NACADA

FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

STRATEGIC PLAN

2019 - 2022

NATIONAL AUTHORITY FOR THE CAMPAIGN AGAINST ALCOHOL AND DRUG ABUSE

STRATEGIC PLAN

2019-2022

MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT

KENYA VISION 2030

VISION

A Nation free from alcohol and drug abuse

MISSION

To coordinate a multi-sectoral campaign against alcohol and drug abuse in Kenya

CORE VALUES

Compassion

Integrity

Professionalism

Equity

Courage

Creativity and Innovation

CLARION CALL

Advocate || Empower || Transform

FOREWORD

Alcohol, drug abuse and illicit trafficking is a global phenomenon and a public health problem affecting millions of persons across the world. It affects individuals, families and communities through violence, injuries, mental health, diseases and even death.

Kenya lies within a major hub of illicit alcohol and drug transit routes and is increasingly exposed to the impact of illicit trafficking and abuse. The Government has however, put in place measures to ensure a balanced and multi-agency approach to addressing the control, prevention, treatment, and reintegration of persons with substance use disorders.

The NACADA Strategic Plan 2019-2022 charts the course for the next four years as the Authority seeks to address challenges associated with alcohol and drug abuse and related harm; recognizing that collaboration and creation of awareness amongst stakeholders especially at the grassroots level is key to achieving key objectives. It also serves as a roadmap for optimizing the allocation of resources to evidence-based programs while continuing to strategize NACADA's position as the country's lead agency in the campaign against alcohol and drug abuse (ADA).

This Strategic Plan emphasizes strengthening of collaboration with various stakeholders including the National Government, County Governments, Public and Private Sector, Academic Institutions, International Partners and the public as the major strategy for preventing, mitigating and controlling ADA in the country..

The "NACADA *Mashinani*" initiative in particular will work towards creating ownership of the ADA problem and creating a platform for collaboration with the community and Civil Society Organizations such as Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs), Faith-Based Organizations (FBOs) and Youth Networks.

This Plan accords the Authority an important opportunity to mainstream its strategies and programs to global and regional commitments on prevention, control and mitigation of alcohol, drug abuse and related harm. At the national level this plan seeks to align our strategies to the Constitution of Kenya (CoK) 2010, the Kenya Vision 2030, the Third Medium Term Plan (2018-2022) and the Big Four Agenda.

As provided for in this Plan, the Authority will be guided by programs geared towards achieving a nation free from alcohol and drug abuse through coordinating a multi-sectoral campaign against alcohol and drug abuse.

I urge all stakeholders to support the successful implementation of this Plan.

Lt. Col. (Rtd) Julius Ayub Githiri
CHAIRMAN, NACADA BOARD

PREFACE

The unveiling of this Strategic Plan is a key milestone in the campaign against ADA in Kenya. It demonstrates the Government's commitment to prevention and management of ADA in the country, of which NACADA plays a coordinating role. The Plan was developed through a participatory process involving staff and various stakeholders. It was based on lessons learnt from past challenges as well as the successes identified during the implementation of the 2015-2019 Strategic Plan.

The overall goal of the Authority is to coordinate a multi-sectoral campaign and disseminate fundamental knowledge on prevention, control and mitigation of ADA and related harm in Kenya. The strategic objectives have been formulated in response to the changing context and emphasises on strengthening partnerships in the campaign against ADA.

The Plan will be fulfilled through the following Strategic Focus Areas (SFA):

i. Public Education and Advocacy;
ii. Counselling, Rehabilitation and Reintegration;
iii. Compliance, Quality Control and Standards;
iv. Research, Policy and Planning;
v. Institutional Strengthening; and
vi. Leadership and Integrity

In order to successfully implement this Plan, the Authority will require an estimate of Kshs 4.1 billion. NACADA anticipates a revenue base of about Kshs 1.7 billion from the Exchequer and other internal revenue raising measures. This funding level with leave the Authority with a resource gap of Kshs 2.4 billion. To bridge the gap, the Authority shall build and promote strong partnerships with key stakeholders to mobilize resources for successful implementation of this Plan.

To facilitate evidence-based programming, the Authority will put in place an efficient Performance Management Framework to monitor, evaluate and report progress.

The Authority acknowledges the invaluable financial and technical support from our partners notably; National Government, County Governments, the National Technical Committee on Drug Abuse and Trafficking, United Nations Office on Drugs and Crime (UNODC), Open Society Initiative for Eastern Africa (OSIEA), KANCO, ISSUP Kenya, Kenya Hospice and Palliative Care Association (KEHPCA), Alcohol Control and Policy Network (ACPN), Médecins Du Monde (MDM),Alcohol and Drug Abuse Prevention Practitioners of Kenya (ADAPKE),CAD-KE, Addiction, Prevention, Rehabilitation Association in Kenya (APRAK) and the International Institute for Legislative Affairs (IILA) among others. I also wish to sincerely thank our stakeholders who provided valuable insights during the stakeholder and validation workshops at different levels.

I would like to thank the Board for their contribution, guidance and support. Special thanks to the members of staff for their untiring efforts, commitment and ideas. I have no doubt that the Plan will serve as an effective anchor for the Authority to deliver on its mandate.

I also appreciate the support given to the Authority by the Government over the years through the National Treasury and Planning.

We also look forward with confidence to the achievement of the very ambitious milestones we have set for ourselves in this Strategic Plan and call for the support of our stakeholders in its implementation

Victor G. Okioma, EBS
Chief Executive Officer

ABBREVIATIONS AND ACRONYMS

ADA	Alcohol and Drug Abuse
ADCA	Alcoholic Drinks Control Act (2010)
AIDS	Acquired Immune-Deficiency Syndrome
AU	African Union
AUPA	The African Union Plan of Action on Drug Control and Crime Prevention (2019-2023)
CBO	Community Based Organization
EAC	East African Community
ERSWEC	Economic Recovery Strategy for Employment and Wealth Creation
FBO	Faith Based Organization
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IEA	Institute of Economic Affairs
IEC	Information Education Communication
IPAR	Institute of Policy Analysis and Research
ISSUP	International Society of Substance Use Professionals
KRAs	Key Result Areas
KIPPRA	Kenya Institute for Public Policy Research and Analysis
MED	Monitoring and Evaluation Directorate
MHM	Mental Health Manual
MOH	Ministry of Health
M&E	Monitoring and Evaluation
ME&R	Monitoring, Evaluation and Reporting
MTP	Medium Term Plan
NACADA	National Authority for the Campaign Against Alcohol and Drug Abuse
NACADAA	National Campaign Against Drug Abuse Authority
NCD's	Non-Communicable Diseases.
NGO	Non-Governmental Organization
NHIF	National Hospital Insurance Fund
OSIEA	Open Society Initiative for Eastern Africa
PESTEL	Political, Economic, Social, Technological, Environmental and Legal
QMS	Quality Management System
SFA	Strategic Focus Areas
SUD	Substance Use Disorder
SWOT	Strengths, Weaknesses, Opportunities and Threats

TOR	Terms of Reference
TVET	Technical and Vocational Education Training
UNGASS	United Nations General Assembly Special Session On Drugs
UNODC	United Nations Office on Drugs and Crime
UPC	Universal Prevention Curriculum
WHO	World Health Organization

CONCEPTS AND TERMINOLOGIES

Addiction	A chronic relapsing brain disease characterized by compulsive drug seeking and use despite harmful consequences
Alcohol and Drug Abuse	A maladaptive pattern of use of alcohol and drugs that causes damage to health (physical, mental, social or occupational) and can lead to physiological and psychological dependence
Amphetamine Type Stimulants	Refers to stimulants of the Central Nervous System used clinically to treat attention deficit disorder and attention deficit hyperactivity disorder.
Benzene	An ingredient in many pain relief and flu medications, some of the most well-known drugs include Aspirin, Naproxen, and Ibuprofen. It is an organic chemical compound and makes up parts of glue, crude oil and gasoline. It has many negative health effects on the human body. Its inhalant abuse can also cause death and an array of other devastating medical consequences. Prolonged sniffing lead to fatal heart failure.
Dependence	A cluster of physiological, biological and cognitive phenomena in which the use of a substance or class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value
Drug Demand Reduction	Policies and programs aimed at reducing the desire for and use of alcohol and illicit drugs
Drug	Any chemical capable of altering the mind, body, behaviour or character of any individual and includes both lawful drugs (alcohol, tobacco, *miraa*, prescribed medications) or narcotic and psychotropic substances
Evidence based/Informed Programs	Practices which over the years have proved to be effective in preventing substance use or impacting known protective or risk factors for substance use when targeting children and youth
Harm Reduction	Policies or programs focusing directly on reducing the harm resulting from the use of alcohol or other drugs, both to the individual and community
Illicit Drugs	Psychoactive substance whose production, sale, use or purchase is generally prohibited by law and for which violators are subject to criminal penalties
Indicated Population	A subset of the population identified as being at particular risk for substance use or for substance use disorders

Selective Population	A subset of the population that are at an increased risk of substance use
Substance Use Disorders	A general term used to describe a range of problems associated with substance use (including alcohol, illicit drugs and misuse of prescribed medications), from substance abuse to substance dependence and addiction
Substance Use Prevention	Substance use programs and policies aimed at preventing and delaying substance use and the transition to substance use disorders
Supply Suppression	Intervention programs and activities designed to stop the production, manufacture and distribution of illicit drug including policy implementation and law enforcement
Treatment and Rehabilitation	Healthcare services that help a person regain physical, mental, and/or cognitive abilities that have been lost or impaired as a result of addiction
Youth	Persons of ages 15 - 24 years as per the United Nations

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EXECUTIVE SUMMARY

The Strategic Plan 2019-2022 provides the framework through which NACADA will align itself effectively to its operational environment. Its development is part of the wider public-sector reforms introduced in 2003 through the Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC) and other subsequent reforms such as the Public Sector Transformation, Performance Contracting and Results for Kenya Initiatives. These were undertaken to facilitate sustainable and efficient utilization of public resources in the delivery of core services. It was also aimed at the attainment of the Vision 2030 and other National, Regional and International Development aspirations.

Structure of the Strategic Plan

The Plan is organized into five chapters:

Chapter One: provides a brief overview of the Authority's position in the country's development agenda and highlights our journey since NACADAs inception in 2001. It also outlines the role of the Authority in attainment of national development regional and global, and perspectives such as the Vision 2030, the Medium-term Plan III, and the Big Four Agenda; the realization of the regional conventions and agreements including Agenda 2063; the SDGs, and other United Nations and World Health Organization Conventions. Additionally, it provides a framework for participation in the realization of the National Spatial Plan and the linkages to with other counties in the implementation of our mandate.

Chapter Two: documents the situational analysis that includes the milestones, challenges and lessons learnt in the implementation of the 2015-2019 Strategic Plan. It further presents an environmental scan through SWOT, PESTEL and stakeholders' analyses.

Chapter Three: provides the Authority's Strategic Model which incorporates the Vision, Mission, Clarion Call and Core values, Key Results Areas (KRA)/Strategic Focus Areas, Strategic Objectives and Strategies that will be implemented during the Plan period.

Chapter Four: provides the framework for coordination and implementation of the Strategic Plan. It highlights the Organization Structure, Staff Establishment and Human Resource Development Strategies including the financial resources required to implement this Plan. It also identifies strategies to mobilize resources. The Plan recognizes the potential risks that may hinder its implementation.

Chapter Five: outlines the monitoring, evaluation and reporting framework to be undertaken through the Board, Management and Staff to achieve the desired objectives of this Plan.

Key Annexes: they provide details of the Project Implementation Matrix and the Monitoring and Evaluation Framework.

CHAPTER ONE: INTRODUCTION

1.1. Overview

This chapter provides an overview of the role of the Authority, its mandate/core functions and contribution to the attainment of the country's development agenda. It highlights the magnitude of the international, regional and global challenges of ADA related matters and in addition, outlines NACADA's role in actualizing aspirations contained in the national, regional and international plans of actions, conventions and legal frameworks on ADA control and mitigation.

1.2. Our Journey

The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) is a Semi-Autonomous State Corporation under the Ministry of Interior and Coordination of National Government as per the Executive Order No. 1 of June, 2018 (Revised).

A Gazette Notice dated April 26, 2001 established the National Agency for the Campaign Against Drug Abuse (NACADA) to undertake public education and awareness campaign against drug abuse especially among youth in schools and other institutions of higher learning. The Authority operated as such until May 2006 when His Excellency the then President of the Republic of Kenya established an Advisory Board and appointed its Chairman through the Kenya Gazette Notice No. 3749 of 19th May 2006.

Through a Legal Notice No. 140 published in the Kenya Gazette Supplement on 29th June 2007, the Agency was transformed into the National Campaign Against Drug Abuse Authority (NACADAA) under the State Corporations Act (Cap 446 of the Laws of Kenya) to coordinate a multi-sectoral campaign to prevent, control and mitigate the impact of alcohol and drug abuse in the country. In 2010, the Authority's mandate was expanded to include implementation of the Alcoholic Drinks Control Act 2010.

In July 2012, the Authority was again transformed to the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) having been firmly established under an Act of Parliament and its mandate expanded and elaborated in the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) Act, 2012.

1.3. Mandate/Core Functions

The functions of the Authority as contained in Section 5 of the NACADA Act, 2012 are to;

1. Carry out public education on ADA directly and in collaboration with other public or private bodies and institutions;
2. Coordinate and facilitate public participation in the control of ADA;
3. Coordinate and facilitate inter-agency collaboration and liaison among lead agencies responsible for alcohol and drug-demand reduction;
4. In collaboration with other lead agencies, facilitate and promote the monitoring and surveillance of national and international emerging trends and patterns in the production, manufacture, sale, consumption, trafficking and promotion of alcohol and drugs prone to abuse;
5. In collaboration with other lead agencies, provide and facilitate the development and operation of rehabilitation facilities, programmes and standards for persons suffering from substance use disorders; regulate operations of rehabilitation facilities for persons suffering from substance use disorders (SUDs);
6. Coordinate and facilitate, in collaboration with other lead agencies and non-State actors, the formulation of national policies, laws and plans of action on control of ADA and facilitate their implementation, enforcement, continuous review, monitoring and evaluation;

1. Develop and maintain proactive co-operation with regional and international institutions in areas relevant to achieving the Authority's objectives;
2. In collaboration with other public and private agencies, facilitate, conduct, promote and co-ordinate research and dissemination of findings on data on ADA and serve as the repository of such data;
3. In collaboration with other lead agencies, prepare, publish and submit an ADA control status report bi-annually to both Houses of Parliament through the Cabinet Secretary;
4. Assist and support County governments in developing and implementing policies, laws and plans of action on control of ADA; and
5. Carry out such other roles necessary for the implementation of the objects and purpose of this Act and perform such other functions as may, from time to time, be assigned by the Cabinet Secretary.

1.4. Global, Regional and National Development Challenges

In the realization of its mandate, the Authority faces a number of global, regional as well as national challenges on alcohol and drug abuse;

1.4.1. Global Challenges

Alcohol and drug abuse continue to pose the biggest threat to health and wellbeing. Although significant strides have been made in the prevention, mitigation and control of alcohol and drug abuse globally, regionally and nationally, several challenges continue to undermine the efforts to address this problem. Globally, alcohol is one of the leading risk factors for population health which has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs). According the WHO (2018), in 2016, there were 2.3 billion current users of alcohol. The report shows that harmful use of alcohol caused some 1.7 million deaths from Non-Communicable Diseases (NCDs) in 2016, including 1.2 million deaths from digestive and cardiovascular diseases and 0.4 million deaths from various forms of cancer.

Globally an estimated 900,000 deaths from injuries were attributable to alcohol. Around 370 000 of these deaths were due to road injuries, 150 000 to self-harm and around 90 000 due to interpersonal violence (WHO 2018). Tobacco use is another major public health problem worldwide killing more than 7 million people each year, including more than 890 000 non-smokers who die from exposure to tobacco smoke. According to the WHO report, nearly 80% of these deaths occur in low and middle-income countries that are still grappling with communicable diseases; while up to half of the world's 1 billion smokers will eventually die of a tobacco-related disease. If current trends continue, by 2030 tobacco will kill more than 8 million people worldwide each year, with the most increase of these premature deaths occurring among people living in low- and middle-income countries (Ericksen et al., 2012).

According to the United Nations Office on Drugs and Crime (UNODC), the World Drug Report, 2018; and WHOs Global Status Report on Alcohol and Health 2018, global challenges on alcohol and drugs are summarized as follows:

a. The increased use of drugs and the associated health consequences especially among young people;
b. The common use of cannabis as a preferred drug of choice for young people;
c. The emerging complex global supply chain of drugs and other substances, whose use is attributed to poverty and lack of opportunities for socio- economic growth;
d. Advanced transnational organized crimes such as piracy and international terrorism associated with alcohol and drug Abuse;
e. Increased incidences of drug use among older people, partly explained by ageing cohorts of drug users;
f. Lack of tailored services, with few treatment programmes to address the specific needs of those abusing alcohol and drugs

g. The fact that growing evidence of a contributing role of harmful use of alcohol and drug abuse to the infectious disease burden such as HIV, tuberculosis, viral hepatitis and sexually transmitted infections has not yet been sufficiently recognized and addressed in the relevant global strategies and action plans; and

h. Global results of school surveys which indicate that in many countries of the Americas, Europe and Western Pacific, alcohol use starts before the age of 15 years and prevalence among this age group ranges from between 50–70% with remarkably small differences between boys and girls.

