

Kitale Community Advancement Programme



Strategic Plan 2020 – 2025

July 2020 – June 2025

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
LIST OF ACRONYMS AND ABBREVIATIONS.....	3
FOREWORD.....	4
1.0 BACKGROUND AND INTRODUCTION.....	5
1.1 Organisational Background	5
1.2 Organisational Identity.....	5
1.3 Value Proposition.....	7
1.4 Track Record (Impacts & Results).....	7
1.5 Rationale & Process of Strategic Plan Development	8
2.0 ANALYSIS OF THE OPERATING CONTEXT	9
2.1 Overview of National Development Contexts.....	9
2.2 Summary of Strengths Weakness, Opportunities & Threats	13
3.0 STRATEGIC CHOICES	15
3.1 Overview of Strategic Options and Pillars.....	15
3.2 Theory of Change (ToC).....	16
4.0 IMPLEMENTATION STRATEGIES & INTERVENTIONS	18
4.1 Overview	18
4.2 Strategic Objectives/Goals and Interventions.....	18
4.3 Overarching Strategies and Critical Success Factors	23
4.4 Operational Modalities	24
4.5 Governance and Management.....	26
5.0 APPENDICES	26

LIST OF ACRONYMS AND ABBREVIATIONS

AYP	Adolescent and Young People
ADA	Alcohol and Drugs Abuse
ANV	Active Non-Violence
ART	Antiretroviral Treatment
BoD	Board of Directors
BPM	Behaviour Process Method
CC	Climate Change
CoK (2010)	Constitution of Kenya 2010
CRPs	Community Resource Persons
CRP-A	Community Resource Person, Addiction
CRP-H	Community Resource Person, HIV/AIDS
CRP-T	Community Resource Person, Trauma/Peace
CRP-U	Community Resource Person, Unreached Youths
CSOs	Civil Society Organisations
GDP	Gross Domestic Product
GoK	Government of Kenya
HIV/ AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HR	Human Resource
HROC	Healing and Rebuilding Our Communities
ICT	Information and Communication Technology
IGA	Income Generating Activities
KAP	Kitale Community Advancement Programme
M&E	Monitoring and Evaluation
MHM	Mill Hill Missionaries
MMM	Medical Missionaries of Mary
NACADA	National Authority for the Campaign Against Alcohol and Drug Abuse
NGO	Non-Governmental Organisation
PET	Participatory Educational Theatre
PLA	Participatory Learning and Action
PLWHA	People Living with HIV/AIDS
SAPTA	Support for Addiction Prevention and Treatment in Africa
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection(s)
SWOT	Strengths, Weaknesses, Opportunities & Challenges
ToC	Theory of Change
TOT	Training of Trainers
VMM	Volunteer Missionary Movement
VP	Vulnerable Person

FOREWORD

Kitale Community Advancement Programme (KAP) is a community education and counselling programme. KAP was founded in 1993 and run as the 'Kitale AIDS Programme' and got registered in 2009 as a national Non-Governmental Organization. KAP's core mandate is mitigating the impact of societal break-down by creating, promoting, and facilitating innovative and sustainable educational and counselling approaches. KAP mainly works in Trans Nzoia County and has offices in Kitale Town.

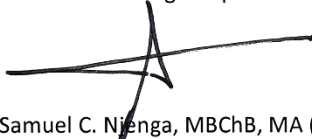
KAP has to date played an important role and made visible contributions to the global commitments to reduce HIV/AIDS infections while scaling up treatment and care; promoting mental well-being, especially substance abuse, trauma management and prevention for peace; as well as distorted emotional and social capacity. In this regard, KAP has been a beacon of hope, inspiration and a turning point in many people's lives while working from our hearts. However, despite these gains, HIV/AIDS prevalence, mental health challenges and risky behaviors stubbornly persist. Further, KAP notes with concern increase in related challenges of alcohol and substance abuse, violence, and trauma. We recognize the urgency of addressing these issues and have over time integrated the same into our activities.

This strategic plan seeks to consolidate our technical expertise and investments in these thematic areas, while holistically developing our organizational systems and capabilities. The plan outlines KAP's vision and strategic ambitions for the next five years, and the strategies for reaching the same. In particular, KAP will focus its investments in five strategic pillars: (1) HIV/AIDS Behavior Education; (2) Abuse and Addiction Prevention, Community-Based Treatment and Referral; (3) Prevention and Healing of Violence and Trauma for Peace; (4) Empowering Youth on the Margins ('Unreached Youths'); and (5) Institutional Excellence. We will mainstream issues of safeguarding/ protection, gender, resilience building, and environmental preservation, while pursuing rights-based approaches.

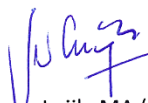
The rationale for the choices contained in the plan are substantially based on our track record, lessons learnt, outcomes of the context analysis, and other relevant studies. We made deliberate effort to align these priorities with global and national development frameworks. Such frameworks include Sustainable Development Goals (SDGs); Kenya's Vision 2030 and Medium-Term Plan 2018-2022; Strategy for Community Health 2014-2019; NACADA Strategic Plan 2019-2022; and Trans Nzoia County Integrated Development Plan 2018-2022 and HIV/AIDS Strategic Plan 2014/2015 – 2018/2019.

KAP is generally known as a small organization doing big things for many people. We acknowledge that achieving the ambitions set in this plan require that we leverage others' efforts. We will thus work with complementary actors to scale impact and or accelerate our innovative solutions.

We deeply appreciate the KAP fraternity, our collaborators, community representatives and external facilitators who contributed to the development of this plan. We are equally grateful to our partners that supported the process, and who continue to subscribe to our vision, for their continued moral, financial and/or material support. We invite all likeminded actors to join hands with us as we strive to make the world the great place it was intended to be; for the glory of God.



Dr. Samuel C. Njenga, MBChB, MA (Wales)
Chairman, KAP Board of Directors



Jacinta van Luijk, MA (London)
KAP Coordinator

1.0 BACKGROUND AND INTRODUCTION

1.1 Organizational Background

Kitale Community Advancement Programme is a community education and counselling programme based in Kitale, Kenya. KAP aims to mitigate the impact of societal break-down especially those related to breakdown of traditional societies and introduction of new lifestyles. This is achieved by creating and promoting innovative and sustainable educational and counselling approaches.

Inspired by God's call to help build His creation, KAP's work is based on a strong and practical spirituality with an ecumenical and interfaith character. The programme was started and run as the 'Kitale AIDS Programme' by the Medical Missionaries of Mary in 1993. In December 2009, the Programme was registered as a national Non-Governmental Organisation (NGO) separate from the Catholic Church. Since then, the coordination of KAP has been under the care of a Mill Hill Missionary.

In an endeavor to address underlying systemic drivers of societal breakdown¹, KAP in 2017 re-defined its identity and focus. This process resulted into amongst others KAP's name change to 'Kitale Community Advancement Programme', and a formal review of its constitution.

