commitments and obligations made and to serve the country with passion and inspiration.
- ii. **Professional integrity-** Will strive to attain the highest standards in everything, deliver on promises and adhere to moral and ethical principles. Will strongly resist any temptation to induce the staff by improper means to violate their duties and responsibilities.
- iii. **Innovation-** NACADA Authority will be driven by creativity and by seizing opportunities wherever and whenever they arise.
- iv. **Accountability and Transparency-** NACADA Authority will always act accountably and in openness, in accordance to the duties that it owes to stakeholders and customers.
- v. **Courage-** Committed to act with the conviction of personal beliefs even in spite of criticism.

3.4 Goal

The Authority's goal is to contribute to the improvement of the overall health and socio-economic well being of the people of Kenya through prevention of ADA and reduction of the effects of alcohol and drug abuse.

This will be evident through;

- a) Increased productivity and improved economic performance
- b) Improved well being and healthy population
- c) Proportionate reduction in morbidity mortality and disability caused by alcohol and drug abuse

3.5 Overall Objective

It is to reduce the prevalence of alcohol and drug abuse in Kenya through demand reduction and supply suppression strategies.

4. STRATEGIC OBJECTIVES

This Strategic Plan reflects a sharpened focus on achieving more measurable results.

The strategic objectives are in line with the vision and mission of NACADA Authority and are tailored to take advantage of emerging opportunities.

The six strategic objectives are:

- a. Establishing a functional institutional framework
- b. Developing a comprehensive alcohol and drug abuse prevention program with a focus on demand reduction
- c. Strengthening control mechanisms for alcohol and drug abuse with a focus on supply suppression
- d. Provision of quality and holistic care programmes to drug users
- e. Strengthening research activities on various aspects of alcohol and drug abuse and chemical dependence in Kenya
- f. Strengthening inter-sectoral coordination and collaboration as well as international cooperation.

The following is an analysis of the strategic objectives and their designated strategies and activities.

4.1 Establishing a Functional Institutional Framework

NACADA Authority still faces operational hurdles and limited capacity due to insufficient funds, staff, skills, reliable internet connection, operating space, inadequate presence beyond the headquarters. Key collaborating institutions such as the police, provincial administration and the navy, have a limited capacity to address alcohol and drug demand and supply challenges.

The current staff will need to be equipped with specialized skills in finance and administration, information and communication technology, legal affairs, research and policy in addition to prevention and treatment skills.

Strategies:

Operationalise NACADA Authority.

This will be achieved by undertaking the following activities;

- i. Develop and adopt new organization structure and establish the skills requirement
- ii. Facilitate staff development
- iii. Fill the vacant staff positions and procure adequate equipments
- iv. Establish regional offices
- v. Establish systems for mobilizing and allocating resources to implement and coordinate an all inclusive multi- sectoral response to ADA.
- vi. Establish ADA operational units in other public sector institutions
- vii. Establish the Authority under an act of Parliament
- viii. Development of working documents – HR manual, financial policy, procurement policy, and other relevant documents

4.2 Developing a Comprehensive Alcohol and Drug Abuse Prevention Program with a Focus on Demand Reduction

There is need to stop drug abuse before it starts through education and community action because children who grow up without experimenting drugs are less likely to do so at a later stage. It should be made clear to the community of the associated dangers of drug abuse and their costs to society. A family setting should be upheld to provide a good environment that sets the right attitudes towards a drug free society.

Strategies:**1.1.1 Develop an alcohol and drug abuse prevention program.**

This will be achieved by undertaking the following activities;

- i. Carry out an assessment of the on going preventive activities by various institutions and document the gaps.
- ii. Develop a plan of action to address the gaps so identified.
- iii. Mobilize resources to address the gaps and implement and coordinate activities for prevention of ADA.

1.1.2 Preventive education among the youth and children implemented.

This will be achieved by undertaking the following activities;

- i. Actively involve the youth in the planning, development, implementation and monitoring of preventive measures.
- ii. Carry out behavior change research among the youth and children with regard to ADA.
- iii. Develop a curriculum on preventive education among the youth and children based on the results of the rapid assessment survey.
- iv. Sensitize key institutions including FBOs to mainstream drug prevention messages in their programs.

1.1.3 Implement a coordinated information, education and communication (IEC) strategy.

This will be achieved by undertaking the following activities;

- i. Carry out rapid situation assessment survey(s) among the general population regarding the availability and sustainability of IEC materials on ADA.
- ii. Develop appropriate IEC materials on prevention of ADA based on the results of the rapid assessment survey, including materials on the economic and socio- cultural issues.
- iii. Engage print and electronic media to disseminate the IEC messages.
- iv. Develop a code of conduct to regulate advertisements and media programs.
- v. Develop a calendar of special events such as International Day Against Drugs, World Youth Day and World AIDS Day.