1.4.2. Regional Challenges

In the African scene, current consumers of alcohol take on average 40.0 grams of pure alcohol per day which is some 20% higher than the global average of 32.8 grams of pure alcohol per day. According to the WHO –Global Status Report on Alcohol and Health 2018, the age-standardized alcohol-attributable burden of disease and injury was highest in the African Region with proportions of all deaths and Disability Adjusted Life Years (DALYs) attributable to alcohol consumption being significantly higher. In the African region, the alcohol-attributable disease burden was highest in low-income and lower- middle-income countries in 2016 compared to upper-middle-income and high-income countries. The proportion of alcohol and drug abuse attributable deaths decreased slightly between 2010 (5.6%) and 2016 (5.3%), but the proportion of alcohol and drug abuse attributable DALYs remained relatively stable (5.1% of all DALYs in 2010 and 2016).

Regional challenges are summarized as follows:

1. Inadequate information flow due to poor data collection systems;
2. Increased use of cannabis among the age group 18-24 and older generations especially in East Africa with the exception of Ethiopia and Somalia where *Khat* is common;
3. Importation of amphetamines smuggled into African countries without any significant medical justification for their use;
4. An increase in the abuse of benzene by inhalation and the abuse of glue and petrol.
5. Low levels of restriction of consumption and sale of alcohol and drug related substances with an increase in the number of licences for alcohol production, distribution and sale being concentrated in low-income countries;
6. Although the most common legal age limit for on-premise and off-premise alcohol and permitted drugs purchase is 18 years, followed by 21 and 16 years, countries in the continent without a legal minimum age tend to allow the proliferation of these substances among the under age population;
7. Although the majority of countries have some form of restrictions on beer advertising with total bans mostly for advertising using national television and national radio being common. More than half of the African countries have reported no restrictions on the internet and social media. This suggests that regulation in many countries lag behind technology in marketing with 17 countries in Africa (In 2016) having no regulations on any media advertisement in place;
1. Some countries in the African region still do not have a national agreed on definition of alcohol and permitted drugs allowing proliferation of many types of drugs into the region;
2. Disclosing the alcohol content on alcoholic beverage labels as well as the relevant permitted drugs is a standard public health requirement in many developed countries. However, only a small fraction of African countries require that alcoholic beverage labels must indicate the number of standard drinks in the container. Further, less than a third of the countries mandate health and safety warning labels on bottles or containers and only seven countries require rotation of the warning label text leaving loopholes on the effects of such alcoholic beverages.

1.4.3. Local Challenges

Kenya faces a number of challenges concerning ADA. The problem, which is no respecter of persons, race, income level, economic or social status, continues to permeate and affect the overall productivity of Kenyans. NACADA as the body mandated to address this problem in collaboration with other state and non-state actors, has been carrying out various studies and the results presented below show alarming statistics demonstrating the gravity of the situation in the country.

1.4.3.1. Situation of Alcohol and Drug Abuse in Kenya

ADA has significantly increased in the country over the last decade. Its magnitude poses a major threat as it undermines the social, economic and political gains made towards improvement of lives and livelihoods of Kenyans. In order to realize the key development agenda of the country, the magnitude and negative impacts of ADA deserves a key focus. According to the national survey conducted by NACADA in 2017, 4,913,254 Kenyans aged 15 – 65 years were currently using at least one substance of abuse. Alcohol was leading with 3,293,495 current users. The survey also shows that 2,240,656 Kenyans were currently using tobacco, while 1,106,830 were using *khat/ miraa* and 269,959 were currently using marijuana. Alcohol had the highest prevalence at 12.2% with the national prevalence of the usage of at least one psychoactive substance being 18.2%. Less than 0.1% or about 18,327 were IDU's as shown in Table 1.

Table 1: Prevalence of Alcohol and Drug Abuse in Kenya

No.	Drug Used	National	No. of Affected Kenyans
1.	At least one substance of abuse	18.2	4,913,254
2.	Alcohol	12.2	3,293,495
3.	Tobacco	8.3	2,240,656
4.	*Khat/ miraa*	4.1	1,106,830
5.	Bhang/ marijuana	1.0	269,959
6	IDU's	<0.1	18,327

Source: NACADA, 2017; NACC 2017

1.4.3.2. Situation of Substance Use Disorders in Kenya

Substance use Disorders (SUD's) are a range of problems associated with substance use which may range from licit and illicit alcohol, hard drugs and misuse of prescribed medications, to substance dependence and addiction. The country continues to face increasing burden of SUDs which is further complicated by the low affordability and low accessibility of facilities that offer treatment and rehabilitation services. A recent study by NACADA, demonstrates that alcohol continues to be the highest burden of SUDs to Kenyans with 2,807,569(10.4%) being diagnosed with Alcohol Use Disorders. Further, 1,835,718 have been diagnosed with Tobacco Use Disorders, while 836,872 were diagnosed with *Khat/miraa* Use Disorders and 215,967 being diagnosed with Marijuana use disorders as shown in Table 2.

Table 2: Prevalence of Substance use Disorders in Kenya

No.	Substance Use Disorder	National (%)	No. of Affected Kenyans
1.	Alcohol Use Disorders	10.4	2,807,569
2.	Tobacco Use Disorders	6.8	1,835,718
3.	*Khat/Miraa* Use Disorders	3.1	836,872
4.	Bhang/Marijuana Use Disorders	0.8	215,967

Source: NACADA, 2017

1.4.3.3. Situation of Alcohol and Drug Abuse among Secondary School Students in Kenya

The effect of alcohol and drug use has not spared youth in secondary schools in Kenya. Data obtained from NACADA studies indicates an increase in the use of ADA in secondary schools. According to findings of a National Survey on the Status of Alcohol and Drug Abuse among Secondary School Students in Kenya conducted by NACADA in 2016, secondary schools are not drug free environments. The study shows life time use of drugs among secondary school students as follows: 508,132 for alcohol use; 369,155 for *khat/miraa* 349,613 for prescription drugs 314,869 for tobacco; 162,863 for *bhang/cannabis*; 49,945 for inhalants e.g. glue and petrol; 26,058 for heroin; and 23,887 for cocaine as detailed in Table 3. Translating this figure to percentage indicates that alcohol continues to have the highest prevalence at 23.4% with *miraa* and prescription drugs following closely at 17.0% and 16.1% respectively and cocaine having the lowest prevalence at 1.1%. Morover the drug situation in secondary schools will continue to escalate unless holistic strategies to prevent and mitigate it are put in place.

Table 3: Lifetime/ Ever Use of Alcohol and Drugs of abuse Among Secondary School Students in Kenya

Drug/ Substance	Prevalence (%)	Number of Students
Alcohol	23.4	508,132
Khat/ miraa	17.0	369,155
Prescription drugs	16.1	349,613
Tobacco	14.5	314,869
Marijuana	7.5	162,863
Inhalants	2.3	49,945
Heroin	1.2	26,058
Cocaine	1.1	23,887

Source: NACADA, 2016

1.4.3.4. Situation of Alcohol and Drug Abuse among Primary School Pupils in Kenya

The situation of ADA in primary schools in Kenya indicates an alarming trend given the young age of the students affected. According to findings of a survey conducted by NACADA in 2018 on the situation of alcohol and drug use among primary school pupils in Kenya, 20.2% of the pupils have ever used at least one drug or substance of abuse; 10.4% have ever used prescription drugs; 7.2% of the pupils have ever used alcohol; while 6.0% have ever used tobacco. Additionally, 3.7% have ever used *khat/ miraa*; 1.2% have ever used marijuana; 0.7% have ever used cocaine; and 0.5% have ever used heroin in their lifetime as shown in Table 4. Given that the youth are the country's most valuable asset, drug abuse will greatly affect their development and potential if deliberate efforts will not be made to ensure that these trends are reversed.

Table 4 : Prevalence of Alcohol and Drugs and Substance Abuse among Primary School Pupils in Kenya

Drug/ Substance	Prevalence (%)
At least one substance of abuse	20.2
Prescription drugs	10.4
Alcohol	7.2
Tobacco	6.0
Khat/ miraa	3.7
Bhang/ marijuana	1.2
Cocaine	0.7
Heroin	0.4
Inhalants	0.5

Source: NACADA, 2018

1.5. NACADA's Development Role Vis-À-Vis, the National Development Agenda

This section covers the role of NACADA in contributing to the realization of national development priorities. It also highlights Kenya's international obligations and commitments as stipulated in some of the regional and global commitments towards alcohol and drug prevention and control. The development aspirations of the Kenyan people are espoused in the Constitution of Kenya, 2010.

1.5.1. Kenya Vision 2030

The Kenya Vision 2030 is the country's long-term development blue-print which aims at transforming the country into a newly industrialized, "middle income country providing a high-quality life to all citizens by the year 2030". The Vision is anchored on three pillars: Economic, Social and Political. The Authority, which falls under the Security Sector, is a key enabler towards the achievement of the Vision whose attainment is dependent on the effectiveness of the contributions the Authority makes especially in reducing the overall prevalence in alcohol and drug abuse use in the country. The decrease in alcohol and drug abuse lead to increased in labour force productivity; creation of safer and socially cohesive communities through reduction in crimes;

increased investments; enhanced participation in democratic processes and reduction in politically related violence.

1.5.2. The Third Medium Term Plan III (2018 – 2022)

The current Medium Plan III (2018-2022) aims at "Transforming Lives: Advancing Socio-Economic Development through the "Big Four" Agenda". Under the MTP the Authority shall work towards improving access to evidence-based prevention programs and holistic treatment and rehabilitation facilities and services, which will translate to improved quality and productivity of the labour force.

The Economic Pillar aims to achieve an average economic growth rate at 10 per cent per annum and sustain the same until 2030. Alcohol and drug abuse related effects will directly affect the health and productivity of the labour force as a result of absenteeism in the workplace due to; morbidity, work related accidents and alcohol and drugs influenced road accidents which in some cases lead to death. In addition, while in treatment or incarceration due to alcohol and drug abuse related harm, the individuals may not be able to participate in work, education or training adding to the economic loss. All these pose a major challenge to achieving the 10 per cent annual economic growth expected.

The Political Pillar aims to realize an issue-based, people centred, result-oriented and an accountable democratic political system. One of the challenges identified in this Pillar is drug traffickers compromising government officials including law enforcement in order to continue with their criminal activities unimpeded. Traffickers establish new transit routes by exploiting weak governance institutions, financing political activities and terrorism with the proceeds made from these illicit activities. Already, Kenya has graduated from a transit route to destination for illicit drugs giving rise to insecurity and increasing criminal activities in towns, residential areas and rural communities.

The Social Pillar seeks to create a just and cohesive society enjoying equitable social development in a clean and secure environment. Globally, alcohol and drug abuse is a public health problem and poses a significant risk factor for premature morbidity and mortality. Beyond health-related costs, people under the influence of alcohol and drugs pose a social risk to themselves and the people around them.

1.5.3. The "Big Four" Agenda

The Big Four Agenda are life transformative programmes aimed at restoring human dignity through food and nutrition security, job creation through an expanded manufacturing sector, realization of affordable housing and achievement of universal healthcare. The Authority shall make contributions to the Big Four by focusing on the following;

1.5.3.1. Towards Raising the Share of Manufacturing

Under the manufacturing sector, the Big Four agenda envisages the country increasing the share of manufacturing in the GDP from the current 9.5 percent to 15 percent. Given that most of the work place related injuries are associated with workers under the influence of alcohol and other drugs, the Authority will collaborate with institutions to mainstream workplace-based interventions that enhance a healthy workforce. In addition, the Authority will adopt the multi-agency approach to ensure compliance with ADA laws and regulations in order to reduce illicit drugs and counterfeit alcoholic products.

These interventions will in turn effectively reduce the crime rates and promote safe environments for work, and business investments.

1.5.3.2. Achieving Food and Nutritional Security

This agenda seeks to ensure that all citizens have adequate food and improved nutrition by 2022. To contribute to this, the Authority will collaborate with relevant stakeholders to upscale efforts to mainstreaming workplace-based interventions targeting farmers and all cadres of professionals including agricultural labour and extension workers.

Interventions and programs targeting the development of youth who provide the bulk of the agricultural labour force shall have direct impact in increasing food production and thus contributing towards food security.

Efforts to reduce the current acreage of tobacco and *khat* cultivation will effectively increase land available for food production. This will directly result in increased food production as the country moves toward achieving food and nutritional security.

Lastly, the Authority will also work with relevant agencies and County Governments to find alternative livelihoods communities engaging in the production of tobacco, *khat* and other drugs. This will include encouraging research into high value, commercially viable cash crops which could be alternatives for affected communities.

1.5.3.3. Providing Affordable Housing

Under this particular agenda the country seeks to deliver at least five hundred thousand (500,000) affordable housing units annually. This will enable Kenyans to access decent but affordable housing. The Authority will work towards reducing the prevelance of alcohol and drug abuse among the workforce engaged in the realization of this target thereby increasing man hours and labour force productivity which is instrumental in the housing industry. Investment in housing also thrives in safe and secure communities. A safe environment will ensure sustainable return on investments made in affordable housing.

1.5.3.4. Provision of Universal Health Care

Through this agenda the country seeks to achieve Universal Health Coverage for all by 2022. One of the key interventions to achieve this is reducing Non-Communicable Diseases (NCDs) associated with harmful use of alcohol and tobacco. Currently, the cost of NCDs accounts for over 50 percent of hospital admissions and more than 55 percent of deaths.

The Authority will therefore work towards reversing the mortality and morbidity levels associated with alcohol and drug abuse by collaborating with NHIF and other medical insurance providers to ensure that persons with SUDs including injecting drug users can access affordable medical care. This will also be achieved through working with NHIF to accredit additional treatment and rehabilitation facilities in the country. Regulations that will streamline the inspection and licensing of treatment and rehabilitation facilities will be gazetted.

To reduce incidences of SUDs, the Authority shall continue to target prevention programs such as capacity building of primary health workers to identify and undertake initial interventions. Furthermore, the Authority will continue to train and certify Addiction Professionals at the National and County levels.

Other efforts will be through targeted and sustained efforts on public education and advocacy to

create awareness on the adverse effects of alcohol and drug abuse and to delay initiation into the vice.

During the plan period, NACADA will focus on implementing policies, programs and projects as well as undertaking legal and institutional reforms to strengthen its role as an enabler in the foundation for national transformation. This has the effect of unlocking potential growth and building the resilience of the economy to support The Big Four Agenda.

1.5.4. The National Spatial Plan 2015-2045

The National Spatial Plan is a strategic vision that defines the general trend and direction of spatial development for the country. It covers the entire forty-seven counties and the Exclusive Economic Zone (EEZ). It is a long-term Plan spanning a period of thirty (30) years with 10-year periodical reviews. In the realization of this Plan NACADA will be rooting for the appropriate spatial distribution of the rehabilitation facilities and treatment centres especially for people with SUDs.

Additionally, the National Spatial Plan will guide the implementation of the Authority's projects and programs in order to create the desired transformative change. Of critical importance, the Authority will be working with key stakeholders to implement the Plan towards strengthening its regulation function.

1.5.5. Linkages to the Counties

NACADA has endeavoured to support an enabling policy, legal and regulatory framework for a multi-sectoral alcohol and drug abuse response aligned to the Constitution of Kenya, 2010. NACADA continues to build and sustain high-level political and technical commitment for strengthened counties' ownership of the alcohol and drug abuse response.

It also advocates for good governance and accountability in the delivery of alcohol and drug abuse related services.

1.6. Regional Conventions and Agreements

The regional efforts in combating alcohol and drug abuse will form part of the Authority's frameworks in its execution of this strategic plan. Among the regional frameworks will be the AU Plan of Action on Drug Control (AUPA) whose mandate is to undertake activities with the fundamental goal of improving health, security and socio-economic well-being of the people of Africa by reducing illicit drug use, trafficking and associated crimes.

The AUPA is a culmination of the 2014 Addis Ababa Declaration on Scaling up Balanced and Integrated Responses towards Drug Control in Africa was mainly to upscale advocacy for an evidence-driven balanced and integrated approach to drug control and to encourage a shift from ineffective policies. Regionally this framework provides an opportunity that NACADA shall take advantage of to effectively execute its mandate.