KAP's main concern is behaviours that promote HIV/AIDS, abuse of, and addiction to alcohol or drugs; violence/trauma and community peace; and community building. In particular, KAP empowers people at 'grassroots' level by giving them knowledge and skills as well as a concerned and helping human heart. Further, KAP pursues societal cohesion, community ownership, personal responsibility, true commitment and voluntarism as vital prerequisites for programme success and sustainability.

KAP's main strategic interventions revolve around (1) Community-based training of Community Resource Persons (CRPs); (2) Provision of professional counselling and (psycho-) education services; and (3) Health promotion courses and counselling for reimbursement/for a fee.

1.2 Organisational Identity

Vision Statement: A healed and caring society where hope abounds

Mission Statement: To transform and restore hope to broken lives by mitigating the impacts of societal breakdown through innovative education and counseling.

Core Values: The following values will underpin, guide and model KAP's goals, activities and conduct':

1. **Commitment:** KAP is wholeheartedly devoted to its beneficiaries, to whom it enthusiastically responds and goes the extra mile, even when this entails personal discomfort. While we have defined entry and exit strategies for sustainability, we often repeat intervention cycles if required.
2. **Inclusivity:** Driven by the principle of shared humanity (*ubuntu*), KAP embraces, respects, protects and engages everyone irrespective of faith, tribe, gender, age, and socio-economic status. We promote inclusion of the most vulnerable members of society and leave no one behind!

¹ This includes breakdown of traditional societies (sense of identity/belonging, social security, values, rules and guidelines towards 'living life', etc.), and their blind 'replacement' with new lifestyles, especially that this is done without reflection.

3. *Innovation & creativity*: KAP consistently seeks new ways of doing things better, more efficiently and differently for greater impact. We invest in continuous improvement and developing/ scaling innovative solutions to applicable societal challenges.
4. *Integrity*: We consistently live our commitments and hold ourselves to the highest level of moral and ethical uprightness, truth, and honesty. We pursue deep professional rigour, open accountability and stewardship of resources entrusted to us.

Organisational Philosophy and Guiding Principles

KAP regards poverty, injustice, marginalisation, sickness and (resultant) violence or abuse as some of the major results of societal breakdown. These situations lead to emotional and social imbalances, weaknesses, and incompetence. We are in this regard committed to addressing the underlying systemic, emotional, and relational issues that perpetuate or reinforce these conditions, rather than only focusing on managing the effects of the same. We therefore invest in empowering, counselling and, educating people to help them to heal, unblock stuckness, find themselves, restore hope, recalibrate their soul, and find new purpose(s) in life.

We understand our core interventions to be critical preconditions for the success of investments by complementary State and Non-State Actors who directly deliver services to the public/ communities.

Our work is especially guided by the following ideals or principles:

1. *Faith-driven empowerment*: As an interfaith and inter-denominational institution, KAP regards faith as the candle of light that overpowers darkness. We explore the values of compassion, love, and mercy as channels of hope, and a core basis of overcoming the underlying societal challenges.
2. *Voluntarism*: KAP sees voluntarism as ‘faith-in-action’. This entails giving without expecting any rewards. We facilitate people to use their talents and resources to ‘give back freely what has freely been received’. Usually volunteers decide on the recipient, nature, timing, and duration of their support. We do this without jeopardizing recipients’ healing, resilience, and self-reliance.
3. *Community-ownership*: KAP exercises meaningful engagement of stakeholders in its programs. We are committed to building on existing community capacities, and so apply the principle of ‘nothing for the community without the community’. We elevate the unity in COMMUNITY.
4. *Rights based programming*: KAP embraces holistic development that addresses both ‘Needs’ and ‘Rights’. We explore a human rights-based approach, including conscientising and capacity-building communities about their rights and responsibilities to ensuring minimum conditions of living with dignity, and supporting them to work towards and or claim the same (rights).
5. *Intervention strategies*: KAP emphasizes use of (rights-based) participatory educational approaches; professional counselling and community (psycho) education; as well as community building. These approaches emphasize healing as a major component for achieving safe behaviours. They also imply long-term engagement and follow-up that are often labour intensive. Advocacy is another important tool that KAP uses to achieve its objectives.

1.3 Value Proposition

We propose to add value to various actors in as follows:

Constituency	Value Proposition
Beneficiaries	These are our core constituents, for whom we will: <ol style="list-style-type: none">1. Collaborate strategically to confront violence, abuse, disunity and spread of HIV/AIDs2. Strengthen capacities via knowledge/ information sharing, education, and training.3. Offer high-quality counselling, rehabilitation, reconciliation & social support services.4. Enable access to comprehensive services through referrals, networking & linking.5. Grant safe spaces to effectively resolve address felt needs
Other Service Providers (State, CSOs, Church etc.)	We will closely collaborate with complementary actors, whom we shall offer: <ol style="list-style-type: none">1. Innovative and sustainable educational and counselling models/ solutions.2. Opportunities to leverage resources, have joint actions and scale impact.3. Access to our extensive (grassroots) networks, systems, structures, and platforms.4. Complementing State & other CSOs development agenda, objectives, and initiatives.5. Skills development, mutual learning, as well as knowledge & information sharing.
Funders	Within the development chain, we offer our funders the following: <ol style="list-style-type: none">1. Possible use of KAP networks, platforms & referral systems to realize mutual goals.2. Possibilities to share new knowledge, evidence, and innovative solutions (models, tools).3. Use of our technical know-how to deliver/ scale various developmental responses.4. Value for money, stewardship & accountability over resources entrusted to us.5. Visibility associated with our brand and goodwill
KAP fraternity (board, staff & volunteers)	Guided by the principle of love, we will offer the following to the KAP team. <ol style="list-style-type: none">1. Opportunities & resources to pursue passion of serving communities.2. Safe and supportive environment to unlock their potential and nurture talents.3. Fair compensation (within means) motivation and recognition for efforts and inputs.4. Association with the respected (KAP) brand name.

1.4 Track Record (Impacts & Results)

1. KAP has over the years developed, adopted, and tested innovative non-formal education and counselling approaches, methods, and materials. These include e.g. Behaviour Process Method² ('BPM'), 'Steps to Health Living' (SAPTA), 'Healing and Rebuilding our Communities (HROC)³', Active Non-Violence (ANV), Participatory Learning & Action (PLA) and Participatory Educational Theatre (PET). The use of these approaches has contributed significantly to responsible and caring attitudes, safe(r) behaviours and self-awareness of thousands of grassroots beneficiaries.
2. As of June 2020, KAP had trained and followed up 5,085 volunteers in Trans Nzoia County since 1993. The volunteers subsequently engage in community education and 'helping talks', community mobilization and development. KAP's data show that at least 70% of those trained actively volunteer eight months after starting their training.
3. KAP's engagement approaches have led to strong community trust. Whereas during community mobilisation, the latter's response is often reluctant - even hostile as people have got used to

² Based on applied psychology work by Gerard Egan and Sr. Kay Lawlor, MMM

³ By HROC International and Transforming Communities for Social Change (TCSC, Kipkarren River)

being paid to participate - this attitude is almost always changed upon exposure to KAP's activities. To date, 25 focus areas have been attended to. To demonstrate ownership, local in-kind contributions by supported communities amounted to euro 365,753 in financial year 2018-19.