1.1.4 Liaise with relevant authorities in carrying out training and/or approving training curriculums of trainers in the campaign against ADA

- i. Develop an ADA training curriculum
- ii. Develop standards for approving ADA training curriculums
- iii. Carrying out training of trainers

1.1.5 Develop and enhance community driven prevention initiatives on ADA.

This will be achieved by undertaking the following activities;

- i. Conduct public awareness campaigns on prevention of ADA.
- ii. Hold community forums and document community-specific alcohol and drug abuse problems and culture-specific ways of dealing with them.
- iii. Hold training sessions for community and youth leaders to sensitize and empower them with knowledge and skills on prevention of alcohol and drug abuse.
- iv. Design programs on prevention of ADA in consultation with community members.
- v. Hold meetings with Parent Teacher Associations (PTAs), Board of Governors (BOGs), Health Teams and Health Boards to sensitize them on the importance of integrating ADA prevention within their respective institutions.
- vi. Develop a schedule of lectures/ talks on alcohol and drug abuse in learning institutions and health institutions on specific days of the month.

1.1.6 Random screening of employees/ students for any drug traces as a management tool and not a disciplinary measure

This will be achieved by undertaking the following activities;

- i. School managers trained on how to administer drug screens at school especially during school opening days
- ii. Assist employers to institute drug screening tests of employees to discourage drugs intake without stigmatizing or victimizing drug victims.

1.1.7 Reduce alcohol and drug abuse at the work place

This will be achieved by undertaking the following activities;

- i. Sensitize employers to view chemical dependency as a disease
- ii. Lobby to have insurance cover to pay for drug treatment and rehabilitation
- iii. Develop work place policy on ADA management for NACADA Authority

4.3 Strengthening Control Mechanisms for Alcohol and Drug Abuse with a Focus on Supply Suppression.

To effectively fight ADA there is need to cut the supply side of the drugs. NACADA Authority recognizes the need to upgrade the level of deterrence and to minimize profits from drugs' commercial activities. For instance, in areas that cannabis is grown, education can be on its illegal status, penalties attached to its cultivation and the health consequences for users. The strategies below will help in reducing the supply of alcohol and drugs abused.

The legal framework on ADA should also be reviewed to ensure that stiffer penalties are applied to offenders, while children are kept out of alcohol environments and to prohibit alcohol and drug abuse in public.

Strategies:**4.3.1 Develop a national alcohol and drug abuse control policy.**

This will be achieved by undertaking the following activities;

- i. Review existing policies on alcohol and drug abuse to document gaps
- ii. Develop an ADA control policy document that includes sector specific drug policies
- iii. Sensitize the criminal justice system including the judiciary, the prosecution department and other stakeholders regarding the national ADA control policy

4.3.2 Lobby for harmonization of existing laws on alcohol and drug abuse

This will be achieved by undertaking the following activities;

- i. Review existing legislation on drug control and identify areas that require additional legislation
- ii. Consolidate the various pieces of legislation on ADA into a harmonized law on drug control
- iii. Conduct advocacy and public empowerment on the harmonized legislation
- iv. Establish and support a forum for enhancing cooperation among law enforcement agencies

4.3.2 Strengthen the capacity of the criminal justice and judicial system to address ADA issues

This will be achieved by undertaking the following activities;

- i. Conduct up to date training on ADA for law enforcement agents
- ii. Hold joint/collaborative meetings with anti-narcotics police unit, immigration department and customs control
- iii. Participate in efforts to expand the capacity of the surveillance systems to detect, suppress and monitor alcohol and drugs supply and abuse.
- iv. Work with relevant institutions to increase the number of personnel and equipment for patrolling borders, seaports and airports
- v. Support efforts to curb drug related money laundering in Kenya through national anti-money laundering programs

4.4 Provision of Quality and Holistic Care Program to Drug Users

According to NACADA Authority research, alcohol and drug abusers are receptive to measures that would help them stop consumption of the substances. Many try to discontinue by cutting down on the amount of substance used and avoiding environments which may lead them to use the substances.

Association of treatment facilities with chemical dependency and mental illness may be a barrier to users who may not perceive themselves as mentally ill. There is the need to improve the perception of treatment facilities to the public and chemically dependent persons alike, improve on availability, affordability and quality of treatment in addition to improving the overall legal and policy framework on treatment of drug users. The Authority also requires a halfway house as a model transitioning point for

chemically dependent person who are preparing for reintegration with their families.