1.6.1. Africa Agenda 2063

Agenda 2063 is Africa's blueprint and master plan for transforming Africa into the global powerhouse of the future. It encapsulates seven aspirations and flagship programs to be undertaken in a series of 10-year implementation plans with the objective of delivering quantitative and qualitative outcomes for the African people. NACADA shall draw from the Agenda 2063 in executing its mandate.

1.6.2. United Nations Conventions on Narcotic Drugs of 1961, 1971 & 1988

Kenya signed and ratified the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1961 and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The Conventions obligates each Member State to codify internationally applicable control measures in order to ensure availability of narcotic and psychotropic substances for medical use and scientific purposes as well as to prevent their diversion to illicit channels among other requirements. This strategic plan shall incorporate the said conventions when executing the Authority's programmes.

1.6.3. Sustainable Development Goals

Drug policy reform is essential for achieving the new goals and targets set out in the agenda on Sustainable Development Goals (SDGs). The SDG Agenda 3 seeks to ensure healthy lives and promote well-being for all at all ages. Target 3.3 aims to provide increased access to HIV prevention, treatment and care services among people who use drugs including prisoners. Target 3.5. seeks to strengthen the prevention and treatment of people with substance use disorders, including harmful use of drugs and narcotic drugs. Action to reduce the harmful use of alcohol and drug abuse will contribute to many other goals and targets of the SDG 2030 agenda. Considering that besides the SDG3 many of the other SDGs are directly or indirectly related to health. NACADA's key target will be to reduce non-communicable diseases which thrive through alcohol and drugs abuse through strengthening the prevention and treatment of persons with substance use disorders.

CHAPTER TWO: SITUATION ANALYSIS

2.1. Overview

This chapter provides an in-depth analysis of the implementation of the Authority's current Strategic Plan 2015-2019 as a foundation for the development of the Strategic Plan 2019-2022. It therefore focuses on the major achievements and milestones; challenges and lessons learnt during implementation of the 2015-2019 Strategic Plan using the Strengths, Weaknesses, Opportunities and Threats (SWOT) and the Political, Economic, Social, Technological, Legal and Environmental (PESTEL) analysis. Additionally, the chapter undertakes key stakeholder analysis and their envisaged role in 2015-2019 Strategic Plan implementation as well as their expected role in the Strategic Plan 2019-2022.

2.2. Review of NACADA Strategic Plan 2015-2019

2.2.1. Milestones/Key Achievements

During the implementation of the NACADA Strategic Plan 2015-2019, the Authority achieved the following:

a) Adoption of the Universal Prevention Curriculum (UPC) and the Universal Treatment Curriculum (UTC) and training of professionals across the country;
b) Piloted the Life-Skills Training Program in 81 schools;
c) Supported 11 Counties and other non-state organisations in establishing 12 treatment and rehabilitation centres across the country.
d) Accredited 84 Treatment and Rehabilitation facilities under the National Standards for Treatment and Rehabilitation of Persons with Substance Use Disorders;
e) Lobbied for inclusion of addiction treatment in the NHIF medical scheme which has seen 15 treatment facilities accredited by NHIF
f) Collaborated with Ministry of Health (MOH) in development of Mental Health Manual (MHM) for Community Health Extension Workers and the National Treatment Protocol.
g) Trained health workers on addiction treatment and management in 15 counties and established support groups in 11 Counties;
h) Conducted Inter-Agency crackdowns on illicit alcoholic beverages and drugs in 44 Counties to ensure compliance to relevant laws;
i) Provided a platform for Inter-Agency members to report on data and seizures;
j) Conducted four surveys on alcohol and drug abuse. This includes: An Assessment on the Knowledge, Attitude, Perception and Use of Drugs among Primary School Students in Kenya in 2018, Rapid Situation Assessment on the Status of Alcohol and Drug Abuse in Kenya in 2017, National Survey on Alcohol and Drug Abuse among Students in Secondary Schools in Kenya in 2016 and Exploratory Survey on the Use of Narcotic Drugs in the Production of Confectioneries in Kenya in 15 Counties;
k) Supported 11 County Governments to undertake County-Based Surveys in order to assess the status of alcohol and drug abuse in the Counties
l) Hosted three National Conferences on ADA that provided a national platform for researchers, program implementers and policy makers to share information on ADA
m) Established ADA corners within Kenya National Library Service network within the country
n) Reviewed relevant Legislations with the aim of streamlining and strengthening the campaign against alcohol and drug abuse. These include: Alcoholic Drinks Control Act, 2010, the Narcotic Drugs and Psychotropic Substances (Control) Act, 1994 and the National Authority for the Campaign against Alcohol and Drug Abuse, 2012

o) Developed the draft National Alcohol and Drug Abuse Policy
p) Hosted the ISSUP Conference on Drug Demand Reduction in 2018 for 1,600 delegates from over 40 countries globally.

2.2.2. Main Challenges

During the implementation period, the Authority experienced the following challenges:

a) Inadequate funding;
b) Low staffing levels;
c) Low visibility and grassroots presence;
d) Weak partnership framework;
e) Devolution of liquor licensing and drug control;
f) High cost of treatment and rehabilitation of clients with Substance Use Disorders;
g) Weak enforcement of existing legal frameworks;
h) Lack of regulations to operationalize existing law;
i) Lack of comprehensive and comparable data to inform programming

2.2.3. Lessons Learnt

In order to address the constraints and challenges identified, the Authority has incorporated the following measures in the Strategic Plan 2019-2022:

a) **Strategic Partnerships**: the need to strengthen engagement and collaboration with stakeholders and partners to secure resources for the campaign;
b) **Capitalizing on technical capacity of staff**: Recruitment of highly skilled technical staff specially to enforce laws, regulations and standards and to establish and operationalize a national repository on ADA;
c) **Strengthening communication and feedback mechanisms:** the need for an effective ADA Communication Policy and Strategy;
d) **Creation of a robust policy, legal and regulatory framework:** the need for a well-regulated, inclusive environment for implementation of ADA research, policy, laws and regulations through regular review and approval;
e) **Mainstreaming of ADA in Public and Public Sector Institutions**: leverage on mainstreaming of ADA work place programs as a key mandate of the Authority

The Board Chair Lt. Col (Rtd.) Julius Ayub Githiri, The Vice Chair Ms. Margaret N. Moitallel, The Chief Executive Officer Mr Victor G. Okioma (EBS), Board Members and NACADA Staff pose for a group photo during the Strategic Plan 2019-2022 development workshop at Maanzoni Lodge in Machakos on the 17th May 2019.

2.3. Environmental Scan

This section documents the Strengths Weaknesses, Opportunities and Threats (SWOT) analysis as well as a Political, Economic, Socio-cultural, Technological, Legal and Environmental (PESTEL) and Stakeholders Analysis. The analysis is useful in understanding the internal and external operating environment for the Strategic Plan 2019-2022 in order to inform the Authority's programs.

2.3.1. Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Table 5 provides a detailed SWOT analysis for the Authority.

Table 5: SWOT Analysis

Strengths	Weakness
❖ Existence of a legal mandate and regulations ❖ Access to accredited international prevention and treatment training curriculum ❖ Conducive work environment ❖ Qualified, committed and experienced staff ❖ An existing pool of certified Addiction Professionals nationally ❖ Library linkages and collaborations with strategic partners ❖ Establishment of structured training programs ❖ Goodwill from the Parent Ministry ❖ Support and guidance from the Board of Director's ❖ Strong NACADA Brand	❖ Low staffing levels ❖ Inadequate funding ❖ Weak monitoring and evaluation framework ❖ Slow-uptake of automation of services/ processes ❖ Inadequate representation of NACADA at the grassroots level ❖ Weak partnership and resource mobilization frameworks ❖ Weak enforcement of ADA laws and regulations ❖ Pending National ADA Policy; ADCA Amendment Bills, Regulations
Opportunities	**Threats**
❖ Goodwill and support from Government and partners ❖ Strong local and international collaboration and networks ❖ Vibrant ICT infrastructure ❖ Leveraging on devolved and decentralized systems to enhance the campaign ❖ Public participation and goodwill ❖ Opportunity for resource mobilization ❖ Synergy with relevant national government structures ❖ Resource mobilization and stakeholders support ❖ Existence of digital media platforms ❖ Inter-Agency platforms ❖ Existence of an East African ADA Prevention Policy	❖ High cost of addiction treatment and rehabilitation ❖ Online sale and advertisement of alcoholic drinks ❖ High poverty and unemployment levels ❖ High levels of corruption ❖ Risky cultural practices and beliefs ❖ Proliferation of emerging drugs and trafficking ❖ Increased cases of recidivism/reoffending amongst drug related offenders ❖ Availability of cheap and illegal liquor ❖ Increasing consumption of liquor and other drugs amongst the youth ❖ Licensing of alcoholic drinks outlets for revenue collection instead of control and mitigation purposes ❖ Conflict between County ADA laws and National laws ❖ Porous borders ❖ Emerging drugs such as e-cigarettes and online technological drug distribution channels

Political, Economic, Social, Technological, Environmental and Legal (PESTEL) Analysis

Table 6 provides a detailed PESTEL analysis for the Authority for the plan period.

Table 6: PESTEL Analysis

Category	Issue (s)	Description
Political	Political interference	❖ Conflict arising from support by the political leadership for *miraa/muguka* growing, sale and use; ❖ Growing campaign to legalize internationally controlled substances and some drugs for medical use. ❖ Misuse of alcohol and drugs to woo the youth and unemployed citizens for political gains. ❖ Poorly managed devolved functions of licensing and drug control thereby compromising control mechanisms ❖ Low uptake of ADA mainstreaming by County Governments
Economic	Economic gain	❖ Goodwill and increasing financial support from our development partners and government ❖ High taxation levels which may deter ADA use. ❖ Adoption of drugs as a source of livelihood by other communities ❖ Recruitment of unemployed youth as drug peddlers and users ❖ High levels of corruption encouraging trafficking and abuse ❖ Inadequate budgetary support ❖ Targeting of Kenya as a trafficking route due to improving economic livelihood and infrastructure ❖ Increased cultivation of psychotropic drugs like miraa and muguka ❖ Lucrative business of trafficking and sale of drugs ❖ High costs of production of IEC materials ❖ Thriving international drug trafficking and trade ❖ Imports of counterfeits drugs/alcoholic counterfeits and precursor chemicals ❖ Emerging globalization trends in ADA
Social	Cultural acceptance	❖ Beliefs, attitudes, perception and cultural orientation leading to increased usage of drugs and alcohol in rituals/cultural ceremonies ❖ Breakdown of the social fabric leading to individual, family and community breakdown, stigma, crime, suicides, etc ❖ Poor parenting skills and general negligence towards children; ❖ Early initiation into alcohol and drug abuse ❖ Emerging bar/drinking culture especially amongst the youth. ❖ Apathy and growing acceptance of drug culture and use ❖ Peer pressure among the youth ❖ Improved standard of life and increased disposable income leading to higher demand for drug use.

Technological	Transmission of information	❖ Misleading adverts on alcohol consumption in the electronic and print media ❖ Use of internet and social media to promote production, advertising, sale and trafficking of certain drugs ❖ Emerging drugs e.g. vaping, shisha pen and e-cigarettes ❖ Negative impact of the social media promoting ADA use including online trade in alcohol and drugs ❖ Increasing shift towards automation, virtual access e-commerce and knowledge-based economy ❖ Increased demand to build, preserve and provide digital content for ADA
Environmental/ Ecological	Environmental Hazards Social degradation	❖ Indiscriminate dumping of used needles and syringes ❖ Emerging problems of pollution by alcohol packaging – bottles, corks etc
Legal	Enforcement Bill of rights	❖ Low fines and charges encouraging involvement in drug trafficking. ❖ Delayed review of legal instruments to respond to emerging trends e.g. online sale of alcohol and drugs ❖ Conflicting county and national laws. ❖ Increased legislations at the devolved and national levels.

2.3.2. Stakeholder Analysis

The Authority undertakes its activities in partnership and collaboration with a number of stakeholders in the implementation of its projects and programmes. Table 7 below highlights some of the key stakeholders who are instrumental to the implementation of this strategic plan.

Table 7: NACADA Stakeholder's Analysis

NACADA Stakeholders	Expectation of Stakeholder(s) from NACADA	NACADAs Expectation of Stakeholder(s)
Board of Directors	❖ Provision of timely information on legislation of appropriate policies to support operations. ❖ Execution of programs and projects.	❖ Representation and articulation of NACADA agenda to the respective authorities ❖ Provision of financial resources to undertake the Authority's mandate
Management Staff	❖ Establish necessary structures and to create an environment to undertake policy decisions.	❖ Undertake quality policy formulation and implementation. ❖ Execution of projects and programs
Operational Staff	❖ Timely facilitation of funded activities and handling of issues raised.	❖ Timely delivery and documentation of assigned duties

Ministries, Departments and Agencies (MDA's)	❖ Support in drafting ADA policies and legislations ❖ Partnership in implementing National ADA policies ❖ Information sharing	❖ Enhanced partnerships and information sharing ❖ Collaboration in undertaking ADA activities.
National Treasury	❖ Implementation of ADA programs	❖ Provision of adequate financial resources
Parliament and Senate	❖ Bi-annual reporting of status of ADA in the country ❖ Implement parliamentary recommendations	❖ Enactment and amendment of ADA legislation
Ministry of Interior and Coordination of National Government	❖ Ratification of ADA Global protocols ❖ Formulate and review ADA policies, legislation and regulations	❖ Facilitate adequate funding for the campaign ❖ Timely release of budgetary allocation;
Judiciary	❖ Technical assistance and training required by magistrates on ADA issues. ❖ Judicial frameworks on ADA adopted by other countries	❖ Expedite judgement on ADA matters ❖ strategies/programs for strengthening capacity of the Judiciary in the area of international treaties and conventions on ADA
Ministry of Education, Science & Technology	❖ Capacity building ❖ To develop a youth friendly interventions programs for schools ❖ To address emerging ADA and related issues in learning institutions	❖ Implementation of survey recommendations ❖ Collaboration in research activities ❖ Recommend areas of curriculum modifications to address the needs of the youth in schools
Ministry of Health	❖ Make prior arrangements with Insurers to address medical insurance supplementation such as NHIF for SUDs. ❖ Lobby for inclusion of accreditation for Hospitals to support SUD's. ❖ Collaboration to address early interventions to SUDs.	❖ Treatment of SUDs ❖ Capacity building ❖ To develop a youth friendly intervention programs. ❖ Collaborate for medical costs supplementation. ❖ To address emerging ADA treatment

County Government	❖ Capacity building counties on ADA issues ❖ To provide a model design for treatment and rehabilitation centre ❖ To develop guidelines, policy and standards on fight against drug abuse ❖ To support and coordinate establishment of county rehabilitation centres	❖ To establish and run county treatment and rehabilitation centres ❖ To operationalize the directorates of Alcoholic control ❖ Collaboration in research activities ❖ Collaborate with the Authority in executing ADA programs the county level
Civil Society and other Non-State Actors	❖ Give technical support to the programs executed by the stakeholders ❖ Identify areas of cooperation	❖ Participate in NACADA programs. ❖ Collaboration in research activities
Special Interest Groups	❖ Give technical support to the programs executed by the stakeholders ❖ Identify areas of cooperation	❖ Participate in NACADA programs ❖ Collaboration in research activities
Public and Private Universities, KIPPRA, IPAR, IEA ad other research organizations	❖ Carry out research on alcohol and drug abuse related issues ❖ Collaborate with research institutions in ADA research	❖ Disseminate research findings on ADA. ❖ Fund ADA related research. ❖ Identify emerging areas on ADA to attract research

The United Nations Office on Drugs and Crime (UNODC), The World Health Organization (WHO); African Union (AU); East African Community (EAC) and other international partners including, Open Society Initiative for Eastern Africa (OSIEA), Kenya Hospices and Palliative Care Association (KEHPCA) Alcohol Control and Policy Network (ACPN), Medecins Du Monde (MDM), KANCO Colombo Plan	❖ Implementing strategic and operational policies on ADA. ❖ Developing alcohol and drug abuse observatory for purposes of enhancing information flow across the country. ❖ Generate and share data on ADA ❖ Domesticate ADA policies and conventions ❖ Professionalize the addiction field ❖ Conducting Eco trainings ❖ Strengthen collaboration with Colombo Plan ❖ Annually provide National Drug Observatory data ❖ Collaboration with other African countries in demand reduction and supply suppression.	❖ Development of screening & assessment tools and treatment protocols ❖ Adoption of Global policy direction ❖ Development of evidence-based practices. ❖ Funding some of the Authority's program. ❖ Share emerging trends on substance use. ❖ Capacity build NACADA staff on merging ADA trends. ❖ Fund treatment of persons substance use disorders ❖ Collaboration in research activities ❖ Provision of financial resources to undertake research related activities ❖ Funding capacity building programs ❖ Provision of training manuals ❖ Sharing information on emerging trends and best practices. ❖ Provide forums for sharing experiences ❖ Provision of funding for treatment and rehabilitation programs. ❖ Provide policy direction
Citizens	❖ Social support including activity implementation. ❖ Sensitize community on Alcohol and Drug Abuse. ❖ Attend to requests once submitted and communicate on the status. ❖ Generate tailor made community programs to address ADA.	❖ Ownership of the ADA problem ❖ Provide information on effects of ADA to them and the community at large. ❖ Cooperate in the dissemination of emerging ADA information. ❖ Participate promptly in NACADA Community programs. ❖ Support the Authority in enforcing compliance by providing information

CHAPTER THREE: STRATEGIC MODEL

3.1. Overview

This chapter presents the organizations strategic model and direction the Authority will take towards attainment of its mandate. It contains the Vision, Mission and the Core Values as well as NACADAs strategic focus, the strategic objectives and strategies geared towards addressing the overall Key Result Areas.