4. KAP has over the years has paid continuous and committed attention to strengthening its internal systems. KAP has comprehensive policy manuals e.g. for governance, finance, human resources, safeguarding and resource mobilization. The external Education Review of KAP of 2017 noted KAP to be a frugal organisation. The organisation has consistently secured unqualified audited reports.
5. As a learning organisation, KAP has over the years undertaken various organisational and programme reviews. These include an Organisational Review in May 2014; Educational Programme Review in March 2017; Assessment of Organisation Development Progress in July 2017; and Self-Assessment of the Missionary Approach to Development in March 2017. Outcomes of these reviews are used to improve practice. These include for example review of KAP Constitution in April 2017; updates of key policy manuals; review of organisational structure; establishment of a transition and succession plan; and development of a comprehensive strategic plan (this document).
6. KAP's work has also contributed to improved social & health behaviours & use of health services. As an example, in 2019, new groups of CRPS contributed to a decrease in cases of risky sexual behaviours from 93 to 79%; increased those undergoing HIV testing from 80 to 89%; increased percentage of persons with 'no stigmatising attitude' from 25% to 68%.

1.5 Rationale & Process of Strategic Plan Development

The development of this strategic plan is motivated by KAP's desire for greater relevance to the evolving operational context; increased effectiveness; greater clarity of its organisational identity and focus; and enhanced institutional competencies. The Strategy builds on KAP's 'Vision Document 2017-2021', of which the development of this strategic plan was a major intervention/ deliverable.

The development of this strategic plan entailed a series of strategic reflections and consultations amongst KAP board, staff, volunteers, community members, partners, and other key stakeholders. The process was participatory and was preceded by various evaluations and reviews. These reviews and consultations provided opportunities for self-reflection and learning. In addition, the process offered KAP opportunities to further refine its identity, mandate and focus to enable it more effectively and sustainably improve the quality of lives of the people it serves.

The planning process entailed rigorous analysis of the operating context. In particular, the strategy development and drafting process went through different phases between 2018 and 2019. The different phases/ steps were facilitated by different external resource persons, but with significant inputs of KAP staff, volunteers, leadership, and key external stakeholders.

The strategy seeks to build on KAP's strengths and track record, and to consolidate its achievements. The plan will guide further institutional strengthening of KAP. This strategy will be the foundation for KAP's programming and operations over the next 5 years. The strategy is regarded as a living document and will thus be regularly adapted to enable effective (re)positioning of KAP to the changing context. The strategy will also be subjected to mid-term review.

2.0 ANALYSIS OF THE OPERATING CONTEXT

This section of the strategy provides a high-level overview of the operating context as at the time of developing this strategic plan, as a backdrop to the results KAP aims to achieve during the life of the strategy. We are however cognisant that the external context may change over time. We will thus continuously monitor this context and appropriately adjust our strategy, while remaining true to the KAP's mandate and mission.

2.1 Overview of National Development Contexts

2.1.1 Political and Legal Environment

Kenya has recorded significant regulatory and institutional reforms since the promulgation of a Constitution of Kenya (CoK) in 2010. These include for instance devolution and decentralisation; transformation of public sector workforce arrangements; introduction of results-oriented approaches to budget management; as well as establishment of various independent constitutional commissions.

Kenya's development model is anchored on a devolved governance structure, comprising 47 counties. Devolution is billed as one of the biggest gains from CoK 2010⁴. The country is presently implementing the second round of devolved governance. Effectiveness of devolution is however affected by corruption, poor coordination, delayed funding, limited accountability, and weak monitoring.

Further, Kenya is a presidential democratic republic, in which elections are the main means of transferring political power. Over the past decades, contestations for political power transfer have been sharply acrimonious, and often violent, leading to heightened tensions, insecurity, and deep ethnic rifts⁵. In March 2018, President Uhuru Kenyatta, and Hon. Raila Odinga pledged to work towards a better political dispensation. This was institutionalized under the Building Bridges Initiative⁶.



Picture 1: Reconciliation Process and Graduation of CRP-Ts by KAP

Kenya has also made progress in strengthening its regulatory frameworks for peaceful coexistence. These include a revamped CoK 2010, enactment of several supportive laws, and establishment of various institutions to address conflict. Challenges however remain as regards operationalisation of these frameworks; institutional capacity of agencies mandated to deal with conflicts; as well as weak coordination and inability to effectively deploy preventive and or disruptive strategies.

⁴ <https://www.worldbank.org/en/country/kenya/overview>

⁵ <https://www.knchr.org/Articles/ArtMID/2432/ArticleID/1028/The-2017-Kenya-General-Elections>

⁶ <http://www.president.go.ke/2018/03/09/building-bridges-to-a-new-kenyan-nation/>

Subsequently, the reality on the ground in a number of places is deep permeation of divisive politics. In KAP's working areas in Trans Nzoia County, ethnic tensions persist with cyclic conflicts, forced evictions, grabbing of land/ properties, and sexual violence. These situations have a deeply traumatizing effect on most citizens. There have also been limited efforts towards healing support and other needed response mechanisms at grassroots level. Such political violence is also known to fuel HIV infection and alcohol and substance abuse⁷. These contexts require deep wisdom, care and (pre)caution when programming. In this regard, KAP will continue to apply unifying approaches, be strictly politically and ethnically neutral, and work with people of all political affiliations.

2.1.2 Economic Context

General Overview: Vision 2030 is Kenya's development blueprint. It aims to transform Kenya into a newly industrialised, 'middle-income country providing a high-quality life to all its citizens by the year 2030'. Despite considerable gains in this respect, the country still faces challenges such as high levels of poverty and high-income disparity, which hampers growth and anti-poverty efforts.

Kenya has great developmental potential due to its youthful population, a dynamic private sector, highly skilled workforce, infrastructure, and a progressive Constitution. This potential is however constrained by challenges of poverty, inequality, corruption, weak governance, climate change, food insecurity, terrorism, and vulnerability to shocks⁸.

High levels of poverty in Kenya is demonstrated by the fact that 36% of Kenyans live below the line of US\$1.90 a day. According to the Kenya National Bureau of Statistics, 60% of Kenya's wealth is in the hands of about 20% of the population⁹. These high rates of inequality, unemployment and social polarisation are key drivers of violence. Poverty is in this regard both a cause and a consequence of conflict. Coast and Western Kenya have the highest poverty rate of 45%.