Strategies:

4.4.1 Develop national standards for treatment and rehabilitation services for chemically dependent persons

This will be achieved by undertaking the following activities;

- i. Establish a scientific committee to review existing practices for treatment and rehabilitation of chemically dependent persons
- ii. Develop standards document that addresses best practices in treatment and rehabilitation of chemically dependent persons
- iii. Disseminate the standards manual
- iv. Guide and monitor implementation of the standards
- v. Develop certification criteria for practitioners in ADA treatment and rehabilitation
- vi. Prepare and maintain a register of licensed practitioners

4.4.2 Establish institutional and community based counseling, treatment and rehabilitation services

This will be achieved by undertaking the following activities;

- i. Identify and train healthcare workers and support groups on counseling, treatment and rehabilitation of chemically dependent persons
- ii. Support setting up of community based outpatient, drop-in centers, halfway houses and residential treatment centers for drug dependent persons
- iii. Organize regular meetings for providers of counseling, treatment and rehabilitation service to chemically dependent persons to facilitate sharing of experiences
- iv. Establish community forums to facilitate dialogue and promote ownership of treatment centers
- v. Conduct continuous monitoring of critical indicators to guide administration and policy development
- vi. Set up comprehensive outreach programs targeting vulnerable groups such as injecting drug users, commercial sex workers, prison inmates and street children.

4.5 Strengthening Research Activities on Various Aspects of Alcohol and Drugs Abused in Kenya.

In order to achieve its vision, the Authority needs accurate, up-to-date and comprehensive data on drug cultivation, trafficking, abuse and use. Available data is obsolete or scattered i.e. packaged in forms that make it difficult to use for decision making. It is thus necessary to establish a continuous, consistent and reliable research mechanism to help obtain a clear understanding of the size and nature of the drug problem, the trends and regional differentials, as well as risk and protective factors.

Strategies:**1.1.1 Produce accurate and timely data on the situation of alcohol and drug abuse**

This will be achieved by undertaking the following activities;

- i. Strengthen the capacity of the research unit to manage the national drug research and information system
- ii. Enter into MOUs with key government departments and institutions for purposes of accessing data
- iii. Pursue sub-contractual arrangements to facilitate the conduct of elaborate studies, for example, those pertaining to the economic cost of drugs, the economic implications of the drug problem, the impact of drugs on crime, drug abuse in the prison system and money laundering
- iv. Collate existing secondary data from different sources
- v. Conduct research to fill the existing gaps and complement the national information system
- vi. Organize regular joint reviews of data collected nationally between NACADA Authority and major stakeholders
- vii. Prepare annual reports reflecting the status of drug control in Kenya
- viii. Link the information system to existing government planning and budgeting processes

1.1.2 Develop innovative programs that are evidence based

This will be achieved by undertaking the following activities;

- i. Collate information on different ADA programs/ approaches and share best practices with key stakeholders
- ii. Set up electronic newsletters and regularly update website on emerging issues
- iii. Develop and publish policy briefs to update policy makers on new developments on drug matters
- iv. Develop a strategic monitoring and evaluation framework for systematic consultations, reporting and assessment of the progress of implementation of this strategy.

4.6 Strengthening Inter-Sectoral Coordination and Collaboration as Well as International Cooperation

There is need to review the current cooperation framework and seek to improve coordination and collaboration at the following levels;

- **National-** there is insufficient involvement of line ministries and institutions in the campaign against ADA. There is also lack of capacity/ resources and there are weak or non-existent networks.
- **Regional (Eastern Africa)-** within East African Community (EAC), Inter Governmental Authority on Development (IGAD) and other regional groupings

- **Africa-** African Union (AU), New Partnership For Africa Development (NEPAD), Economic Community Of West African States (ECOWAS), Common Market For East And Southern Africa (COMESA) etc.
- **Intercontinental-** Build on existing support and collaboration under the UN and bilateral cooperation arrangements e.g. with individual countries such as USA and regional groupings such as the European Union (EU).

Regional and international cooperation should be in the following areas;

- a. Sharing information on policies, legislation, strategies and expertise
- b. Further development and training of Human Resources
- c. Operational collaboration of law enforcement agencies
- d. Establishment of a regional data bank

Strategies:

4.6.1 Mainstream alcohol and drug abuse in policy documents of key sectors

This will be achieved by undertaking the following activities;

- i. Review existing policy documents from key sectors to document gaps in relation to alcohol and drug abuse
- ii. Develop guidelines for mainstreaming ADA management in the performance targets of all public sector institutions under performance contracting arrangements
- iii. Support public and private sector institutions to develop their own ADA workplace policy

1.1.2 Establish mechanism for promoting international cooperation and collaboration

This will be achieved by undertaking the following activities;

- i. Identify potential areas for international cooperation and collaboration
- ii. Establish modalities for regular consultative meetings
- iii. Institutionalize a system for follow up and feedback on implementation of policies and laws
- iv. Sensitize key sectors and institutions on international conventions and treaties regarding ADA
- v. Collaborate with relevant organizations to identify potential areas for entry and exit of drugs and laundered money such as porous borders and institute corrective action in collaboration with member countries
- vi. Facilitate establishment of a comprehensive national, regional and international drug information and surveillance system.
- vii. Assist in capacity building in all relevant government ministries, departments and among stakeholders involved in the suppression of demand and supply of abused alcohol and drugs.