These strategies are focused on enabling the Authority position itself towards addressing the challenges of ADA in the realization of Vision 2030, the MTP III, the Big Four Agenda and the Sustainable Development Goals as captured by the country's development focus.

3.2. Vision, Mission and Core Values

3.2.1. Vision

A nation free from alcohol and drug abuse

3.2.2. Mission

To coordinate a multi-sectoral campaign against alcohol and drug abuse in Kenya

3.2.3. Overall Goal

To reduce the onset and prevalence of alcohol and drug abuse by 2% by 2022

3.2.4. Clarion Call

Advocate || Empower || Transform

3.3. Core Values

Respect for Human Rights	Committed to service delivery with regard to human dignity
Compassion	We deliver our services in an empathetic manner
Integrity	We are committed to acting in an honest, transparent, accountable manner in all of our undertakings
Professionalism	We deliver our services in line with best practices and standards
Equity	Our clients are served with high standards of quality by being fair and impartial.
Courage	Executing anti-alcohol and drug abuse programs firmly without fear or favour

Creativity and Innovation	We are committed to setting and maintaining high standards in service delivery through continuous improvement

Third from left Mr. Victor G. Okioma (EBS) NACADA CEO, stakeholders and staff during the Strategic Plan Validation Workshop at Maanzoni Lodge in Machakos on 30th May 2019.

3.4. Key Result Areas/Strategic Focus Areas (KRAs/SFAs)

During the plan period 2019-2022, NACADA will implement the following Key Result Areas (Strategic Focus Areas):

1. Public Education and Advocacy
2. Counselling, Rehabilitation & Reintegration
3. Compliance, Quality Control and Standards
4. Research, Policy and Planning
5. Institutional Strengthening
6. Leadership and Integrity

The Authority's strategy is depicted in a form of a strategy house which provides in a summarised pictorial form, the Authority's core values or the foundations upon which the plan stands. Without upholding these values, the foundation is weakened. The plan is strengthened with the 6 pillars which form the walls of the strategy and the unifying tag line. The specific objectives of the six pillars of the plan form the ring beam of the strategy while the mission and finally the vision form the roofing. When all these are properly coordinated then the strategy house for NACADA will not only produce the desired results but also achieve the transformations it ascribes to over in the period 2019-2022.The strategy house is highlighted in Figure 1.

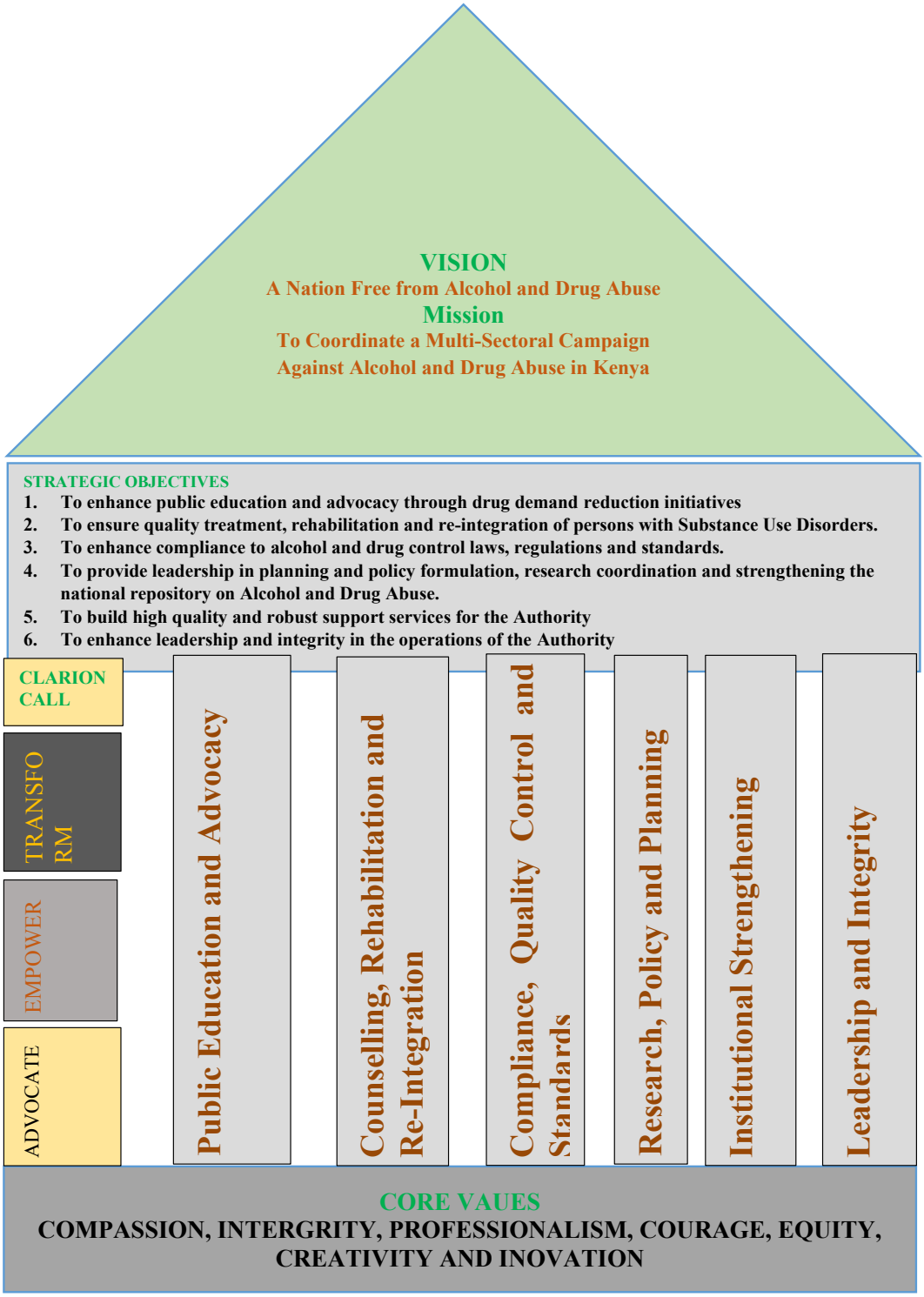


Figure 1: The Strategy House, 2019

During the plan period the Authority will however focus on the following strategic areas Highlighted in Table 8:

Table 8 :Key Result Areas, Strategic Objectives, Strategies and Activities

Key Result Area	Strategic Objective	Strategies
1. Public Education and Advocacy	1.1 To enhance public education and advocacy through drug demand reduction initiatives	Promote skills and opportunities for children and youth to choose healthy lifestyles
		Develop supportive parenting and healthy social environments
		Facilitate the implementation of appropriately targeted early interventions for people at risk to prevent progression to severe SUDs
		Increase coverage of drug abuse prevention programs and conduct public awareness-raising campaigns
		Promote community driven prevention initiatives
		Promote use of prevention standards and formulate effective drug use prevention strategies
2. Counselling, Rehabilitation and Re-integration	2.1 To ensure quality treatment, rehabilitation and reintegration for persons with Substance Use Disorders	Increased access to quality treatment and rehabilitation services for persons with SUDs
		Increased affordable outpatient/ community-based rehabilitation services
		Established program for relapse prevention strategies
		Increased awareness of evidence-based treatment and rehabilitation programs
		Increased professionalism in addiction field
		Increased uptake of counselling and referral services
		Increased advocacy forums for drug users
		Increased compliance in treatment and rehabilitation programs
3. Compliance, Quality Control and Standards	3.1. To enhance compliance to alcohol and drug control laws, regulations and standards.	To undertake enforcement of alcohol and drug control laws, regulations and standards
		To develop and implement a National Early Warning System for ADA
		Ensure quality assurance for the Authority's programmes and services.

4. Policy,Research and Planning	4.1. To provide leadership on planning and policy formulation, research coordination and strengthening the national repository on ADA	To provide accurate and timely data on the status of alcohol and drug abuse in Kenya
		Support the formulation of internal and external policies
		Strengthen the capacity of county governments to develop county ADA plans of action
		Coordinate planning monitoring, evaluation and reporting on the implementation of ADA activities.
		Ensure effective knowledge management for quality service delivery
		Strengthening the NACADA resource centre to serve as a national repository on ADA research and knowledge
5. Institutional Strengthening	5.1. To build high quality and robust support services for the Authority	Effective utilisation of funds
		Engage development partners to increase the funding pool
		Institutionalizing risk management frameworks
		Implementation of Quality Management Systems (QMS).
		Recruitment and retention of competent staff
		Strengthen staff competencies
		Institutionalize performance management
		Ensure effective asset management.
		Ensure safe and conducive work environment.
		Expansion and equipping of regional offices
		Enhance service delivery through ICT
		Optimize the use of ERP system
		Enhance Communication mechanisms on ADA
6. Leadership and Integrity	6.1. To enhance leadership and integrity in the operations of the Authority	Undertake periodic public perception survey of the Authority
		Ensure compliance to national values and principles of Governance
		Establishing and strengthening anti -corruption system
		Enhance compliance with corporate governance guidelines

CHAPTER FOUR: IMPLEMENTATION AND COORDINATION FRAMEWORK

4.1. Overview

This chapter provides the framework for coordination and the implementation of the NACADA Strategic Plan 2019-2022 and defines the human and financial resources required for its implementation. It further highlights the organisational structure, the human resource development strategies and resource allocation, identifying the gaps to be filled by the Authority through collaboration with its development partners. It further highlights the inherent risks and their mitigation measures.

4.2. Structure of the Organization

The Authority is composed of the following structures:

4.2.1. The Board

It forms the apex of the Authority and is responsible to the Cabinet Secretary for development and coordination of the Authority's strategic plan, policy development, oversight for financial prudence and accountability in the delivery of the Authority's mandate. The Board oversees the overall operations of the Authority through regular reports from management through the Chief Executive Officer.

4.2.2. Office of the Chief Executive Officer

The office of the Chief Executive Officer is responsible to the Board of Directors for the day to day running of the Authority and provides strategic leadership and management in the execution of its mandate.

4.2.3. Directorate of Research, Policy and Planning

The Directorate of Research, Policy and Planning is charged with the mandate of carrying out research, policy and planning, managing the information reservoir and submitting data on alcohol and drug abuse and related areas. It has the following departments:

a) Research,
b) Policy and Planning,
c) Knowledge Management

4.2.4. Directorate of Public Education, Advocacy and Rehabilitation

This Directorate oversees the formulation and implementation of public education and advocacy programs; counselling and rehabilitation programs for persons with substance use disorders; and coordinates all regional activities at the grassroots level. It has the following departments:

a) Public Education and Advocacy,
b) Counselling and Rehabilitation,
c) Regional Coordination.

4.2.5. Directorate of Compliance, Quality Control and Risk Management

The Directorate oversees information gathering and dissemination, supports enforcement, car-

ries out surveillance to monitor trends, monitoring of treatment and rehabilitation facilities and monitors the Authority's compliance to all governing policies and regulations. It has the following departments:

a) Compliance,
b) Quality Control and Risk Management.

4.2.6. Directorate of Corporate Services

The Corporate Services Directorate is responsible for supporting the implementation of the Authority's mandate and programs. It has the following departments:

a) Finance and Accounts,
b) Human Resource and Administration,
c) Information and Communication Technology,
d) Records Management.

4.2.7. Corporation Secretary and Legal Services Department

The Department provides advisory role on legal matters, it is in-charge of Board affairs and monitors the Authority's compliance to various laws, regulations and policies.

4.2.8. Corporate Communication Department

The Department is responsible for proactively managing and enhancing the corporate image and public relations of the Authority. It also provides advisory functions on communication related matters.

4.2.9. Internal Audit Department

The Department is responsible administratively to the Chief Executive Officer and functionally to the Board of Directors for providing assurance regarding the effectiveness of the Authority's risk management, control, governance processes, financial and non-financial performance management systems.

4.2.10. Supply Chain Management Department

The Department ensures implementation of effective strategies for sourcing and procuring goods and services in adherence to public procurement laws and corresponding regulations.

4.3. Organizational Structure

Figure 2 shows the current Organizational Structure:

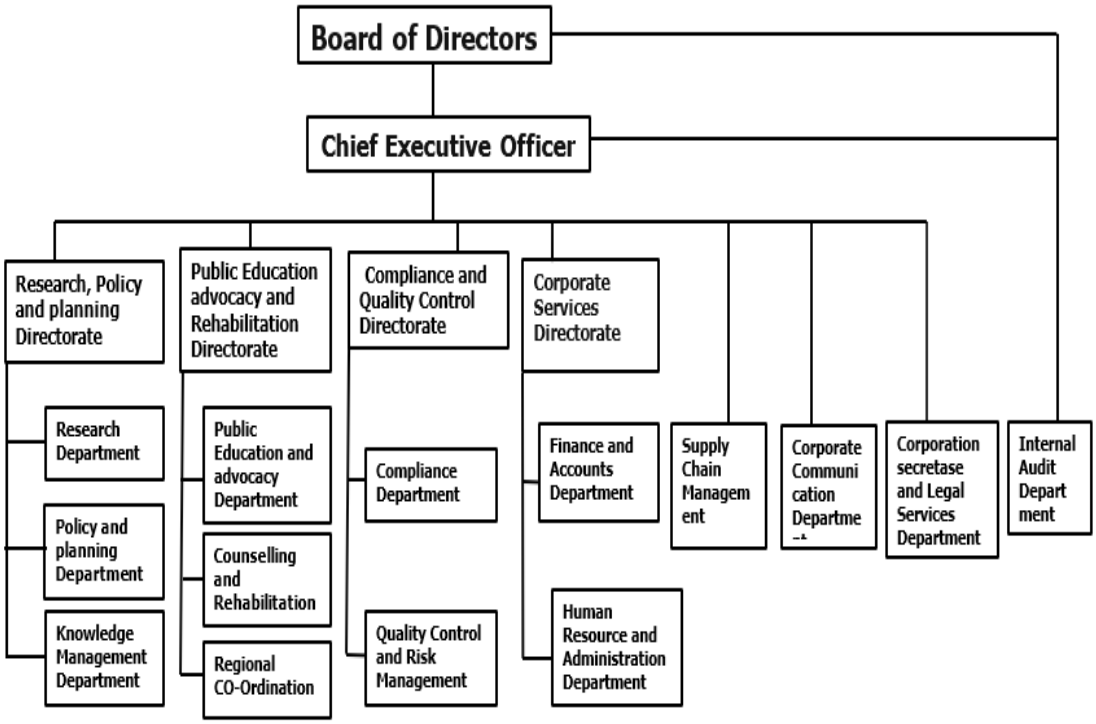


Figure 2: NACADA Organizational Structure

4.4. Staff Establishment

The Authority's approved staff establishment has increased from the previous 154 to an optimum staffing level of 287 employees. The increase is attributed to the expanded mandate in the campaign against alcohol and drug abuse. Currently NACADA has an existing staff level of 96 with a variance of 191 which presents a huge human resource gap. Human resources are the driving force of any organization and optimal usage will be key in achieving the aspirations of this plan. The Authority will therefore lay strategies to develop, strengthen and retain critical human resource for the success of its programs as is articulated in this plan and highlighted in Table 9 below.

Table 9: Summary of NACADA Staff Establishment

S/ No.	Designation	Approved Establishment	In-Post	Variance
1	Chief Executive Officer	1	1	0
2	Directors	4	2	2
3	Managers	13	6	7
4	Principal Officers	26	6	20
5	Senior Officers	48	12	36
6	Officers	145	34	111
7	Assistant Officers	21	20	1
8	Clerical Officers	14	11	3
9	Senior Office Assistants	12	4	8
10	Office Assistant	3	0	3
	Total	**287**	**96**	**191**

4.4.1. Human Resource Development Strategies

The Authority has put in place the following human resource development strategies to ensure staff retention, quality service delivery in the execution of its mandate:

4.4.1.1. Staff Recruitment

The Authority will endeavour to undertake periodic recruitments as per the approved staff establishments in order to fill the gaps that fall vacant from time to time. This is aimed at ensuring optimal staffing is achieved. The Authority will apply meritocracy in all its staff recruitments.