Trans Nzoia County is regarded as the breadbasket of Kenya. Most of the current land was occupied by white settlers who practiced large scale farming during the colonial era. These farms are however now mostly owned by Kenya's elites. Subsequently, despite Trans Nzoia County's high agricultural potential, there exists widespread unemployment and poverty. This is fueled by limited access to economical land, regular conflicts, marginalisation, unstable markets, rising cost of living and the effects of the HIV/AIDs. These situations lead to amongst others to in-access to essential services e.g. healthcare, dependencies, depression, violence, abuse/ addiction, and other risky behaviours.

Demographically, youth constitute 80% of Kenya's population. Affirmative action measures proposed in CoK 2010 notwithstanding, Kenya's youth have limited economic opportunities. Moreover, young people often lack core employability skills and entrepreneurial acumen. About 35% of Kenya's youth aged 15 to 29 are unemployed¹⁰. As an example, in Trans Nzoia County, 82% of the youth have up to secondary education; 92% of such youth have no technical skills¹¹, with poverty standing at 50.2%. A related challenge is the growing prevalence of abuse of children (and vulnerable adults).

⁷ <http://mail.awcfs.org/index.php/content-development/features/hiv-aids/item/1672-in-the-shadow-of-death-my-trauma-my-experience>

⁸ <https://www.worldbank.org/en/country/kenya/overview>

⁹ <https://www.knbs.or.ke/download/basic-report-well-kenya-based-201516-kenya-integrated-household-budget-survey-kihbs/>

¹⁰ UNDP *Kenya 2016 Annual Report*, p.4. See www.ke.undp.org

¹¹ Trans Nzoia County *Integrated Development Plan Report*, 2013-2017

In light of these situations, KAP appreciates the need to address the underlying drivers of poverty, as opposed to a charity orientation that addresses symptoms. However, KAP also recognises the need for immediate support for extremely distressed households; we thus often seek the support of well-wishers within or outside these communities to lend a hand on incidental basis. KAP will also continue establishing partnerships with complementary actors in livelihoods development/ resilience building.

2.1.3 Social-Cultural Context

Below are some of the prevailing socio-cultural contexts within which KAP operates.

HIV/AIDS Situation: Kenya has the joint third-largest HIV epidemic in the world (alongside Tanzania) with 1.6 million people living with HIV in 2018¹². HIV/ AIDS accounts for an estimated 29% of annual adult deaths, 20% of maternal mortality, and 15% of deaths of children under the age of five. 53% of the people living with HIV in Kenya are unaware of their HIV status, while most Adolescents and Young People (AYP) have both inadequate knowledge of HIV/AIDS and limited access to Sexual and reproductive Health (SRH) services¹³.

In Trans Nzoia County, HIV risky behaviours and infections are on the rise. The County has an overall prevalence rate of 4.8%¹⁴. The prevalence among women is higher (7.4%) than that of men (4.4%), indicating women's higher vulnerability¹⁵. There are many ART defaulters, while up to 61% of adults are stigmatised towards PLWHA¹⁶. Most counties, Trans Nzoia included, allocate meager resources, if any, towards HIV/AIDS treatment and prevention¹⁷.

Alcohol and Drug Abuse: Alcohol and Drug Abuse (ADA) has significantly increased in Kenya over the last decade. A national survey conducted by NACADA in 2017, showed that 4.9 million Kenyans aged 15–65 years abused (illicit) alcohol, hard drugs and prescription medication. Alcohol had the highest number of users followed by tobacco, miraa and marijuana.



Picture 2: Illicit alcohol brewing in local communities

¹² <https://www.unaids.org/en/resources/information-note-archive>

¹³ <http://www.dsw.org/en/2016/09/invest-youth-friendly-sexual-reproductive-health-services/>

¹⁴ <https://www.businessdailyafrica.com/datahub/HIV-incidence-falls-but-remains-highest/3815418-5128116-eoqtjsz/index.html>

¹⁵ National AIDS & STI Control Programme (NACC), *Kenya HIV County Profiles 2016*, Nairobi)

¹⁶ National AIDS & STI Control Programme (NACC) and Kenya Demographic & Health Survey, 2014

¹⁷ <https://www.standardmedia.co.ke/health/article/2001323602/report-hiv-care-neglected>

An equally worrying trend is the proliferation of drugs in education institutions with young people aged 15-30 years old being the major consumers. Major drivers of ADA are availability of drugs; social pressures and stress and emotional incapacity; wrong notions of/ attitudes towards ADA; and poor parenting¹⁸.

Violence, Conflicts and Ethno-political Polarisation: Conflicts and violence in Kenya are commonly driven by challenges such as:

- a) *Community-centric perceptions of identity:* There continues to exist a negative emphasis of the ethnic identities of others, leading to fundamental divisions and mutual suspicion. This is often exploited by political and business actors. The confrontational tactics and actions of Kenya's political leaders during elections often polarise the country and entrench the deep ethnic rifts¹⁹.
- b) *Limited positive dialogue and communication within and between communities* that often leads to situations where anything that raises suspicion quickly provokes tension. This is often fuelled by communications that carry negative overtones that eventually drain community dialogue.
- c) *Ill-conceived role of outsiders in conflict situations:* Whenever conflict has occurred, outsiders are often called upon to respond. Most of such actors respond through a range of interventions some of which often are not suited/ sensitive to the local contexts. Such outsiders include the political leaders who often bring their own biases or police who commonly apply excessive force.
- d) *Underutilisation/ disregard for context specific models:* Law enforcement agencies, government and the political class often lack the necessary skills to address the types of conflict evident in Kenya²⁰. As a result, models for conflict sensitivity and analysis, and for addressing the underlying drivers of conflict are either underutilised or applied to the wrong context.
- e) *Breakdown of socio-cultural norms:* There is deteriorating responsibility towards self and collective care within community life, with numerous cases of dysfunctional families. This is exhibited among others by growing cases of teenage pregnancies; early/forced/ child marriages; rape/ incest within families; child-headed households; and single parents. These situations lead to loss of hope & self-esteem, school dropouts, depression, suicides, risky behaviours and violence.

Its notable that there are often insufficient response structures or systems for addressing violence, trauma, and abuse/addiction at the 'grassroots level'. There is however growing receptiveness of communities to conclusively address these problems. KAP recognizes the need to seize this opportunity. This will be done through increasing the number of experienced community-based facilitators and continuously sharpening its creative community educational approaches.

2.1.4 Information, Communication and Technology (ICT)

Kenya continues to witness improvement in the ICT infrastructure. This includes advances in internet penetration, increased use of mobile telephony, social media, and other web-based platforms. These advances provide opportunities for service delivery efficiencies, easier business transactions, increased information access, and enhanced possibilities for State-citizen engagements. There is however a dark side to ICT. Challenges include for instance cyber bullying; messy virtual relationships;

¹⁸ NACADA Strategic Plan 2019-2022: For a Nation Free from Alcohol and Drug Abuse, NACADA, Nairobi

¹⁹ <https://www.nation.co.ke/news/politics/Carter-Centre-final-report-on-Kenyan-elections/1064-4332832-7dilkbz/index.html>

²⁰ <http://www.transconflict.com/gcct/gcct-members/africa/eastern-africa/kenya/conflict-in-kenya/>

use of social media to spread hate speech; and electronic waste disposal. More worrying is the limited global action towards irresponsible trade in conflict-minerals used to power electronic devices.