5.0 SWOT ANALYSIS

This SWOT analysis will assist NACADA Authority to know the gap that exists between its current state and the desired future state and to inform the strategy development process.

The intention is to ensure that there are strategies in place to reduce or counter the impact of the threats in the environment and to ensure that the Authority takes full advantage of the available opportunities created by the environment and the associated trends.

5.1 Strengths:

The strengths of NACADA Authority include the following:

- I. Qualified and committed Board of Directors
- II. Good professional management in place
- III. Devoted and skilled staff
- IV. Good image among stakeholders and general public
- V. The Authority's status as a parastatal as opposed to a department in a ministry
- VI. Good relationship with the media
- VII. Partnerships with UN agencies such as UNODC and WHO
- VIII. A team of skilled and trained associate consultants in place
- IX. The Authority is the only public body entrusted with ADA campaign in the country
- X. Sustainable source of funding from GoK

5.2 Weaknesses:

The weaknesses of NACADA Authority include the following:

- I. Weak internal governance structures
- II. Inadequate staff
- III. Inadequate financial resources
- IV. Inadequate physical and infrastructural facilities
- V. Geographical limitations - the Authority has no physical presence outside Nairobi
- VI. Insufficient reliable data.

5.3 Opportunities:

Opportunities to be capitalized on by NACADA Authority are:

- I. Reforms in the prisons service that now emphasizes rehabilitation of inmates living with the challenge of ADA.
- II. Policy, legislative and institutional infrastructure is at a formative stage.
- III. Collaborative line ministries and other government institutions.
- IV. Rising consciousness and concern about ADA among the policy and law makers.
- V. Increased pressure on the government to provide both preventive and treatment facilities.
- VI. Readiness and willingness of drug users and chemically dependent persons to access treatment and rehabilitation services

5.4 Threats:

The following factors have been identified as threats to NACADA Authority's operations:

- I. National culture tolerant to alcohol and other legal substances
- II. Prescription drugs are still available over the counter
- III. An aggressive alcohol and other legal substances industry
- IV. Low capacity of stakeholders to implement ADA intervention measures
- V. Idleness and high rates of unemployment among the youth
- VI. Inadequate legal and policy framework on ADA
- VII. Corruption - condones drug trafficking, production and consumption
- VIII. High poverty levels encourage ADA.

6.0 FINANCIAL STRATEGY

Based on the strategies developed and the targets that have been set in this Strategic Plan, it is obvious there is need to ensure that there are adequate resources if NACADA Authority is to successfully achieve the set strategic objectives and effectively implement the strategic plan.

The proposed expenditure over the plan period is summarized below;

OBJECTIVE	PROPOSED EXPENDITURE				
	2008/09 (Kshs)	2009/10 (Kshs)	2010/11 (Kshs)	2011/12 (Kshs)	2012/13 (Kshs)
1. Operationalisation of NACADA Authority	834,846,881	876,589,225	920,418,686	966,436,621	1,014,761,602
2. ADA Prevention	166,652,500	74,985,125	183,734,381	192,921,100	202,567,155
3. ADA Supply Reduction	77,056,000	80,908,800	84,954,240	89,201,952	93,662,049
4. Treatment And Care	40,126,000	42,132,300	44,238,915	46,450,861	48,773,404
5. Inter- Sectoral Coordination	80,470,000	84,493,500	88,718,175	93,154,084	97,811,788
6. Research & Information	34,131,000	35,837,550	37,629,428	39,510,899	41,486,444
TOTAL	1,233,282,381	1,294,946,500	1,359,693,825	1,427,678,517	1,499,062,443

Possible sources of financing which may be available to NACADA Authority to finance expenditure plans as envisaged in the strategic plan can be grouped into two categories:

6.1 Traditional sources

The government funds the bulk of activities in different departments involved in preventing and controlling the demand and supply of drugs and other substances. A major limitation has been that the tight budget cannot effectively support campaign and other direct interventions required since much of the government allocation goes towards supporting personnel emoluments and operational costs.