4.4.1.2. Education and Training

The success of the Authority depends on a wide range of skills and competencies. NACADA shall provide continuous professional development for all staff to meet the demands of the industry and ensure quality service delivery.

4.4.1.3. Career Development

The Authority shall provide a clear career progression path for all staff and availing opportunities for internal development by rewarding excellence in service delivery.

4.4.1.4. Terms of Service

The Authority shall continually improve the terms of service for all staff commensurate to their skills and facilitate training with the aim of retaining and attracting high quality human resource.

4.4.1.5. Collaboration with other institutions

The Authority shall benchmark with other institutions to adopt best practices in the industry to retain and increase the efficiency of its human resource.

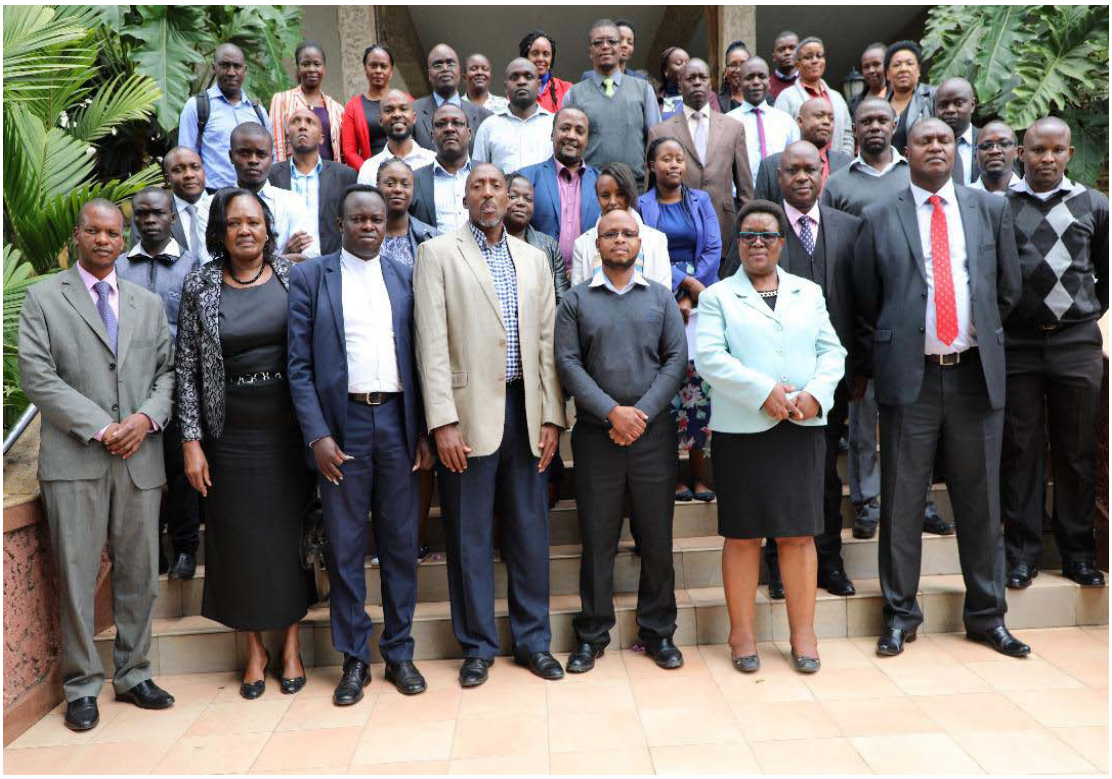
4.4.1.6. Coaching and Mentorship

The Authority shall provide a clear Business Continuity Plan (BCP) through coaching and men-

torship at all levels by senior and experienced staff to the new and young staff. This is aimed at transferring and retaining knowledge, skills and institutional memory of the Authority which can be transferred from generation to generation.

4.4.1.7. Performance Management and Reward

The Authority provides periodic assessment of staff deliverables to reward best practices and performance. Using the government mechanisms of performance management, the Authority will identify and reward good performance and sanction under performance.



Right: Mr. Peterson Mwai Director NACADA, Mr. Victor G. Okioma (EBS) C.E.O NACADA, Madam Grace Otieno, Manager Policy and Planning, Stakeholders and Staff during the National Strategic Planning Validation Workshop on the 17th of June 2019 at the Sarova Panafric Hotel Nairobi

4.5. Financial Resources

Successful implementation of this Plan requires financial, technical, physical and human resources. The Authority will strive to enhance its capacity to mobilize resources in order to implement prioritized programs and contribute to the realization of the country's development agenda.

4.5.1. Financial Resources Requirements

Table 10 outlines the financial resources required for the implementation of this plan the Authority will need during the implementation period as prioritized in the respective Strategic Focus Areas.

Table 10 : Resource Requirements

Key Result Area	Resource Requirements						
	Baseline estimates (Kshs. Millions)	Projected Estimates (Kshs. Millions)					
		Year 1	Year 2	Year 3	Year 4	Total	Resource Gap
KRA 1	518	290.1	327.8	296.5	295.2	1209.5	691.5
KRA 2	173	123.8	166.9	261.8	403.8	956.2	783.2
KRA 3	345	79.3	96.1	117.1	133.7	426.1	81.1
KRA 4	276	95.0	141.9	71.9	92.0	400.8	124.8
KRA 5	397	282.3	270.3	284.8	271.8	1109.0	712.0
KRA 6	17	7.7	7.7	7.7	7.7	30.8	13.8
Total	**1726**	878.2	1010.7	1039.8	1204.2	4132.4	2406.4

4.5.2. Resource Gaps in the Planned Period

The Authority continues to rely on the Government to fund the implementation of programs in this Plan, however given the prioritized programs the Authority anticipates an overall resource gap of Kshs 2.41 Billion for the four years. The Public Education and Advocacy will anticipate a shortfall of Kshs 691.5M; Counselling, Rehabilitation and Re-integration Kshs783.2M; Compliance, Quality Control and Standards Kshs 81.1M; Research, Policy and Planning Kshs124.8M; Institutional Strengthening Kshs 712.0M while Leadership and Integrity will require Kshs13.8M.

Within the medium-term period, the Authority anticipates an allocation from the Exchequer and from ADCA of an estimated Kshs 1386M while within the same period the resources required to implement the prioritised programs in the six Strategic Focus Areas will be Kshs2928.6M clearly indicating a funding Gap of Kshs1542.6M.

To bridge the gap between the exchequer funding and resources required, the Authority shall explore additional funding from development partners by strengthening the existing linkage with its key partners and collaborating with both state and non-state institutions in implementing projects and programmes in these fields to actualize its objectives. The Authority will continue to use the resources at its disposal prudently. Table 11 outlines the resource gaps in implementing this plan

Table 11 : Resource Gaps in the Medium-Term Period

Expenditure	Requirement Estimates (Kshs. Millions)			Total (Kshs. Millions)	Allocation (Kshs. Millions)	Variance (Kshs. Millions)
	Year 1	Year 2	Year 3			
Recurrent	263.5	303.2	311.9	878.6	415.8	462.8
Development	614.7	707.5	727.9	2050.0	970.2	1079.8
Total	878.2	1010.7	1039.8	2928.6	1386.0	1542.6

4.5.3. Resource Mobilization Strategies

The Authority will employ the following strategies to bridge the resource gaps:

4.5.3.1. Financial Resources Mobilization

The Authority shall operationalize the existing resource mobilization strategies and adopt other mechanisms to obtain optimal resources for its programs. The main resource base for the authority's programs is the exchequer, which as has been discussed in the analysis above is not adequate. This therefore calls for continued resource mobilization from other sources which include: Public Private Partnerships (PPP), Public-Public Partnerships (PPP), Civil Society Organizations and development partners.

4.5.3.2. Stakeholder Mobilization and Collaboration

The Authority shall identify, engage and manage a pool of stakeholders to optimally utilise their support and collaboration in the implementation of this plan. In addition, it shall develop a coordination framework to link the external partners with the programs and projects that they have the best competitive advantage.

4.5.3.3. Financial Resources Distribution

The Authority will allocate the bulk of its resources to the implementation of its core mandate. In addition, it shall allocate resources to address emerging trends on alcohol, drug abuse and programs strengthening community engagements.

4.6. Risk Analysis and Mitigation Measures

The Authority is aware of the fact that it faces a number of risks, however, measures shall be put in place to identify and reduce the impact of these risks should they occur as detailed in Table 12.

Table 12 : Risks and their Mitigation Measures

Type of Risk	Description of Risk	Rank	Risk Drivers	Measures to Mitigate the Effects of Risks
Strategic Risks	Weak internal and external communication structures.	Medium	Gaps in the existing legal as well as operational framework	❖ Develop and implement a Communications Strategy ❖ Regular staff meetings; ❖ Regular updates on programs
	Lack of stakeholders' good will.	Medium	Poor stakeholders' sensitization and engagements	❖ Engage stakeholders in the planning and implementation processes for purposes of buy-in
	Failure to communicate the Strategic Plan effectively to lower levels.	High	Inadequate skills within The Authority in policy and regulatory formulations.	❖ Dissemination the Strategic Plan to lower cadres
	Changes in operating environment.	Low	Poor environmental monitoring	❖ Continuously monitor trends in the external environment and align appropriately.
Organizational Risks	Inadequate awareness on the Strategic Plan.	High	Poor dissemination strategy	❖ Disseminate and sensitize staff, key clients and stakeholders on the Strategic Plan.
	Resistance to change.	Medium	Low morale or teamwork	❖ Ensure effective communication of change initiatives; ❖ Encourage incentives and sanctions.
	Inadequate skilled personnel in specialized areas	Medium	Inadequate skills within the Authority	❖ Recruit and deploy skilled personnel

Operational Risks	Weak implementation of the Strategic Plan.	Medium	Weak M&E structures	❖ Strengthen monitoring, evaluation and reporting of the implementation process.
	Turnover of skilled staff	High	Low morale, poor terms of service and unconducive work environment	❖ Improve working environment
	Loss of institutional memory due to inadequate harnessing of knowledge.	Low	Weak mentorship and Business Continuity Plan programs.	❖ Strengthen Knowledge Management. ❖ -Succession planning.
	Inadequate staff to effectively implement the Strategic Plan.	Medium	Inadequate resources	❖ Mobilize adequate resources
	Delayed decision-making	Low	Long bureaucratic procedures	❖ Develop policy setting and clear decision-making timelines
	Weak Monitoring and Evaluation (M&E) framework.	Low	Weak M&E systems.	❖ Develop and implement a robust M&E Framework
	Weak teamwork.	Medium	Low engagement of staff	❖ Implement team building programs

Financial Risks	Inadequate resources and overreliance on the exchequer for funding.	High	Low stakeholder engagements, low levels of AIA generation	❖ Prepare and implement a Resource Mobilization Strategy ❖ Strengthen linkages with partners.
	Weak budgeting.	Low	Weak departmental participation.	❖ Promote a participatory approach in budgeting.
	Inadequate financial Management controls.	Low	Delayed and weak execution of standard internal control systems.	❖ Enhance financial monitoring and adherence to International Public ❖ Implement Sector Accounting Standards (IPSAS). ❖ Implement automation
	Wasteful expenditure.	Medium	Delayed execution of standard internal control systems.	❖ Develop and implement budget controls; ❖ Optimize use of resources through cost reduction and prioritization.
Technological Risks	Rapid changes in technology	High	Increased incidences of cyber attacks Low level of ICT security Awareness	❖ Ensure regular upgrading of technology and skills.
	Systems and information security	High	Terrorism/Insecurity attacks (Hacking) Inadequate maintenance	❖ Improve information security ❖ Ensure regular updates of systems' firewalls.
	Weak Operational Disaster Recovery and Business Continuity Plan	Medium	Low level of ICT security awareness Inadequate support persons on the service provider	Operationalize Disaster Recovery Plan (DRP) ❖ Develop and Operationalize ❖ Business Continuity Plan (BCP).

CHAPTER FIVE: MONITORING, EVALUATION AND REPORTING

5.1. Overview

Monitoring, Evaluation and Reporting is a critical management tool that will be used by the Authority to ensure that implementation of this Strategic Plan is on course. Monitoring, Evaluation and Reporting (ME&R) will be used to measure accomplishments and detect any deviation, identify where there is a need for adjustment, provide appropriate remedial as well as timely measures in order to address the anomaly.

The exercise will take into account emerging issues and changes in the environment that affect the implementation of this Plan. Monitoring and Evaluation (M&E) indicators will be developed to measure implementation. The following will form the monitoring evaluation and reporting levels:

5.1.1. Monitoring and Evaluation at the Board Level

The Board of Directors will undertake periodic high-level monitoring, evaluation and control systems to ensure that performance is reviewed and analysed regularly.
Recommendations from quarterly meetings by the Executive Committee will form the agenda for the Board of Directors. During these meetings, the Board will receive and review reports by the Executive Committee indicating overall progress. The nature and scope of the reporting may include but not limited to:

I. Progress and any deviations reported;
II. Causes of deviation, if any;
III. Challenges that may adversely affect implementation; and
IV. Suggested solutions to these challenges.

5.1.2 Monitoring and Evaluation at Management Level

At the management level, Monitoring, Evaluation and Reporting will be carried out by the Executive Committee. The Committee shall meet quarterly and report on progress made in the implementation of the Authority's Strategic Plan. The Executive Committee shall have a subcommittee on M&E with different technical staff competencies to address diverse cases as need may arise.

Recommendations by the sub-committee shall be submitted to the Executive Committee chaired by the Chief Executive Officer. Results from routine monitoring will be used to inform decision-making including taking corrective actions.

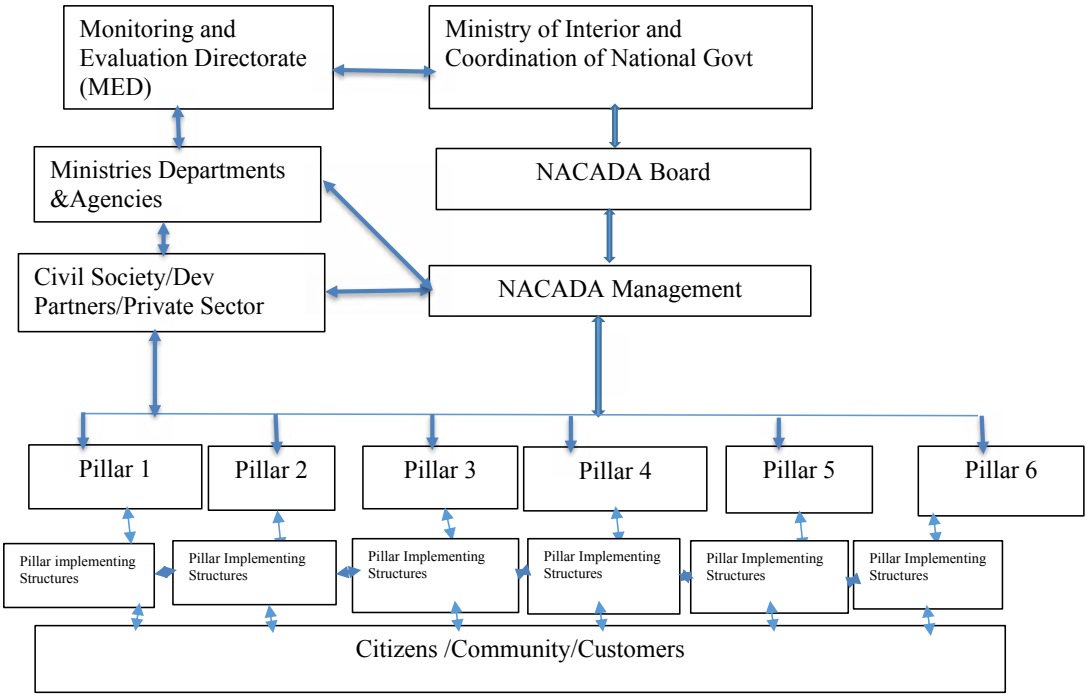
5.1.3 Monitoring and Evaluation at Functional Level

At this level Monitoring and Evaluation will generally involve routine data collection and analysis on progress of the Strategic Plan implementation. The Directorates and the regional offices will monitor programmes and projects administered within their respective jurisdictions and submit quarterly M&E reports to the Executive Committee for analysis. These reports will be reviewed regularly against the set targets to measure progress and may inform the exercise of the Executive Committee on selected projects and programmes.

5.2. Monitoring and Evaluation Institutional Framework

In order to ensure smooth reporting and tracking of the plan, periodic reporting will be undertaken. The reports will be collected and collated by the secretariat who in turn will share with the management for review. The Board will provide overall direction in addition to sharing with the parent Ministry and the Monitoring and Evaluation Directorate (MED).