KAP will continue to tap on ICT innovations and growth to improve its communications, accounting, and reporting systems. As an example, KAP plans to start a blog in cooperation with its Dutch *Stichting Vrienden van KAP*. Further, being wholeheartedly involved in trauma/peace activities, KAP will consistently monitor, and where applicable, address negative social effects of ICT proliferation.

2.1.5 Ecological Context

Effective environmental governance is essential for sustainable development. Kenya has defined various frameworks to address such Climate Change (CC). These include the National CC Response Strategy; the National CC Action Plan; Environmental Management and Coordination Act; and National Environment Policy, among others. The National CC Action Plan shows that public awareness about CC in Kenya is very low. CC has manifested itself through extreme weather variability.

Key drivers of environmental degradation include encroachment into forests and fragile ecosystems; increased waste generation; and absence of a comprehensive disaster preparedness policy. In Trans Nzoia, widespread deforestation; use of harmful agricultural, industrial, and domestic practices; irresponsible solid waste disposal; as well as pollution of soil and water bodies is rampant. In this regard, KAP feels compelled to pay attention to environmental wellbeing as a cross-cutting issue.

2.2 Summary of Strengths Weakness, Opportunities & Threats

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Context specific approaches, methodologies, & track record in working with (grassroots) communities. 2. Excellent community mobilisation skills & strategies that penetrate the present anti-volunteering culture. 3. Diverse & growing pool of committed, knowledgeable & suitably experienced staff and volunteers. 4. Outstanding track record of positively & sustainably impacting communities. 5. Established strategic partnerships with various actors. 6. Duly registered NGO with clear legitimacy, values & philosophy; Also, strong ecumenical character. 7. Existence of a committed pool of local & international 'friends' that've consistently stood by/ supported KAP 8. Good team innovation/ learning/ career development orientation among KAP's staff and management. 9. Well established systems, structures, and policies. 10. Well defined strategies & plans, including resource mobilisation strategies in place. 	<ol style="list-style-type: none"> 1. Insufficiently diversified portfolio of organisational funding sources. 2. Inability to offer best terms or further expand/ develop staff due to financial constraints. 3. Insufficient office space/ infrastructure (cars, equipment etc.) & space for running trainings. 4. Heavy reliance on few leaders to run strategic functions poses threatens continuity. 5. Scope for improving documentation, evidence building, reporting of impact/success stories. 6. There are no clear guidelines for emergency support arrangements. 7. Inadequately developed staff performance management policy and practice. 8. Although a detailed board manual exists, the structure & roles of Board of Directors & Advisory Board are not yet clear to all.
Opportunities	Threats

<ol style="list-style-type: none"> 1. Strong recognition by several actors enhances possibility for complementary partnerships. 2. KAP's strong community knowledge, trust & relations create entry for scaling impact. 3. Devolution might increase access to leaders, funding, and services for KAP/ communities. 4. ICT advancements avail opportunities for improved communication, efficiency & marketing. 5. Improved institutional infrastructure/ equipment for KAP increases accessibility, mobility & outreach. 6. Interest in KAP by various actors enhances chances to expand scope of services to communities. 7. Existing relations/ collaborations and linkages with various local & (inter)national donors/ benefactors. 8. Local resource mobilisation opportunities through table-banking, IGAs and in-kind contributions. 9. Alignment of KAP's work with (inter)national & global frameworks, protocols & strategies e.g. SDGs, especially mental wellbeing. 10. Existence of legal, policy & institutional frameworks that support local development work. 	<ol style="list-style-type: none"> 1. Increasing competition for reducing donor funds; Changing donor policies & priorities. 2. Reducing space for civic engagement; affront on CSOs & some uncooperative State actors. 3. Unpredictable & volatile political context fueled by electoral, resource & ethnic tensions. 4. Strong affinity for personal monetary gain affects voluntarism, a key approach for KAP. 5. Growing poverty, societal breakdown, often fuel the challenges KAP seeks to address. 6. Deeply entrenched regressive cultural norms, perceptions & practices (including SGBV). 7. HIV fatigue/ apathy by State, donors, society etc., while the scourge is rising. 8. Growing acceptance of increasing corruption and impunity at all levels of society. 9. Low interest in networking by several potential complementary actors due to egocentrism.
---	--

3.0 STRATEGIC CHOICES

3.1 Overview of Strategic Options and Pillars

KAP is conscious of the intersecting relations between HIV/AIDS, conflicts and poverty as described in the context analysis. We recognize that during intercommunity or interpersonal conflicts people are often subjected to (mass) displacements/ evictions; human rights abuses; as well as grabbing of land and or destruction of property. These situations leave those affected in conditions of poverty, '(severe) psychological trauma, and hopelessness that often drive them into risky behaviours.

KAP understands that traumatic experiences lead to increased risk-taking behaviours, including substance abuse, unsafe sexual practices and difficulty forming trusting and therapeutic relationships, medication non-adherence, weakened immune system and increased emotional vulnerability. This in turn leads to more violence towards self and others. There is in this regard a vicious spiral of violence and other traumatic events, and the increasing cases of risk taking behaviours, abuse, addiction, and HIV/ sexually transmitted infections.

Further, KAP's recognizes that despite global and national progress in the fight against HIV over the last decade, the knowledge of many people on HIV/AIDS – especially at the grassroots levels - remains very low, with rising HIV risky behaviours and new infections amongst AYP.

In light of the above, and its track record, KAP will continue to address the following prioritised issues over this strategic plan period: 1) trauma and its underlying conflicts, and violence; 2) distorted emotional & social capacity; 3) HIV/AIDS and related infections; and 4) substance abuse and poverty.

The above prioritised issues are organised into the following strategic pillars in the coming 5 years:

1. *HIV/AIDS Behaviour Education*: The overall aim of this pillar is to 'reduce further spread of HIV and related infections in target communities'. The main thrust of KAP's interventions will be 'HIV safe behaviours' and address of key drivers of HIV spread, and the right NOT to get infected.
2. *Abuse and Addiction Prevention, Community Based Treatment and Referral*: This pillar seeks to 'reduce prevalence of ADA and resultant morbidities and mortalities within target communities'. This will be done through prevention-education, community-based treatment, and referrals to institutional treatment.
3. *Prevention and Healing of Violence and Trauma for Peace*: This pillar aims to 'enhance peaceful coexistence through facilitation of trauma healing, resilience-building and elimination of all forms of violence'. Emphasis is on personal/ communal healing as a basis for reconciliation and peace.
4. *Empowering Youth on the Margins ('Unreached Youths')*: This pillar aims 'to support building of self-esteem, hope, purpose, resilience and self-reliance for better management of own lives amongst youth from underprivileged backgrounds.' This will be done through counselling, and skills building towards expanded livelihoods for supported beneficiaries/ communities.
5. *Institutional Excellence*: The aim of this pillar is 'to strengthen KAP's capacity towards effective provision of sustainable high impact training, education and counselling services'. This will be realised through continued organisational, partnerships and human resources development.