Since these traditional sources are already overstretched, additional funding is needed from other non-traditional sources.

6.2 Non-traditional sources

Enormous funds are required to fund these interventions and address an anticipated shortfall in revenue during the plan period.

Our funding options include;

- a. **Allocations from Appropriations in Aid-** a major strength of these types of funds is that they are easy to collect and may be readily available for re-investing in NACADA Authority run

activities. Examples include;

- Fees and fines related to alcohol and drugs use and abuse
- Approval of training curricula
- Licensing of service providers
- IEC materials cost sharing
- Provision of consultancy services on ADA

- b. Involving the private sector and the community-** private sector can finance some activities such as yearly trade exhibitions, workshops, media adverts, and community based projects. They can also sponsor various activities aimed at educating the public on the dangers of alcohol and drug abuse as part of their corporate social responsibility. Communities could support the establishment of both residential and non residential counseling, treatment and rehabilitation centers.
- c. Expansion of ongoing donor supported activities in other sectors-** This includes indirect partners operating through NACC and GJLOS. NACADA Authority to approach donors already supporting HIV and AIDS activities and request that they extend their support to cover HIV and AIDS interventions that are likely to suppress the demand and supply of alcohol and drugs abuse given the potential role of the latter in fuelling new HIV infections. Support from development partners and UN agencies like UNODC in the form of new activities will also be explored.
- d. Funding interventions through inter sectoral collaboration and coordination-** a major advantage with this option is that its cheaper for other sectors to take on additional intervention activities than for NACADA Authority to set up similar but with entirely new infrastructure or systems. For Example, customs department can easily expand inspection capacity and scope to include drugs and other substances of abuse on its list of contraband cargo.
- e. Civil society participation-** Some NGOs and FBOs have also developed proposals and raise funds to implement activities in support of this strategy.
- f. Regional fund raising-** to be done to support regional and international cooperation activities.

7.0 MONITORING AND EVALUATION

In order to ensure that the Authority is able to measure and track progress on the set Strategic

Objectives in this strategic plan, there is need to develop a monitoring and evaluation strategy.

NACADA Authority is required to submit quarterly and annual reports in the prescribed format and in accordance with Legal Notice No. 93 of 2004 and performance contracting guidelines.

A formal external mid-term evaluation will be undertaken to assess the impact of the implementation of this plan at the end of three years. This will assist with information to refine the strategy. A final end-term external evaluation will be done after five years.

7.1 Establish a Strategy Implementation Committee

It is proposed that a **Strategy Implementation Committee** is set up to be made up of all managers. The Committee's role will be to assess the achievement of the plan objectives at corporate level.

The CEO will head this committee whose role will include;

- Co-ordination of Plan implementation;
- Development of modalities for operation of corporate task forces where and when necessary;
- Monitoring implementation processes;
- Information dissemination and consultation;
- Evaluation and impact assessment;
- Any other relevant duty at the corporate level that would facilitate effective plan implementation

The Strategy Implementation Committee will meet every month to review progress and generate reports to the management team.