Figure 3: Monitoring, Evaluating and Reporting Framework



Key
Pillar 1: Public Education and Advocacy
Pillar 2: Counselling and Rehabilitation
Pillar 3: Compliance, Quality Control and Standards
Pillar 4: Research, Policy and Planning
Pillar 5: Institutional Strengthening
Pillar 6: Leadership and Integrity

5.3. Evaluation

The Authority's Strategic Plan will be subjected to a Mid Term Review (MTR) as well as the End Term Review (ETR) to gauge the extent of achievements vis- a-vis the intended results. The M&E process will be undertaken comprehensively to cover all the Key Result Areas.

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
K.R.A 1 : Public Education and Advocacy													
Strategic Objective: To enhance public education and advocacy through drug demand reduction initiatives													
Expected outcome is to reduce ADA prevalence by 5% during the plan period through: 1. Delayed and reduced initiation of substance use 2. Improved education and skills for parents to reduce substance use among children and youth 3. Reduced number of persons progressing to substance use disorders 4. Improved response to threats of illegal drugs, alcohol, tobacco use as well as other drugs in the community at local and national level 5. Increased utilization of epidemiological data to inform planning and program prioritization 6. Increased delivery of interventions and policies based on scientific evidence													
1.1. **Promote skills and opportunities for children and youth to choose healthy lifestyles**	1.1 .1 Facilitate the implementation of evidence based/informed school programs in 2400 schools reaching 480,000 pupils	Evidence based programs being implemented in schools	Number of teachers trained as implementers of programs	1200	1200	1200	1200	52.5	52.5	52.5	52.5	210	Director, Public Education and Advocacy Counselling and Rehabilitation
			Number of schools implementing programs	600	600	600	600	92.5	92.5	92.5	92.5	370	
	1.1.2 Developed guidelines for school prevention	Guidelines document on	Guidelines document	1	0	0	0	12	0	0	0	12	
	policies and disseminate nationally	school prevention	Number of dissemination forums	0	1	0	0	0	0.7	0	0	0.7	
	1.1.3 Advocated for adoption of ADA prevention policies in 1800 schools reaching 480,000 students	Development and implementation of ADA policies in schools.	Number of schools with ADA policies	0	600	600	600	0	16.2	16.2	16.2	48.6	
	1.1.4 Conduct media advocacy targeting children and youth to develop life skills reaching at least 2 million people annually	Designed targeted messages for children, youth and parents	Number of targeted messages developed held	2	2	0	0	1.3	1.3	0	0	2.6	
			Number of national public dialogues	2	2	2	2	5	5	5	5	20	Director, Public Education and Advocacy Counselling and Rehabilitation
			Number of booklets produced	20,000	20,000	20,000	20,000	6	6	6	6	24	
1.2. **Develop supportive parenting and healthy social environments**	1.2.1 Conduct a media advocacy campaign targeting families - radio shows, social media, barazas, IEC materials reaching at least 2 million people annually	Designed targeted messages for parents and families	Number of targeted messages developed	2	0	0	0	1.3	0	0	0	1.3	
			Number of national public dialogues held	2	2	2	2	5.0	5.0	5.0	5.0	20	Director, Public Education and Advocacy Counselling and Rehabilitation

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
			Number of booklets produced	50,000	50,000	50,000	50,000	15	15	15	15	60	
	1.2.2 Conduct public awareness on positive parenting & need for healthy social environments - barazas, community dialogues, schools, and other relevant community fora reaching at least 500,000 parents	Increased public awareness on parenting roles in substance use prevention	Number of parents reached	125,000	125,000	125,000	125,000	2.0	2.5	3.0	3.5	11	
	1.2.3 Facilitate implementation of family-based interventions reaching at least 3,000 families annually	Implementation of family-based programs	Number of implementers trained	150	0	150	0	3.5	0	4.0	0	7.5	
			Number of families reached;	3000	3000	3000	3000	9	9	9.5	9.5	37	
1.3. Facilitate the implementation of appropriately targeted early interventions for people at risk to prevent progression to severe SUDs	1.3.1 Build capacity of 2400 school counsellors, social workers, community health workers, religious leaders and other	Early interventions for children and youth at risk for substance use disorders	Number of caregivers trained on screening;	600	600	600	600	9.96	9.96	9.96	9.96.	39.8	Director, Public Education and Advocacy Counselling and Rehabilitation
	caregivers working with youth and children to provide relevant interventions to reach over 24,000 annually		Number of schools and religious institutions that have interventions in place	60	60	60	60	5.8	5.8	5.8	5.8	23.2	
	1.3.2 Facilitate positive parenting skills building for 3,000 parents annually	Increased capacity for parents to identify drug use among children	Number of implementers trained on positive parenting skills building;	150	0	150	0	3.5	0	4.0	0	7.5	
			Number of parents reached with positive parenting skills training	3,000	3,000	3,000	3,000	9	9	9.5	9.5	37	
	1.3.3 Facilitate the uptake of brief interventions by colleges, universities and TVET institutions to reach about 1000 students annually	Increased uptake of one on one counselling for students at risk of substance use disorders	Number of counsellors trained on screening for substance use disorders;	120	120	120	120	2	2	2.5	2.5	9	Director, Public Education and Advocacy Counselling and Rehabilitation

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
			Number of peer educators trained on peer referral and support;	120	120	120	120	2	2	2.5	2.5	9	
			Number of institutions that have brief interventions in place	60	60	60	60	5.8	5.8	5.8	5.8	23.2	
	1.3.4 Conduct media advocacy addressing selective and indicated populations (persons at risk) reaching at least 2 million people annually	Increased awareness of substance use disorders	Number of targeted messages developed;	2	0	0	0	1.3	0	0	0	1.3	
			Number of booklets produced;	20,000	20,000	20,000	20,000	6	6	6	6	24	Director, Public Education and Advocacy Counselling and Rehabilitation
			Number of national public dialogues held;	2	2	2	2	5	5	5	5	20	
1.4. Increase coverage of drug abuse prevention programs and conduct public awareness-raising campaigns	1.4.1 Facilitate training programs to reach at least 9600 entertainment venues through bar owners associations	Increased compliance with laws (alcohol, tobacco, drugged driving)	Number of trainings held for staff and managers	6	6	6	6	2.0	2.0	2.0	2.0	8	
			Number of venues reached	2400	2400	2400	2400	1.0	1.0	1.0	1.0	4	
	1.4.2 Build capacity of teacher trainees in 24 institutions reaching 1200 teachers to facilitate drug prevention in schools annually	Evidence informed drug prevention interventions in schools	Number of teacher training institutions reached	24	24	24	24	2.0	2.0	2.0	2.0	8	
			Number of teacher trainees reached	1200	1200	1200	1200	2.3	2.3	2.3	2.3	9.2	Director, Public Education and Advocacy Counselling and Rehabilitation
	1.4.3 Build capacity of 720 public health and social workers to facilitate drug prevention in the community	Evidence informed drug prevention interventions in community	Number of public health and social workers reached	0	360	0	360	0	9	0	9.5	18.5	
			Number of capacity building forums held	0	12	0	12	0	2.3	2.3	2.3	6.9	
	1.4.4 Conduct public awareness campaigns to reach over 48,000 out of school youth	Evidence informed drug prevention interventions among out of school youth	Number of peer educators trained on peer referral and support;	0	480	0	480	0	4.5	0	5.0	9.5	

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
			Number of out of school youth reached	0	16000	16000	16000	0	3.6	3.6	3.6	10.8	
	1.4.5 Promote establishment of workplace prevention programmes in at least 40 institutions annually	Evidence informed drug prevention interventions at workplaces	Number of cluster trainings conducted;	4	4	4	4	4.0	4.0	4.0	4.0 -	16.0	Director, Public Education and Advocacy Counselling and Rehabilitation
			Number of institutions reached;	40	40	40	40	-	-	-	-	-	
	1.4.6 Advocate for adoption of ADA workplace policies in private and public sector institutions	Guidelines for workplace policies and interventions	Number of dissemination forums	2	2	2	2	1.3	1.4	1.5	1.6	5.8	Director, Public Education and Advocacy Counselling and Rehabilitation
1.5 Promote community driven initiatives	1.5.1 Develop a framework for community coalitions/working groups and disseminate nationally	Framework for community coalitions document	Community coalitions framework document;	1	0	0	0	10	0	0	0	10	Director, Public Education and Advocacy Counselling and Rehabilitation
			Number of dissemination forums;	-	2	0	0	0	2	0	0	2	Director, Public Education and Advocacy Counselling and Rehabilitation
	1.5.2 Build capacity of coalitions to address local risk factors, and champion enforcement of ADA policies at local level	Community driven initiatives	Number of capacity building forums held;	0	6	6	6	0	6.2	6.5	6.8	19.5	
			Number of community driven initiatives implemented;	0	12	12	12	0	6.2	6.5	6.8	19.5	
1.6 Promote use of prevention standards and formulate effective drug use prevention strategies	1.6.1. Develop national drug use prevention standards and disseminate nationally	National prevention standards document disseminated;	Drug use prevention standards document;	1	0	0	0	12	0	0	0	12	
			Number of dissemination meetings;	0	1	0	0	0	2	0	0	2	
			Number of capacity building forums;	0	2	0	0	0	4	0	0	4	
	1.6.2 Develop a national drug use prevention system	National drug prevention framework	Drug prevention system document	1	0	0	0	0	12	0	0	12	
			Number of dissemination meetings;	0	1	0	0	0	0	2.5	0	25	Director, Public Education and Advocacy

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
			Number of national drug prevention consultative meetings	0	0	1	1	0	0	0	3	3	Counselling and Rehabilitation
	1.6.3 Develop national professional standards for drug prevention practitioners	National professional prevention standards	Drug use professional prevention standards document;	0	1	0	0	0	12	0	0	12	
			Quality standards for accreditation	0	0	0	1	0	0	0	3	3	
			Number of dissemination meetings;	0	0	1	0	0	0	2.5	0	2.5	
	Sub –Total							**290.1**	**327.8**	**296.5**	**295.2**	**1209.5**	

K.R.A 2: Counselling, Rehabilitation and Reintegration

Strategic Objective: To promote quality treatment, rehabilitation and reintegration for persons with substance use disorders.

Expected Outcome:
1. Increased access to quality treatment, rehabilitation and re- integration
2. Increased affordable outpatient services
3.Increased awareness of treatment, rehabilitation and reintegration programs
4. Increased advocacy forums for drug users
5.Established program for relapse prevention strategies
6.Increased professionalism in addiction field
7. Increased compliance in treatment and rehabilitation programs

2.1 Increase access to affordable and quality treatment and rehabilitation services for persons with SUDs	2.1.1 Facilitate the establishment of a model treatment and rehabilitation centre	Increased access to quality treatment, rehabilitation and reintegration for persons with SUDs	Percentage of completion	2	10	30	58	10	50	150	290	500	Director, Public Education and Advocacy Counselling and Rehabilitation
	2.1.2 Scale up the establishment of hospital-based treatment and rehabilitation centres	Increase in affordable outpatient services	Number of hospital-based rehabilitation centres established	5	5	5	5	50	50	50	50	200	
	2.1.3 Support the establishment of community-based treatment and rehabilitation centres for outpatient persons with SUDs at the County level	Increase in affordable treatment and rehabilitation services	Number of community based/ out-patient centres established	5	5	5	5	5	5	5	5	20	

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
	.1.4 Advocate for insurance coverage by T & R facilities by NHIF and other insurance companies	Increased advocacy forums for drug users	No. of advocacy forums held	3	3	3	3	1	1	1	1	4	
			Number of T & R accredited by NHIF and other insurance service providers	50	50	50	50	1	1	1	1	4	
	1.5 Undertake individuals screening, assessment, counselling and referrals at community level.	Increased accessibility of treatment and rehabilitation programs	No. of outreaches conducted	12	12	12	12	3	3	3	3	12	
			No. of clients screened and referred for treatment of SUDs	1200	1200	1200	1200	-	-	-	-	-	
	2.1.6 Identify and train healthcare workers on support groups, counselling, treatment and rehabilitation for persons with SUDs.	Reduced number of relapses	Number of healthcare workers trained	120	120	120	120	4	4	4	4	16	
			Number of support groups established	4	4	4	4	-	-	-	-	-	
			Number of persons with SUDs enrolled in support groups	600	600	600	600	2.4	2.4	2.4	2.4	9.6	
	2.1.7 Create awareness on treatment and rehabilitation targeting vulnerable groups	Increased awareness on treatment and rehabilitation programs	Number of vulnerable populations reached	1200	1200	1200	1200	1	1	1	1	4	
	2.1.8 Facilitate formation of the Harm Reduction Platform(HARP) in collaboration with key stakeholders	Increased advocacy for drug users	Number of advocacy campaigns held	3	3	3	3	1	1	1	1	4	
			Number of drug users reached	2000	2000	2000	2000	1	1	1	1	4	
Number of rehabs inspections	2.19 Develop National Guidelines for implementation of harm reduction programs	National harm reduction standards	Harm reduction guidelines document	0	1	0	0	0	3	0	0	3	
			Number of dissemination meetings	0	7	0	0	0	2.1	0	0	2.1	
2.2 Ensure compliance to the national standards of treatment and rehabilitation	2.2.1 Quarterly inspection and accreditation for rehabilitation centers	Increased compliance to national standards by rehabilitation centers	Number of rehab centres inspected	4	4	4	4	-	-	-	-	-	
			Number of rehabs inspected	200	200	200	200	8	8	8	8	32	
	2.2.2 Hold an annual forum with rehab owners	,,	Number of forums held	1	1	1	1	2	2	2	2	8	
	2.2.3 Develop guidelines for aftercare and re-integration	Programs for relapse prevention established	Guidelines developed	1	-	-	1	1.2	-	-	1.2	2.4	
			No. of service providers trained	-	200	-	200	0.8	-	-	0.8	1.6	
2.3. To provide counselling and referrals through NACADA Helpline	2.3.1 Provision of counselling and referrals	Increased uptake of telephone counselling & referral services	Number of clients counselled and referred	30,000	30,000	30,000	30,000	0.48	0.48	0.48	0.48	1.92	Director, Public Education and Advocacy Counselling and Rehabilitation

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
2.4 Undertake capacity building programs to improve the performance of professionals in addiction field	2.4.1. Conduct training and facilitate certification of professionals in addiction field	Increased professionalism in addiction field	Number of trained & certified addiction professionals (A-in-A)	360	360	360	360	26	26	26	26	104	
	2.4.2 Conduct training for recovery coaches	Increased professionalism in addiction field	Number of trained recovery coaches	180	180	180	180	3.0	3.0	3.0	3.0	12	
	2.4.3 To capacity build partners' institutions undertaking rehabilitation services	Increased professionalism in addiction field	Number of partner institutions trained	200	200	200	200	2.5	2.5	2.5	2.5	10	
	2.4.4 Facilitate the operations of the Advisory Council	Increased professionalism in addiction field	Number of meetings held	4	4	4	4	0.4	0.4	0.4	0.4	1.6	
	Sub-Total							**123.8**	**166.9**	**261.8**	**403.8**	**956.2**	
K.R.A 3: Compliance, Quality Control and Standards													
Strategic Objective: To enhance enforcement of ADA control legislation and ensure quality assurance of the Authority's deliverables													
Expected Outcome: 1. Improved compliance to ADA legislation in Kenya 2. Improved quality for the Authority's programmes and services													
3.1. Enforce compliance with alcohol and drug control laws, regulations and standards	3.1.1 Coordinate multi-agency crackdowns to enforce compliance with alcohol and drug control legislation.	Increased compliance with alcohol and drug control legislation	Number of crackdowns.	94	141	188	235	37.6	56.4	75.4	94	263.2	Director Compliance, Quality Control and Risk Management Regional Managers
	3.1.2 Hold quarterly Multi-Agency forums for alcohol control at all levels of government	Multi-Agency response to ADA control and Meet reporting and advisory obligations of the Authority on issues relating to ADA control	No. of National Interagency coordinating committee forums	4	4	4	4	0.2	0.2	0.2	0.2	0.8	
			No. of Regional interagency committee forums	32	32	32	32	1.6	1.6	1.6	1.6	6.4	
			No. of County Interagency committee forums	188	188	188	188	9.4	9.4	9.4	9.4	37.6	
	3.1.3 Build the capacity of the county government to develop and	Enhanced implementation of the alcohol and drug control legislation by the	Number of trainings	5	5	5	5	2	2	2	2	8	Director Compliance, Quality Control and Risk Management