Cross-cutting Issues: KAP will deliberately mainstream issues of *gender, protection/safeguarding and environmental preservation* into the above pillars. These elements are further elaborated as thus:

1. *Safeguarding and protection:* KAP has established a safeguarding and protection policy. We will strictly apply the same to ensure that children and vulnerable persons that KAP and its stakeholders interact with are not exposed to any risk of discrimination, neglect, harm, and abuse. Protection of children and vulnerable adults is also a main part of KAP's activities.
2. *Gender:* We will integrate gender perspectives into design and implementation of our programmes, policies, and practices to eradicate discrimination and inequity between women and men. We will also consistently assess the specific implications for women and men of all our actions; and take appropriate actions to address the same.
3. *Environmental preservation:* KAP will include relevant environmental concerns into our programmes and practices. We will deliberately promote awareness of and positive action on environmental degradation and its effects on health, well-being, and livelihoods.
4. *Other emerging issues:* KAP is conscious that from time to time, certain unanticipated events with disruptive effects on its planned initiatives will occur. These are for instance the locusts' invasion and the novel Corona Virus Disease 2019 (COVID 2019). It is for example expected, per the WHO, that Covid 19 and its socio-economic consequences will most likely stay around for much longer. In such cases, KAP will continuously monitor the situations and, in consultation with key stakeholders, adjust its plans and strategies to enable respond appropriately.

3.2 Theory of Change (ToC)

KAP has set for itself a goal of 'mitigating the impact of societal breakdown through provision of holistic high-quality services to prioritised marginalised and high-risk populations'. This is response to the huge social and developmental burden of HIV/AIDS, violence, and abuse/ addiction in Trans Nzoia County. We equally recognise that while access to healthcare, safety and security are rights guaranteed under the Kenyan constitution, a significant section of the population do not yet enjoy these rights.

We understand that these concerns and their disproportionate impact on specific groups is a function of behaviour patterns, capacity challenges, social injustices, and unsupportive policy frameworks. We commit therefore to invest in culture reflection (i.e. change or preservation), as well as promotion of the rights and dignity of all persons living with HIV/AIDS, victims of abuse and other disadvantaged populations.

Further, we believe that creating sustainable long-term solutions around these concerns requires an integrated approach that addresses underlying systemic factors that promote or sustain violence, abuse/ addiction, and the HIV/AIDS scourge. We therefore invest in HIV/AIDS behaviour change education; abuse & addiction prevention/treatment; violence & trauma prevention/ treatment; and resilience building for vulnerable youth. These would be in addition to continued institutional development of KAP. We will work especially with marginalised groups to assure social justice, while leveraging other actors' resources to guarantee sustainable and scaled impact.

NOTE: A schematic representation of this theory of change is presented in figure 1 below.

Figure 1: Schematic Representation of KAP Theory of Change



4.0 IMPLEMENTATION STRATEGIES & INTERVENTIONS

4.1 Overview

This section presents the strategic objectives and broad strategic interventions for the five strategic pillars that KAP will focus on. The section does not go into the detailed activities as these will be elaborated in the detailed implementation plans and or work plans that will be developed annually.

4.2 Strategic Objectives/Goals and Interventions

4.2.1 Pillar 1: HIV/AIDS Behaviour Education

Strategic Objective: To reduce further spread of HIV and related infections in targeted communities.

Expected Outcomes

1. Improved social and health behaviours, and use of health services by beneficiaries:
 1. Improved knowledge of, and or reduced stigma towards HIV/AIDS.
 2. Reduced HIV risk behaviours (particularly, having unprotected sex & multiple sexual partners).
 3. Increase in HIV testing and or cases of sticking to prescribed treatment regime.
2. Improved structures and systems of HIV/ AIDS response:
 - a) Strengthened community ownership & responses (resource persons, trainers, networks).
 - b) Cases demonstrating enhanced resilience and self-reliance.



Strategic Interventions

1. Conduct cycles of basic/ core training and corresponding follow-up activities for HIV/AIDS community resource persons (includes skills building/trainings on livelihoods development, environmental preservation, as well as enhancing resilience & self-reliance).
2. Conduct advanced trainings or continuous education and related follow up activities for HIV/AIDS Resource Persons.
3. At least 5 cycles of advanced trainings on Child/VP protection towards identification, referrals, accompaniment, or advocacy actions for CRP-Hs
4. Further improve KAP HIV sub-programme training tools/ materials, methods, structure, and contents.
5. Offer professional (group) counselling services and (psycho) education services on HIV/AIDS.
6. Develop and implement strategies/ activities for PLWHIV who are differently abled; and those with or recovering from mental disorders (and or their caregivers/ families).
7. Engage qualified external professional counsellors for regular KAP staff support counselling sessions, and conduct support counselling sessions by Staff for Training of Trainers (TOTs).
8. Further develop HIV courses for-a-fee subprogramme training tools, approaches, methods, structure, and content.
9. Conduct training and counselling on HIV/AIDS For-a-Fee.

4.2.2 Pillar 2: Abuse and Addiction Prevention, Community Based Treatment and Referral

Strategic Objective: To reduce the prevalence of alcohol or substance abuse and resultant morbidities or mortalities within targeted communities.

Expected Outcomes

1. Improved social and health behaviours, and use of health services:
 - a) Enhanced knowledge and or attitude of, and reduced stigma towards abuse/addictions.
 - b) Reduced abuse or addictions risk behaviours (particularly, sharing needles/ syringes; engaging in sex under the influence of drug/alcohols; and dependency on drugs and or alcohol).
 - c) Increased adherence to abuse/addiction treatment regimens (& other related healthy behaviors e.g. engaging in productive activities, environmental preservation & safeguarding children).
2. Improved structures and systems of abuse/ addiction responses:
 - a) Strengthened system of community-based abuse/ addiction resource persons and trainers.
 - b) Increased access to community-based treatment or referrals for abuse/addiction cases.

Strategic Interventions



Picture 3: A community-based treatment of substance abusers session

1. Conduct various cycles of basic/ core training and related follow-up activities for Abuse or Addiction Community Resource Persons (this includes skills building/trainings on safeguarding, enhancing socio-economic resilience & self-reliance, environmental preservation, and other emerging issues).
2. Conduct advanced training or continuous education and follow-up activities for Abuse /Addiction Community Resource Persons.