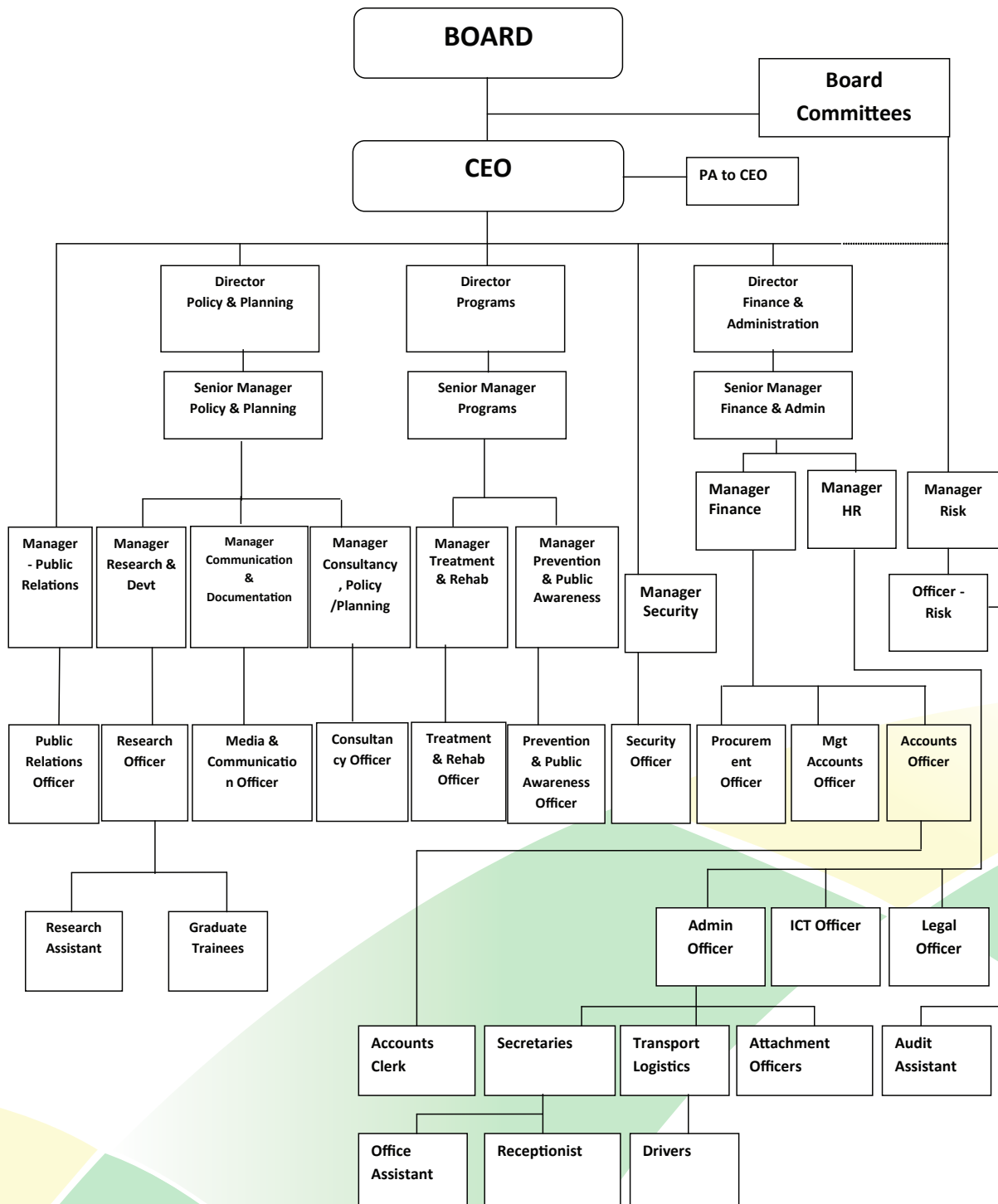
7.2 Implementation of the Balance Scorecard

It is proposed to implement the balanced scorecard to facilitate strategy implementation, performance reporting and communication between all the divisions and the management Team.

8.0 MANAGEMENT AND COORDINATION

The current organizational structure has been reviewed to ensure it is aligned to the targeted vision, mission and strategic objectives set in this strategic plan. Structures are pillars and framework for implementing strategy. The stronger the relationship between the strategy and structure, the more successful NACADA Authority will be in implementing the strategic plan.

The proposed structure is as below:



9.0 IMPLEMENTATION MATRIX

Strategies	Output	Activities	Performance indicators	Responsibility	Time frame	Funds (Kshs)
1.1 Operationalise NACADA Authority	1.1.1 A new organization structure	Develop and adopt new organization structure and establish the skills requirement	New organizational structure developed and adopted.		July 09	
	1.1.2 Skills and training needs assessment		Skills and training needs assessment carried out.		July 09	
	1.1.3 Trained staff	Facilitate staff development	No. of staff trained		Annual/continuous	
	1.1.4 Staff recruited	Fill the vacant staff positions and procure adequate equipments	No. of staff recruited		Continuous	
	1.1.5 Equipment procured		No. of various types of equipment acquired			
	1.1.6 4 Established regional offices	Establish regional offices	No. of functional regional offices		June 2010	
	1.1.7 Fundraising strategy	Establish systems for mobilizing and allocating resources to implement and coordinate an all inclusive multi-sectoral response to ADA.	Functional fundraising unit		June 2010	
	1.1.8 System in place					
	1.1.9 Operational ADA units in place	Establish ADA operational units in other public sector institutions	No. of functional ADA units		Continuous	

	2.2.2 Behavior change research carried out	Carry out behavior change research among the youth with regard to ADA.	No. of studies carried out No. of research reports		Continuous				
	2.2.3 Curriculum developed	Develop a curriculum on preventive education among the youth based on the results of the rapid assessment survey.	Copy of curriculum document		Dec 2010				
	2.2.4 Institutions sensitized	Sensitize key institutions including FBOs to mainstream drug prevention messages in their programs.	No. of institutions sensitized		Continuous				
1.3 Implement a coordinated IEC strategy	2.3.1 Rapid situation survey	Carry out rapid situation assessment survey(s) among the general population regarding the availability and sustainability of IEC materials on ADA.	No. of survey reports		Annual				
	2.3.2 Appropriate IEC materials developed	Develop appropriate IEC materials on prevention of ADA based on the results of the rapid assessment survey, including materials on the economic and socio-cultural issues.	No. of different IEC materials developed		Annual				