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
	implement alcohol and drug control legislation	County Government											
	3.1.4 Hold annual consultative forums with County Government on alcohol and drug control	Enhance control of alcohol and drugs	Number of forums	1	1	1	1	2	2	2	2	8	
	3.1.5 Prepare and disseminate a manual for multi-agency enforcement teams to facilitate inspection	Improve the efficiency of the enforcement of alcohol and drug legislation	Number distributed	400	400	400	400	0.1	0.1	0.1	0.1	0.4	
	3.1.6 Development of relevant regulations/guide lines on alcohol and drug control	Regulatory framework for Alcoholic Drinks Promotions	Number draft regulations	1	1	1	1	3	3	3	3	12	
	3.1.7 Undertake quarterly vetting of alcoholic drinks promotions	Ensure compliance with alcoholic drinks promotion regulations	Alcoholic drinks vetting committee reports	4	4	4	4	0.2	0.2	0.2	0.2	0.8	
	3.1.8 Participate in regional/internati onal forums on standards, regulations and emerging trends in Alcohol and drug control.	Improved Regional and International collaborations for Alcohol and Drug control	Number of forums	4	4	4	4	6	6	6	6	24	Director Compliance, Quality Control and Risk Management
	3.1.9 Hold awareness forums on ADA Control for the criminal justice systems.	Efficient ADA control criminal justice system	Number of the awareness forums on ADA Control for the criminal justice systems.	3	3	3	3	4.5	4.5	4.5	4.5	18	
	3.1.10 Support the prosecution of ADA cases through the Court Users Forums.	Effective prosecution of ADA offences.	Number of the Court Users Forums.	6	6	6	6	0.168	0.168	0.168	0.168	0.672	
	3.1.12 Hold annual Impromptu inspections for treatment and rehabilitation facilities	To enforce compliance to T&R legislation	Number of facilities inspected	140	140	140	140	2	2	2	2	8	
3.2 To develop and implement a National Early Warning System for substances of abuse	3.2.1 Develop and Implement the National EWS	Increased efficiency and a proactive response to threats and risks posed by psychoactive substances in the Kenyan population	Percentage Implementatio n of the EWS framework	50	30	10	10	6	6	6	6	24	

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
	3.2.2 Publicity of the EWS	Increased awareness of the available reporting structures and drug alerts	Number of Advertisements in the local media outlets	5	5	5	5	1	1	1	1	4	Director Compliance, Quality Control and Risk Management
3.3 Quality Assurance for the Authority programmes and services	3.3.1. Quality Gap assessment	Baseline analysis of quality gaps and recommendations on the same	Number of reports	1	0	1	0	2	0	2	0	4	
	3.3.2. Annual Quality Improvement plan	Ensure continuous quality improvement to address quality gaps	Quality improvement plans	1	1	1	1	0.5	0.5	0.5	0.5	2	
	3.3.3. Monitoring and evaluation of ADA programmes	Improved outcomes and impact of programmes	Programme Monitoring and Evaluation reports	4	4	4	4	1	1	1	1	4	Director Compliance, Quality Control and Risk Management
	Sub-Total							**79.27**	**96.07**	**117.1**	**133.7**	**426.1**	

K.R.A 4: Research, Policy and Planning Strengthening

STRATEGIC OBJECTIVE 1: To provide leadership on planning and policy formulation, research coordination and strengthening the national repository on Alcohol and Drug Abuse

Outcomes:
Increased utilization of research data to inform interventions and policies

4.1 To provide accurate and timely data on the status of alcohol and drug abuse in Kenya	4.1.1 Conduct a nationwide survey on the status of alcohol and drug Abuse with representative data for the 47 counties in Kenya	Enhance evidence-based ADA programming.	Generate County based indicators	-	1	-	-		60			60	Director Research, Policy and Planning
	4.1.2 Conduct ADA related research to fill existing and emerging data needs to inform policy and programs	Documentation of emerging ADA trends	No. of National Surveys	1	1	1	1	10	10	10	10	40	
	4.1.3 Undertake regular operational surveys as per the requirements of lead agencies	Improved service delivery	No. of operational surveys	2	2	2	2	6	6	6	6	24	Director Research, Policy and Planning
	4.1.4 Document best practices in the implementation of demand reduction programs	Evidence based ADA programming	No. of calls for papers, No. of journal issues, No. of conferences/ forums		1		1	-	20		20	40	

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
	4.1.5 Dissemination of ADA research findings through relevant platforms	High visibility of NACADA	No. of dissemination platforms	1	1	1	1	5	5	5	5	20	
	4.1.6 Undertake periodic assessment of emerging drugs of abuse in the country	Supply suppression	No. of periodic assessment	1		1		10		10		20	
	4.1.7 Undertake ADA baseline and follow-up surveys in the public and private sector workplace for evidence-based programming	Evidence based ADA mainstreaming in the workplace	No. of baseline or follow-up surveys in the workplace	2	2	2	2	3	3	3	3	12	
4.2 Coordinate the formulation of internal and external policies	4.2.1 Support the review and implementation of internal policies and support annual, mid-term and end term reviews of internal policies	Improved institutional operations	Number review meetings held	1	1	1	1	3	3	3	3	12	Director Research Policy and Planning
	4.2.2. Develop and coordinate the implementation of relevant drug policies and implementation frameworks	Improved coordination and implementation of policies	No. of Plans of action and implementation frameworks		-	-	2	5			5	10	Director Research Policy and Planning
Strengthen the capacity of county governments to develop county ADA plans of action	4.2.3 Develop and review the implementation of the National Strategy for Prevention, Mitigation and Control of ADA	National Strategy for ADA developed and annual implemented	National Strategy Implementation framework and reports	1	1	1	1	5	1	1	1	8	Director Research Policy and Planning
	4.2.4 Develop and disseminate guidelines on the establishment and management of Alcoholic Drinks Control Funds	Guidelines on the establishment and management of Alcoholic Drinks Control Funds document	0	1	0	0	0	3	0	0	3	0	
		Number of dissemination meetings	0	7	0	0	0	2.1	0	0	2.1	0	
	4.2.5 Develop and disseminate policy briefs on emerging trends in alcohol and drug matters at national and county levels	Policy makers informed on Key ADA issues in the country	No. of Policy Briefs developed	2	2	2	2	1	1	1	1	4	Director Research Policy and Planning

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
	4.3.1 Coordinate the implementation of NACADAs Strategic Plan (2019-2022)	NACADA Strategic Plan 2019-2022 developed and implemented	No of reviews	1	1	1	1	2	2	2	2	8	Director Research Policy and Planning
	4.3.2 Coordinate the development and implementation of the Authority's performance contracts	Quarterly, mid and end term reviews	No. of review forums No. printed and disseminated	4	4	4	4	2	2	2	2	8	
	4.3.3 Develop NACADAs Strategic Plan (2023-2027)	NACADA Strategic Plan 2023-2027 developed	Strategic Plan document	1	0	0	0	4	0	0	0	4	Director Research Policy and Planning
	4.3.4 Coordinate the implementation of international drug conventions, plan of actions and recommendations	Integration into national policies and strategies	National Action Plan Annual Reviews No. of reports No. of forums	2	2	2	2	2	2	2	2	8	
	4.3.5 To establish and convene Technical Working Groups (TWG) relevant to research and policy, prevention and	Increased stakeholder engagement in the implementation of the Authoritys mandate	Development of framework/ToRs for the TWGs	3	0	0	0	1	0	0	0	1	Director Research Policy and Planning
			No. of TWG meetings held	12	12	12	12	2.4	2.4	2.4	2.4	9.6	
	counselling and rehabilitation												
4.4 Ensure effective knowledge management for quality service delivery	4.4.1 Develop and implement the Authority's knowledge management framework/guide line	Effective and management of knowledge	Framework developed with the implementation plan	1	0	0	0	3	1	1	1	6	Director Research Policy and Planning
	4.4.2 Collate, Store, preserve and maintain data on ADA reports	Develop an NDO framework	NDO framework developed	1	0	0	0	3	1	1	1	6	Director Research Policy and Planning
		Collect data on ADA through the NDO	Hold Multi-Agency reporting forums	15	15	15	15	5	5	5	5	25.0	
		Training of data officers for submission of data	Training forums Reports	1	1	1	1	2.5	2.5	2.5	2.5	10.0	
	4.4.3 Prepare the Bi-Annual Reports on ADA and other international obligatory reports	Platform for sharing efforts in ADA	Multi-Agency meetings Report	2	2	2	2	4	4	4	4	16.0	Director Research Policy and Planning
	4.4.4 Coordinate development and continuous publishing of the ADA journal	Platform for sharing knowledge and information on ADA	Number of ADA Journals	2	2	2	2	4	4	4	4	16	

Annex 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
	4.4.5 Benchmark on organizational knowledge management best practice	Continuous learning for improvement	Visit Reports	1	1	1	1	1	1	1	1	4	
4.5 Strengthening the NACADA resource center to serve as a national repository on ADA research and knowledge	4.5.1 Stock the resource centre with 100 relevant books / resources annually	Enhance ADA knowledge to clients	No. of books/resources purchased	100	100	100	100	1	1	1	1	4	Director Research Policy and Planning
	4.5.2 Continually stock the library. corners in the regions	Improved information and knowledge flow on ADA	Number of ADA corners stocked	6	6	6	6	1	1	1	1	4	
	4.5.3 Continuous marketing of the resource center	Enhanced effective utilization of the resource centre	Number of clients sensitized Number of visits to the resource centre	1	1	1	1	1	1	1	1	4	
	4.5.4 Subscription to library information services, journals and papers	Increased uptake of the resource centre services	Number of books/resources borrowed	1	1	1	1	2	2	2	2	8.0	Director Research Policy and Planning
	4.5.5 Automation of key library services	Enhanced efficiency of the resource centre services	Number of automated services	1	1	1	1	1	1	1	1	4	
	Sub –Total							**95**	**141.9**	**71.9**	**92**	**400.8**	
KRA. 5; Institutional Strengthening													
STRATEGIC OBJECTIVE: To build high quality and Robust support services for the Authority.													
OUTCOMES: Enhanced support services to deliver the Authority's core mandate													
5.1 Effective utilisation of funds	5.1.1 Enhance compliance with PFM Act 2012 and PFM Regulation 2015, NACADA Finance policies and Procedures manual 2013;	Unqualified Audit report	Type of Audit opinion	1	1	1	1	3	1	1	1	6	Director Corporate Services
	5.1.2 Implement an Enterprise resource planning System (ERP)	Efficient Integrated system	Percentage of Completion	20	30	20	30	8	5	4	3	20	
			Percentage of usage	10	30	30	30	2.5	5	5	2.5	15	
5.2. Engage Development partners to increase the funding pool	5.2.1 Develop and Implement Resource mobilisation strategy	-Resource mobilization strategy -Increased resources for the Authority	-Resource mobilization strategy	1	-	-	-	1	-	-	-	1	
			-Increase Donor support resources	10%	10%	10%	10%	1	1	1	1	4	
	5.2.2 Budget and engage National Treasury for increased funding	-Increased allocation	-Percentage increase in allocation	5	5	5	5	0.5	0.5	0.5	0.5	2	
	5.3.1. Development and Approval of Risk Management	-Risk Management policy	-Approved risk management policy	1	-	-	-	4	-	-	-	4	Director Corporate Services

Annexe 1: The Implementation Framework

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
	policy by the Board												
	5.3.2. Training on Risk Management.	Trained staff	Percentage of staff trained	25	25	25	25	2	2	2	2	8	
	5.3.3. Undertake annual risk assessments	Risk reports	Number of risk assessments conducted	1	1	1	1	1.5	1.5	1.5	1.5	6	
	5.3.4 Provide assurance on the effectiveness of risk management.	Assurance report	Number of reports	1	1	1	1	0.25	0.25	0.25	0.25	1	
5.4. Implementation of Quality Management Systems (QMS).	5.4.1 ISO 9001:2015 certification and maintenance.	ISO 9001:2015 Certification	-Level of attainment of certification -Audit reports	30%	30%	40%	-	5	5	10	-	20	
5.5. Recruit and retain competent staff	5.5.1 Review and Deploy Human Capital	ISO 9001:2015 Certification Train and Deploy staff	-Level of attainment of certification -Audit reports	1	1	1	1	0.6	0.6	0.6	0.6	2.4	
	5.5.2 Review and Deploy Human Capital	Increased staff within the Authority's operations	-Percentage of staff gap filled	25	25	25	25	130	130	130	130	520	
5.6. Strengthen staff competencies	5.6.1 Staff Training and Development	Trained staff	-Percentage of staff trained	100	100	100	100	20	20	20	20	80	
5.7. Institutionalize	5.7.1 Conduct employee	Appraised employees	-Number of appraisals	2	2	2	2	0.2	0.2	0.2	0.2	0.8	
performance management	performance appraisal												
5.8. Ensure effective asset management.	5.8.1 Asset management	Updated Asset registers	-Acquired assets register -Maintained assets register	4	4	4	4	22	22	22	22	88	
5.9. Expansion and equipping of regional offices	5.9.1 Identify and operationalize 3 additional regional offices	Updated Asset registers operational Regional offices	-Acquired assets register -Maintained assets register -Number of operational Regional offices	1	1	1		10	10	10		30	
5.10. Ensure safe and conducive work environment.	5.10.1 Create and maintain safe and conducive work environment	Updated Asset registers operational Regional offices safe and conducive work environment	-Acquired assets register -Maintained assets register -Number of operational Regional offices -Level of compliance to OSHA	1	1	1	-	1.2	1.2	1.2	1.2	4.8	Director Corporate Services
				60%	20%	10%	10%	0.5	0.5	0.5	0.5	2	
5.11. Leverage on ICT to support NACADA mandate	5.11.1 Ensure adherence to established ICT standards;	Report of Compliance to ICTA standards	Compliance percentage	60	20	10	10	5	5	5	5	20	
5.12 Enhance ERP system	5.12.1 Implementation of EDMS	Operational EDMS	Level of implementation of the EDMS	20	30	20	30	8	1	1	1	11	Director Corporate Services
	5.12.2 Ensure adherence to established ICT standards;	Report of Compliance to ICTA standards	Compliance percentage	60	20	10	10	15	15	15	15	60	

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Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
	5.12.3Implementation of EDMS	Operational EDMS	Level of implementation of the EDMS	20	30	20	30	8	1	1	1	11	
5.13 Enhance Communication Mechanisms on alcohol, drug and substance abuse	5.13.1 Develop Communication Policy and its Standard Operating Procedures (SOPs)	Streamlined internal and external communications	Communication Policy developed	1	-	-	1.5	1	0.5	0.5	0.5	2.5	
		-Partnerships formed for the ADA response - More support and involvement of persons with SUDs	Corporate Social Responsibility Policy developed	1	-	-	-	1	1.5	2.0	2.5	7.0	
	5.13.2-Enhance the NACADA Brand by developing a Brand Manual	Establishment of a consistent brand identity that resonates with stakeholders for all the Authority's communications	Brand Manual developed	1	-	-	-	1	0.5	0.5	0.5	2.5	Director Corporate Services
	5.13.3-Cascade and implement a Communication Strategy from the Strategic Plan	Strategic Partnerships and collaboration with key media players and other critical stakeholders for NACADA programmes	An integrated Communication Strategy and Plan developed with, and for targeted stakeholders	3	4	5	6	30	40	50	60	180	
	Sub-Total							**282.3**	**270.3**	**284.8**	**271.8**	**1109**	
Key Result Area 6: Leadership and Integrity													
Strategic Objective: To enhance/strengthen leadership and integrity in the operations of the Authority													
6.1 Undertake periodic public perception survey of the Authority	6.1.1 Conduct annual survey on public perception	Survey report	Survey report	1	1	1	1	0.6	0.6	0.6	0.6	2.4	Director Corporate Services
	6.1.2 Create awareness on national values and principles of Governance	Training reports	Number of trainings	1	1	1	1	0.3	0.3	0.3	0.3	1.2	
	.1.3 Undertaking biennial compliance survey	Survey report	Survey report	1	1	1	1	0.6	0.6	0.6	0.6	2.4	
6.2 Ensure compliance to national values and principles of Governance	6.2.1 Operationalising the registration of conflict of interest and gifts	Gift register Conflict of interest register	Gift register Conflict of interest register	1 1	1 1	1 1	1 1	0.1 0.1	0.1 0.1	0.1 0.1	0.1 0.1	0.4 0.4	
	6.2.2 Develop a corruption risk assessment and mitigation plan	Risk assessment and mitigation plan	Mitigation plan	4	4	4	4	2	2	2	2	8	
6.3. Establishing and strengthening anti -corruption system	6.3.1 Carry out audits	Legal audit reports	Number of audit reports	1	1	1	1	2	2	2	2	8	

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Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility
				19/20	20/21	21/22	22/23	19/20	20/21	21/22	22/23	Total	
6.4 Enhance compliance with corporate governance guidelines	6.4.1 Carry out trainings	Enhanced officers	Number of training reports	1	1	1	1	2	2	2	2	8	Director Corporate Services
	Sub-Total							**7.7**	**7.7**	**7.7**	**7.7**	**30.8**	
	GRAND TOTAL											**4132.4**	