3. At least 5 cycles of advanced trainings on Child/VP protection towards identification, referrals, accompaniment, or advocacy actions for CRP-As
4. Further develop KAP addiction sub-programme training tools, methods, structure, and content.
5. Offer professional (group)counselling & (psycho)education services on addiction/substance abuse.
6. Engage qualified external professional counsellors for regular KAP Staff support counselling sessions, and conduct support counselling sessions by Staff for TOTs.
7. Develop and implement strategies/ activities for people that engage in ADA who are differently abled; and those with or recovering from mental disorders (and or their caregivers/ families).
8. Further develop training methods, structure, contents, timelines for abuse/addiction courses for-a-fee sub-programme.
9. Conduct training and counselling on abuse/addiction for-a-fee.

4.2.3 Pillar 3: Prevention and Healing of Violence and Trauma for Peace

Strategic Objective: To enhance resilience and healing from trauma, promote peaceful coexistence and reduce cases of (gender based) violence.

Expected Outcomes

1. Improved social behaviours:
 - a) Increased knowledge of (healing from) trauma & reduced stigmatisation of trauma.
 - b) Increased use of non-violent means (e.g. mediation, dialogue) to prevent or resolve conflicts.
 - c) Communities are accommodative & harmoniously coexisting (=peaceful coexistence; reduced tensions & or all forms of violence/ violent confrontation; good environmental preservation).
2. Improved structures and systems of violence or trauma response.
 - a) Effective systems or practices for addressing root causes of conflict applied by key actors (includes for KAP, strengthened system of community resource persons and trainers).
 - b) Enhanced access to and management of psychological trauma; reduction in trauma.

Strategic Activities

1. Conduct basic trainings & follow-up activities for trauma/ peace community resource persons (include trainings on ecological preservation, resilience building, safeguarding and other relevant priority issues that will emerge from time to time).
2. Conduct advanced training/ continuous education and follow-up activities for graduated Trauma/ Peace Community Resource Persons.



Picture 4: PET performing in Saboti, discussing domestic violence

3. At least 5 cycles of advanced trainings on Child/VP protection towards identification, referrals, accompaniment, or advocacy actions for CRPTs.
4. Further develop training methods, structure, and contents for KAP Trauma/Peace sub-program.
5. Offer professional (group)counselling and (psycho)education services on trauma/ peace, including to persons with or recovering from mental disorders & those that are abled differently (and their caregivers/ families).
6. Engage qualified external professional counsellors for regular KAP Staff support counselling sessions, and conduct support counselling sessions by Staff for TOTs.
7. Conduct training and counselling on trauma/peace for-a-fee.
8. Further develop training methods, structure, contents, timelines for trauma/peace courses for-a-fee sub-programme.

4.2.4 Pillar 4: Empowering Youths on the Margins (Unreached Youths)

Strategic Objective: To enhance self-esteem, hope, purpose, and resilience for better management of own lives amongst youths on the margins in targeted communities by 2025.

Expected Outcomes

1. Improved social behaviours:
 - a) improved self-esteem as well as hope and purpose in life.
 - b) Enhanced socio-economic resilience and self-reliance amongst beneficiary youth.
 - c) Improved health services seeking behaviour; Reduced sexual & non-sexual HIV risk behaviours.
2. Improved structures and systems of response:
 - a) Increased access to relevant social (and economic support) services
 - b) Increased access to relevant Community Resource Persons, Trainers and or services.

Strategic Activities

1. Conduct cycles of basic training & follow-up activities for Unreached Youths Community Resource Persons.
2. Conduct advanced training and follow-up activities for Unreached Youths Community Resource Persons graduates (includes trainings on ecological preservation, climate smart enterprises, and other emerging relevant/ priority issues that may emerge from time to time).
3. At least 5 cycles of advanced trainings on Child/VP protection towards identification, referrals, accompaniment, or advocacy actions for CRP-Us.
4. Further develop training methods, structure & contents for 'Youths on the Margins' sub program.
5. Offer a variety of professional (group)counselling and (psycho)education services for and on 'Unreached Youths'; include youth that are differently abled, and those with or recovering from mental health disorders.



Picture 5: Youth discussing critical issues that affect their wellbeing

6. Engage qualified external professional counsellors for regular KAP Staff support counselling sessions, and conduct support counselling sessions by Staff for TOTs.
7. Further develop training methods, structure, and content for 'Unreached Youths' and 'Youths on the Margins' Courses For-a-Fee sub-programme.
8. Conduct training and counselling re. 'Youths on the Margins' For-a-Fee.

4.2.5 Pillar 5: Institutional Excellence

Strategic Objectives: To strengthen KAP's capacity towards effective provision of sustainable high impact services.

Expected Outcomes

1. KAP consistently delivering high quality services.
2. The organisation has diverse and stable financial and quality human resources.
3. KAP has and applies strong systems of internal controls, oversight, and quality assurance.
4. Effective partnerships with a diverse portfolio of complementary stakeholders.

Strategic Activities

Finance, Human Resources and Governance Development

1. Periodically undertake comprehensive organisational assessments, programme reviews/ evaluations, and institutional audits; effectively implement emerging recommendations.
2. Carry out regular KAP board, staff and volunteer appraisals and undertake follow up capacity development on prioritised areas/ issues.
3. Regularly review and adapt KAP organisational structure, including filling new/ vacant positions; also ensure gender balance within KAP board, staff & volunteer teams.
4. Develop and or periodically review/ update organisational systems, policies and tools (e.g. finance, HR, partnerships, inclusion, safeguarding, mainstreaming etc.); induct staff on all policy updates and ensure effective implementation of/ adherence to established policies.
5. Strengthen KAP leadership (includes leadership transition and succession, board development, strengthening governance structure, constitutional enhancement etc.); develop follow up strategic plan and the end of the current one.
6. Enhance organisational assets and equipment (office space, motor vehicles, ICT facilities etc.)

Programmes & Partnerships Development

1. Develop and implement resource mobilisation strategy, policy, and plans, incorporating internal efficiencies, local and own generated resources; and KAP marketing, and visibility.
2. Further strengthen M&E policies, systems, and practices, including supportive M&E frameworks, tools, and approaches; Also, action plans, logframes with defined indicators and M&E tools.
3. Undertake sound documentation of KAP work and approaches; regularly collect, analyse, and report on key programme elements; use available documentation/ information for learning and enhancing organisational/ programme visibility and or branding.
4. Carry out research for effective educational approaches towards safe behaviours in KAP's thematic areas of focus.
5. Identify, mobilise and or establish formal collaborations with various strategic actors – State, corporates, civil society, learning/ research institutions, individuals – for referrals, mutual learning, leveraging resources, complementary programming etc.
6. Further enhance and implement strategies, methodologies and initiatives for effective community mapping, engagement, and safeguarding; Ensure effective gender, ethnic and cultural balance within KAP beneficiary groups.
7. Secure all needed certificates of accreditation and licenses needed by KAP as a Counselling and or Training Centre.