	2.3.3 Engagement with media	Engage print and electronic media to disseminate the IEC messages.	No. of IEC messages disseminated through print and electronic media Frequency of message dissemination	Continuous	
	2.3.4 Code of conduct developed	Develop a code of conduct to regulate advertisements and media programs.	Copy of code of conduct document	June 2011	
	2.3.5 Calendar of special events in place	Develop a calendar of special events such as International Day Against Drugs, World Youth Day and World AIDS Day.	No. of special events diarize	Annual	
3.1 Carry out training and/or approve training curriculums of trainers	3.1.1 ADA training curriculum developed	Develop an ADA training curriculum	Copy of ADA training curriculum	Mar 2010	
	3.1.2 Standards developed	Develop standards for approving ADA training curriculums	Copy of standards document	Mar 2010	
	3.1.3 Trainings carried out	Carrying out training of trainers	No. of trainings carried out No. of trainers trained	Continuous	
3.2 Develop and enhance community driven prevention initiatives on ADA	3.2.1 Public awareness campaigns conducted	Conduct public awareness campaigns on prevention of ADA	No. of campaign meetings	Continuous	

	3.2.2 Forums held and documents developed	Hold community forums and document community-specific alcohol and drug abuse problems and culture-specific ways of dealing with them	No. of community forums	Hold community forums and document community-specific alcohol and drug abuse problems and culture-specific ways of dealing with them	No. of forums held Copies of documents developed	Continuous			
	3.2.3 Training sessions held	Hold training sessions for community and youth leaders to sensitize and empower them with knowledge and skills on prevention of alcohol and drug abuse	No. of training sessions for community and youth leaders to sensitize and empower them with knowledge and skills on prevention of alcohol and drug abuse	Hold training sessions for community and youth leaders to sensitize and empower them with knowledge and skills on prevention of alcohol and drug abuse	No. of training sessions conducted	Continuous			
	3.2.4 Programs designed	Design programs on prevention of ADA in consultation with community members	No. of programs on prevention of ADA in consultation with community members	Design programs on prevention of ADA in consultation with community members	No. of programs initiated No. of communities/networks involved	Continuous			
	3.2.5 Sensitization meetings held	Hold meetings with Parent Teacher Associations (PTAs), Board of Governors (BOGs), Health Teams and Health Boards to sensitize them on the importance of integrating ADA prevention within their respective institutions.	No. of sensitization meetings with Parent Teacher Associations (PTAs), Board of Governors (BOGs), Health Teams and Health Boards to sensitize them on the importance of integrating ADA prevention within their respective institutions.	Hold meetings with Parent Teacher Associations (PTAs), Board of Governors (BOGs), Health Teams and Health Boards to sensitize them on the importance of integrating ADA prevention within their respective institutions.	No. of sensitization meetings held	Continuous			

	3.2.6 Schedule developed	Develop a schedule of lectures/ talks on alcohol and drug abuse in learning institutions and health institutions on specific days of the month.	No. of lectures and talks scheduled	Continuous	
3.3 Random screening of employees/ students for any drug traces as a management tool	3.3.1 School managers trained	School managers trained on how to administer drug screens at school especially during school opening days	No. of school managers trained	Continuous	
	3.3.2 Employers guided on screening	Assist employers to institute drug screening tests of employees to discourage drugs intake without stigmatizing or victimizing drug victims.	No. of employers assisted	Continuous	
1.4 Reduce alcohol and drug abuse at the work place	3.4.1 Employers sensitized	Sensitize employers to view chemical dependency as a disease	No. of employers sensitized	Continuous	
	3.4.2 Sessions held with insurers	Lobby to have insurance cover to pay for drug treatment and rehabilitation	No. of lobbying sessions held with insurers	June 2011	

	3.4.3 Work place policy developed	Develop work place policy on ADA management for NACADA Authority	Copy of work place policy	Dec 2009	
4.1 Develop a national alcohol and drug abuse control policy	4.1.1 Review report developed	Review existing policies on alcohol and drug abuse to document gaps	Copy of review report	Dec 2009	
	4.1.2 ADA control policy developed	Develop an ADA control policy document that includes sector specific drug policies	Copy of ADA control policy	June 2011	
	4.1.3 Sensitization forums conducted	Sensitize the criminal justice system including the judiciary, the prosecution department and other stakeholders regarding the national ADA control policy	No. of sensitization forums	June 2012	
1.2 Lobby for harmonization existing laws on alcohol and drug abuse	4.2.1 Review report developed	Review existing legislation on drug control and identify areas that require additional legislation	Copy of review report	June 2010	
	4.2.2 Draft bill on ADA	Consolidate the various pieces of legislation on ADA into a harmonized law on drug control	Copy of draft bill on ADA	June 2011	