Annex 2: Monitoring and Evaluation Framework

Key Result Area (KRA)	Outcome	Activities	Key Performance Indicators	Baseline	Target for 4 years	Achievements	Variance	Comments
K.R.A 1. Public Education and Advocacy	Delayed and reduced initiation of substance use	1.1.1 Facilitate the implementation of evidence based/informed school programs in schools	No. of teachers trained as implementers of programs	101	4800			Director, Public Education and Advocacy Counselling and Rehabilitation
			No. of schools implementing programs	81	2400			
		1.1.2 Develop guidelines for school prevention policies and disseminate nationally	Guidelines document	0	1			
			No. of dissemination forums	0	1			
		1.1.3 Advocate for adoption of ADA prevention policies in schools	No. of schools with ADA policies	0	1800			
		1.1.4 Conduct media advocacy targeting children and youth to develop life skills reaching at least 2 million people annually	No. of targeted messages developed	2	4			
			No. of booklets printed	180,425	80,000			
			No. of national public dialogues held	0	8			
	Improved education and skills for parents to reduce substance use among children and youth	1.2.1 Conduct a media advocacy campaign targeting families - radio shows, social media, barazas, IEC materials reaching at least 2 million people annually	No. of targeted messages developed	0	2			
			No. of national public dialogues held	0	8			Director, Public Education and Advocacy Counselling and Rehabilitation
			No. of booklets printed	0	200,000			
		1.2.2 Conduct public awareness on positive parenting & need for healthy social environments - barazas, community dialogues, schools, and other relevant community fora	No. of parents reached	0	500,000			
		1.2.3 Facilitate positive parenting skills building for parents	No. of implementers trained	123	300			
			No. of families reached	0	12000			
	Reduced number of persons progressing to substance use disorders	1.3.1 Build capacity of school counsellors, social workers, community health workers, religious leaders and other caregivers working with youth and children to provide relevant interventions	No. of caregivers trained on screening;	0	2400			
			No. of schools and religious institutions that have interventions in place	0	240			
		1.3.2 Facilitate positive parenting skills building for parents	No. of implementers trained on positive parenting skills building;	0	300			

Key Result Area (KRA)	Outcome	Activities	Key Performance Indicators	Baseline	Target for 4 years	Achievements	Variance	Comments
			No. of parents reached with positive parenting skills training	0	12000			
		1.3.3 Facilitate the uptake of brief interventions by colleges, universities and TVET institutions to reach about 1000 students	No. of counsellors trained on screening for substance use disorders;	0	480			
			No. of peer educators trained on peer referral and support;	0	480			Director, Public Education and Advocacy Counselling and Rehabilitation
			No. of institutions that have brief interventions in place	0	240			
		1.3.4 Conduct media advocacy addressing selective and indicated populations (persons at risk)	No. of targeted messages developed;	1	2			
			No. of booklets printed	165,000	80,000			
			No. of national public dialogues held	0	8			
	Improved response to threats of illegal drugs, alcohol, tobacco use as well as other drugs in the community at local and national level	1.4.1 Facilitate training programs to reach entertainment venues through bar owners associations	No. of trainings for staff and managers held	0	24			
			No. of venues reached	0	9600			
		1.4.2 Build capacity of teacher trainees in reaching teachers to facilitate drug prevention in schools	No. of teacher training institutions reached	0	96			
			No. of teacher trainees reached	0	4800			
		1.4.3 Build capacity of public health and social workers to facilitate drug prevention in the community	No. of public health and social workers reached	0	720			
			No. of capacity building forums held	0	24			
		1.4.4 Conduct public awareness campaigns to reach out of school youth	No. of peer educators trained on peer referral and support;	0	960			Director, Public Education and Advocacy Counselling and Rehabilitation
			No. of out of school youth reached	0	48000			
		1.4.5 Promote establishment of workplace prevention programmes in institutions	No. of cluster trainings conducted	7	16			
			No. of institutions reached	56	160			
		1.4.6 Advocate for adoption of ADA workplace policies in private and public sector institutions	No. of dissemination forums	0	8			
		1.5.1 Develop a framework for community coalitions/working groups and disseminate nationally	Community coalitions framework document;	0 0	1 2			
			No. of dissemination forums	0	2			
		1.5.2 Build capacity of coalitions to address local risk factors, and	No. of capacity building forums held	0	36			

Key Result Area (KRA)	Outcome	Activities	Key Performance Indicators	Baseline	Target for 4 years	Achievements	Variance	Comments
		champion enforcement of ADA policies at local level	No. of community driven initiatives implemented	0	36			
	Increased delivery of interventions and policies based on scientific evidence	1.6.1 Develop national drug use prevention standards and disseminate nationally	Drug use prevention standards document	0	1			
			No. of dissemination meetings;	0	1			Director, Public Education and Advocacy Counselling and Rehabilitation
			No. of capacity building forums	0	2			
		1.6.2 Develop a national drug prevention system	Drug prevention system document	0	1			
			No. of dissemination meetings;	0	1			
			No. of national drug prevention consultative meetings	0	0			
		1.6.3 Develop national professional standards for drug prevention practitioners	Drug use professional prevention standards document;	0	1			
			Quality standards for accreditation	0	1			
			No. of dissemination meetings;	0	1			
KRA 2. Increased quality treatment, rehabilitation and reintegration	Increased access to quality treatment, rehabilitation and reintegration	Facilitate the establishment of a model treatment and rehabilitation center	Percentage of the model rehabilitation center completed	100%	0%			
	Increased affordable outpatient services	Scale up the establishment of hospital-based treatment and rehabilitation centres	Number of hospital-based rehabs established	20	11			Director, Public Education and Advocacy Counselling and Rehabilitation
	Increased advocacy forums for drug users	Identify and train healthcare workers on support groups, counselling, treatment and rehabilitation for persons with SUDs	Number of healthcare workers trained Number of support groups established Number of persons with SUDs	480 16 2400	15 3 600			
	Reduced number of relapses	Advocate for insurance coverage for treatment of SUDs	Number of treatment centres accredited by NHIF and other insurance service providers	200	15			
		Undertake individuals screening, assessment, counselling and referrals at community level.	Number of outreaches conducted Number of clients screened and referred for treatment of SUDs	48 2,400	12 600			
		Create awareness on treatment and rehabilitation targeting vulnerable groups	Number of vulnerable populations reached	8,000	480			

Key Result Area (KRA)	Outcome	Activities	Key Performance Indicators	Baseline	Target for 4 years	Achievements	Variance	Comments
		To capacity build partners' institutions undertaking rehabilitation services	Number of partner institutions trained		100			
	Increased compliance in treatment and rehabilitation programs	Develop guidelines for aftercare and reintegration	Well-structured guidelines for aftercare care and re-integration	1	1			
		Guide and monitor implementation of the treatment and rehabilitation standards	Number of treatment & rehabilitation centres complying with National Standards	200	32			
		Hold annual forums with rehab owners	Number of forums held	4	8			Director, Public Education and Advocacy Counselling and Rehabilitation
	Increased professionalism in the addiction field	Training addiction professionals on Universal Treatment Curriculum	Number of trained & certified professionals in the addiction field	1440	A in A			
		Facilitating meetings for the Advisory Council	Number of meetings held	16	16			
	Provision of counselling and referrals	Increased awareness of evidence based treatment and rehabilitation programs	Number of clients counselled	120,000	80,000			
	Increased compliance in treatment and rehabilitation programs	Conduct training and facilitate certification of recovery coaches	Number of trained & certified recovery coaches	540	20			
		Facilitate formation of Harm Reduction Platform (HARP)	Number of advocacy forums held	12	0			
			Number of drug users reached	8,000	0			
K.R.A 3. Compliance, Quality Control and Standards	Enforce compliance with alcohol and drug control laws, regulations and standards	Coordinate multi-agency crackdowns to enforce compliance with ADA regulations in all counties with factorial scale yearly scale up	Enforcement/crackdowns report	8	658			Director Compliance, Quality Control and Risk Management
		Hold quarterly Multi-Agency forums for Alcohol and Drug Control at all levels of Government	No. of National Interagency coordinating committee forums No. of Regional interagency committee forums No. of County interagency committee forums	 10 100	16 128 752			
		Build the capacity of the County Government to develop and implement alcohol and drug control legislation	Number of training	0	20			Director Compliance, Quality Control and Risk Management
		Hold annual consultative forums with County Government on alcohol and drug control	Number of forums	0	4			
		Prepare and disseminate a manual for multi-agency enforcement teams to facilitate inspection	Number distributed	0	1600			

Key Result Area (KRA)	Outcome	Activities	Key Performance Indicators	Baseline	Target for 4 years	Achievements	Variance	Comments
		Development of relevant regulations/guidelines on alcohol and drug control	Draft regulations/standards	1	4			
		Undertake quarterly vetting of alcoholic drinks promotions	Alcoholic drinks vetting committee reports		16			
		Participate in regional/international ADA control forums on standards, regulations and emerging trends	Forums	0	16			Director Compliance, Quality Control and Risk Management
		Hold awareness forums on ADA Control for the criminal justice systems.	Sensitization reports on ADA Control for the criminal justice systems.	0	12			
		Support the prosecution of ADA cases through the Court Users Forums.	Reports on the Court Users Forums.	0	24			
		Holding annual forums for treatment and rehabilitation service providers	T&R annual forum report	0	4			
		Annual inspection for licensing of treatment facilities and maintenance of a comprehensive database	Inspection reports	0	4			
	Develop and implement a National Early Warning System substances of abuse	Development of a Rapid Information Exchange framework	Information Exchange framework	0	1			
		Development of a Risk assessment /analysis and decision-making framework	Risk Assessment and Decision-making framework	0	1			
		Development of a Control and feedback Framework	Percentage completion of the Control framework	0	1			
		Publicity of the EWS	Number of Advertisements in the local dailies	0	20			Director Compliance, Quality Control and Risk Management
	Quality Assurance of the Authority's programmes and services	Undertake a Quality gap assessment for the Authority	Quality gap analysis report	0	2			
		Design and implement the Annual Quality Improvement plan to address quality gaps	Annual Improvement plan	0	4			
		Undertake Programme monitoring and evaluation	Programme Monitoring and evaluation Reports	-	16			
KRA 4. Research Policy and Planning	Evidence based alcohol and drug abuse programming	Conduct a nation-wide survey on the status of drugs and substance abuse with representative data for the 47 counties in Kenya	ToRs, contracts and county research reports	10	47			Director Research Policy and Planning

Key Result Area (KRA)	Outcome	Activities	Key Performance Indicators	Baseline	Target for 4 years	Achievements	Variance	Comments
		Conduct ADA related research to fill existing and emerging data needs to inform policy and programs	ToRs, contracts and research reports	4	4			
		Undertake regular operational surveys as per the requirements of lead agencies	ToRs, contracts and research reports	7	8			
		Document best practices in the implementation of demand reduction programs	Call for papers, conference/ workshop reports & abstract booklet	3	2			
		Dissemination of ADA research findings through relevant platforms	Media extracts, conference reports, approval for website uploading	4	4			
		Undertake periodic assessment of emerging drugs of abuse in the country	ToRs, proposal and research reports,	1	2			
		Undertake ADA baseline and follow-up surveys in the public and private sector workplace for evidence-based programming	Proposal, LSOs and research reports	15	8			
	Effective knowledge management for quality service delivery	Develop and implement the Authority's knowledge management framework	Consultant's ToRs; Framework developed; Implementation plan;	0	1			
			Development workshops					
		Collate, Store, preserve and maintain data on ADA	No. of reporting meetings; No. of data officers trained; Summary of data submitted	6	8			
		Coordinate development and continuous publishing of the ADA journal	ToRs for peer reviewers, Abstracts submitted; No.of ADA Journals published	0	4			Director Research Policy and Planning
		Prepare the Bi-Annual Reports on ADA and other obligatory reports	No. of stakeholder workshops; No of Reports submitted	9	8			
		Benchmark on organizational knowledge management best practice	Identified visit sites; Number of visits	0	4			
	Strengthening the NACADA resource centre to serve as a national repository on ADA research and knowledge	Stock the resource centre with 100 relevant books / resources annually	No. of books/resources purchased	-	400			
		Continually stock the library corners in the regions	Number of ADA corners stocked	-	6			

Key Result Area (KRA)	Outcome	Activities	Key Performance Indicators	Baseline	Target for 4 years	Achievements	Variance	Comments
		Continuous marketing of the resource centre	Number of persons visiting the resource centre	-	4			Director Research, Policy and Planning
		Automation of key library services	Number of automated services	-	4			
		Subscription to library information services, journals and papers	Number of subscriptions	-	4			
	Coordinate the formulation of internal and external policies	Support the review and implementation of internal policies Support annual, mid-term and end term reviews of internal policies	ToRs, contracts, revised policies and review reports	7	7			
	Strengthen the capacity of county governments to develop county ADA plans of action	Development of national guideline for alcohol and drug control. Dissemination of ADA Drug Control guidelines	Guidelines, reports, Reports	7 0	7			
	Coordinate planning, monitoring, evaluation and reporting on the implementation of ADA activities	Develop and coordinate the implementation of NACADAs Strategic Plan (2019-2022) – reviews	Strategic plan Implementation reports	7	7			
		Coordinate the development and implementation of the Authority's PCs	Annual performance contracts Quarterly/Annual reports PC Evaluation reports	16	16			
		Coordinate the development of NACADAs Strategic Plan 2023-2027	TORs Strategic plan	7	7			Director Research Policy and Planning
		Coordinate the implementation of the African Union Plan of Action on Drug Control and Crime Prevention (AUPA) 2019-2023	Implementation plan Reports	4	4			
		Develop and coordinate the implementation of relevant drug policies and implementation frameworks	ADA policies TOR's Implementation plan Reports	7	7			
		Develop and review the implementation of the National Strategy for Prevention, Mitigation and Control of ADA	Implementation plan Reports TORS	7	7			
		Develop and disseminate policy briefs on emerging trends in alcohol and drug matters at national and county levels	Policy briefs Reports Implementation plan	4	8			

Key Result Area (KRA)	Outcome	Activities	Key Performance Indicators	Baseline	Target for 4 years	Achievements	Variance	Comments
		Coordinate the development and implementation of the Authority's PCs	Annual performance contracts Quarterly/Annual reports PC Evaluation reports	16	16			
KRA 5Institutional Strengthening	Institutional Sustainability	Enhance compliance with PFM Act 2012 and PFM Regulation 2015, NACADA Finance policies and Procedures manual 2013;	Unqualified Audit opinion	0	4			Director Corporate Services
		Implement an Enterprise resource planning System (ERP)	Percentage of Completion Percentage of usage	0 0	100 100			
		Develop and Implement Resource mobilisation strategy	Resource mobilization strategy Increase donor support resources	0 5%	1 40%			
		Budget and engage National Treasury for increased funding	Percentage increase in allocation	0	20			
		Development and Approval of Risk Management policy by the Board	Approved risk management policy	0	1			
		Training on Risk Management.	Percentage of staff trained	5	100			
		Undertake annual risk assessments	Number of risk assessments conducted	0	4			Director Corporate Services
		Provide assurance on the effectiveness of risk management.	Number of reports	0	4			
		Operationalization of the Team-mate system	Percentage of Implementation	0	100%			
		ISO 9001:2015 certification and maintenance.	Level of attainment of certification Audit reports	0 0	100% 4			
		Review and Deploy Human Capital	Percentage of staff gap filled	30	100			
		Staff Training and Development	Percentage of staff trained	80	100			
		Conduct employee performance appraisal	Number of appraisals	1	8			
		Asset management	Update of the assets register Maintenance of the assets	0 0	4 4			
		Identify and operationalize 3 additional regional offices	Number of operational Regional offices	0	3			
		Create and maintain safe and conducive work environment	Level of compliance to OSHA	20%	100%			Director Corporate Services
		Ensure adherence to established ICT standards;	Compliance percentage	30%	100%			

Key Result Area (KRA)	Outcome	Activities	Key Performance Indicators	Baseline	Target for 4 years	Achievements	Variance	Comments
		Implementation of EDMS	Level of implementation of the EDMS	0	100			
		Develop Communication Policy and its Standard Operating Procedures (SOPs)	Number of Communication Policy Standard Operating Procedures developed Approved policies/SOPs	0 0	3 1			Director Corporate Services
		Enhance the NACADA Brand by developing a Brand Manual	Number of Brand Manuals developed Developed Brand Manual	0	1			
		Cascade and implement a Communication Strategy from the Strategic Plan	An integrated Communication Strategy and Plan developed with, and for targeted stakeholders Number of Communication campaigns implemented	0	16			
KRA 6 Leadership and Integrity	An institution built on integrity and accountability.	Conduct biennial survey on public perception	Survey report	0	2			
		Create awareness on national values and principles of Governance	Number of trainings	0	4			
		Undertaking biennial compliance survey	Survey report	0	2			
		Operationalising the registration of conflict of interest and gifts	Gift register Conflict of interest register	0	4			
		Develop a corruption risk assessment and mitigation plan	Mitigation plan	0	16			
		Carry out audits	Number of audit reports	5	4			

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MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT

KENYA VISION 2030