						June 2012	
				Conduct advocacy and public empowerment on the harmonized legislation	No. of forums conducted	June 2013	
			4.2.3 Advocacy and empowerment forums conducted	Establish and support a forum for enhancing cooperation among law enforcement agencies	No. of committee sessions held		
			4.2.4 Operational committee	Conduct up to date training on ADA for law enforcement agents	No. of trainings conducted	Continuous	
			4.3.1 Trainings conducted	Hold joint/collaborative meetings with anti-narcotics police unit, immigration department and customs control	No. of meetings held	Continuous	
			4.3.2 Meetings held	Participate in efforts to expand the capacity of the surveillance systems to detect, suppress and monitor alcohol and drugs supply and abuse	No. of meetings held/attended	Continuous	
1.3 Strengthen the capacity of the criminal justice and judicial system to address ADA issues			4.3.3 Meetings held/attended				

				No. of community forums established			
				Establish community forums to facilitate dialogue and promote ownership of treatment centers			
				5.2.4 Community forums established			
				5.2.5 Indicators monitored	Conduct continuous monitoring of critical indicators to guide administration and policy development		Copies of monitoring report
				5.2.6 Outreach programs set up	Set up comprehensive outreach programs targeting vulnerable groups such as injecting drug users, commercial sex workers, prison inmates and street children.		No. of outreach programs set up
				6.1.1 Functional research unit established	Strengthen the capacity of the research unit to manage the national drug research and information system		No. of surveys conducted
6.1 Produce accurate and timely data on the situation of alcohol and drug abuse				6.1.2 MOUs signed	Enter into MOUs with key government departments and institutions for purposes of accessing data		No. of institutions from whom data is being accessed

6.1.3 Collaborative research undertakings carried out	Pursue sub-contractual arrangements to facilitate the conduct of elaborate studies, for example, those pertaining to the economic cost of drugs, the economic implications of the drug problem, the impact of drugs on crime, drug abuse in the prison system and money laundering	No. of collaborative studies carried out			
6.1.4 Annotated bibliography of existing studies and data	Collate existing secondary data from different sources	Copy of annotated bibliography			
6.1.5 Research conducted	Conduct research to fill the existing gaps and complement the national information system	Study report			
6.1.6 Joint review meetings	Organize regular joint reviews of data collected nationally between NACADA Authority and major stakeholders	No. of review meetings			
6.1.7 Annual report	Prepare annual reports reflecting the status of drug control in Kenya	Copies of annual report			
6.1.8 Linked information system	Link the information system to existing government planning and budgeting processes	MTEF documents that demonstrate the linkage			

6.2 Develop innovative programs that are evidence based	6.2.1 Information collated and shared	Collate information on different ADA programs/ approaches and share best practices with key stakeholders	No. of key stakeholders Minutes of meetings		
	6.2.2 Internet-based IEC	Set up electronic newsletters and regularly update website on emerging issues	No. of electronic newsletters No. of website updates		
	6.2.3 Policy briefs	Develop and publish policy briefs to update policy makers on new developments on drug matters	No. of policy briefs published		
	6.2.4 M&E framework in place	Develop a strategic monitoring and evaluation framework for systematic consultations, reporting and assessment of the progress of implementation of this strategy.	M&E workshops and report Copies of M&E framework		
7.1 Mainstream alcohol and drug abuse in policy documents of key sectors	7.1.1 Policy document reviewed	Review existing policy documents from key sectors to document gaps in relation to alcohol and drug abuse	No. of policy documents reviewed		

				No. of sectors and institutions sensitized			
				Sensitize key sectors and institutions on international conventions and treaties regarding ADA			
7.2.4 Key sectors sensitized				Collaborate with relevant organizations to identify potential areas for entry and exit of drugs and laundered money such as porous borders and institute corrective action in collaboration with member countries			
				7.2.5 Meetings			
				7.2.6 International drug information and surveillance system developed			
				Facilitate establishment of a comprehensive national, regional and international drug information and surveillance system.			
				7.2.7 Training sessions conducted			
				Assist in capacity building in all relevant governments and ministries, departments and among stakeholders involved in the suppression of demand and supply of abused alcohol and drugs.			
				No. of training sessions held			
				Copies of documented surveillance system			
				No. of collaborating organizations			