4.3 Overarching Strategies and Critical Success Factors

The following **overarching strategies** will be applied by KAP in the course of this strategic plan:

Institutional focus: The organisation believes that it is better to focus our resources in (fewer) areas where we are likely to make the most impact. This requires that we focus on depth rather than breadth; doing less to achieve more. At the moment, KAP is mandated to operate in Trans Nzoia and West Pokot Counties. We envisage deepening our work especially in Trans Nzoia over strategic plan period. However, KAP will extend its networking/partnership activities and Trainings at a Fee services to other Counties.

Further, KAP will continue working with diverse people irrespective of age, gender, religious or political affiliations. Special attention will be given to marginalised youth.

Organizational roles: Whilst KAP's work has both implementational and facilitation orientations, it's the organisation's desire to invest more in the former. One of the implications of this role focus is the need for elaborate staffing and grassroots presence. KAP thus plans to increase its staff complement from the current 15 to about 21 over the strategic plan period. The team will be complemented by about 25 active part-time community volunteer trainers. For its facilitative roles, KAP will seek to expand reach and scale by working with and through other community/ grassroots structures. We will invest in building the capacity of such structures.

Financial and Organisational Sustainability: KAP wishes to establish a resource mobilisation strategy to guide its efforts towards diversification and stabilisation of its resource base. KAP to increase its efforts at local and international resources mobilisation. In this regard, KAP will further strengthen its team's capacity and engagement in fundraising; enhance relations management with current and potential benefactors; intensify proposals development; and maintain strong financial accountability practices.

Furthermore, KAP will continue investing in income generating activities such as offering trainings at a fee, promoting in-kind giving, and establishment of a reserve fund. To do this, KAP will strengthen its capacity to offer competitive trainings; register with the National Industrial Training Authority; and adjust its accounting systems to better recognise own, locally generated, and in-kind incomes.

Human resources capacities: To assure community-anchoredness and ownership, KAP will as far as possible, continue to draw most of its staff and volunteers from the target communities. Deliberate efforts will however be made to ensure a good balance between such community anchoredness with the staff's experience and academic qualification.

KAP will thus continue investing in developing staff to meet and or exceed basic required professional qualifications for various positions or roles. Staff will also be encouraged and supported to pursue their own career progression. Documented staff training and development programme will be periodically developed and applied. These will be in addition to structured debriefings for concerned staff, as well as strengthening the management team to better support the Programme Coordinator. A succession plan has also been established that will see recruitment of a new Programme Coordinator, with the current Programme Coordinator transitioning fully into the role of an Education Officer.

Separately, a number of **lessons** and **critical success factors** emerge from the strategic analysis that will inform KAP's future practice. These include amongst others the facts that:

1. the intersecting nature of challenges facing KAP's target beneficiaries and the growing complexity of the operating context, demands that we collaborate with complementary actors if we are to provide comprehensive and lasting solutions.
2. it is essential that we focus on confronting the structural issues that cause, contribute to or sustain HIV/AIDS, violence, and abuse/ addiction (root causes), rather than focusing on presenting issues (symptoms) if we are to make meaningful and durable system level change.
3. growing needs for evidence driven programming demands that we further horn our capacity in the areas of documentation, learning and impact demonstration.
4. the kind of work we do necessitates that we are 'in it for the long haul'; this requires that we establish an expanded resource base comprising quality personnel and stable financial base.
5. continued organisational integrity, credibility, transparency, and accountability as well as proper stewardship of our resources are essential in building the trust needed for strategic partnerships.

4.4 Operational Modalities

4.4.1 Monitoring, Evaluation, Research and Reporting

KAP has developed detailed Logframes, budgets and implementation plan to guide the process of monitoring and evaluating this strategic plan. The implementation plan and logframes are be used to track progress of activities using agreed upon indicators to check whether the activities in the Strategic Plan are being undertaken and that targets and results are being achieved. Next to these, KAP develops detailed programme proposals for different donors.

Furthermore, KAP recognises the importance of M&E in the achievement of the Strategic Plan's intended results. The success of the implementation of the Strategic Plan will be evaluated through annual programme reviews as well as mid- and end term evaluations. The mid-term evaluation will be used to provide an opportunity to gauge the extent of achievements as of then, draw lessons and review strategies, outcome, and indicators to inform evidence-based adjustments.

Overall, KAP will strengthen performance data management mechanisms to ensure that indicator data is systematically collected, analysed, and reported on. The capacity of staff in M&E will continue to be enhanced to effectively deliver on their duties in their respective areas of expertise.

Other strategies that will be applied by KAP to ensure smooth implementation of this strategic plan include: 1) Organising periodic staff & boards retreats to level expectations and assign responsibilities for various tasks; 2) continuous engagement of KAP stakeholders in strategy implementation and monitoring; and 3); regular oversight/ reporting to the board on strategy implementation progress.

Finally, KAP will in collaboration with various learning institutions (universities, research institutions), establish a small unit for knowledge management, especially research, documentation, and learning. In the initial stages, the focus of such knowledge generation and sharing will be on KAP's behavioural methodologies as well as documentation of stories of change and success.

4.4.2 Risk Analysis and Management

The table below highlights the risks identified by KAP and potential strategies for their mitigation.

Table 2: Risks Analysis Matrix

Risks	Probability	Threat	Mitigation
KAP having insufficient modern facilities, tools & equipment as well as ICT skills.	Low	Low	KAP has 5 laptops/desktop, which are well in-use. Teaching equipment is still the 'old-fashioned' means, e.g. newsprints, felt pens etc., which will remain appropriate for remote areas. However, there is demand/ expectations for more modern (ICT) means in areas with electricity. KAP will thus continue to reserve funds for development in this area as well as securing ICT equipment such as projector, SPSS Statistics software, and conversion of its teaching videotapes into DVDs, hard disks etc.
Political instability/ insecurity in KAP's working areas; and political interference that escalates conflicts.	Medium	Medium	Countering political instability (through trauma prevention, management & reconciliation) is KAP's work. Since its inception, with God's help, KAP has withstood many such challenges. KAP has deep experience and awareness of the playing field, players, risks & mitigating measurements and has maximum motivation towards good success.
Increasing 'money-mindedness' of society which affects KAP's much-valued voluntarism & community-ownership.	High	Low	KAP's Staff have become skillful in addressing the challenges at community level. Due to the frustrating & emotionally draining character of this task KAP will pay special attention to recognising efforts and achievements made. Leadership will also continue & intensify discussing this matter with other actors, in a structured manner & at policy level. If such challenges cannot be overcome despite maximum efforts, then KAP will resort to inviting fewer participants in order to cater for additional expenses made.
KAP's stretched work force/ staffing; this creates risk of burn-out and insufficient implementation of tasks in absence of Staff concerned.	High	Low	KAP very much desires to address this issue. Its Organisational & Educational Reviews (2017) looked into this and developed the desired requirements, plans and timelines for adequate staffing & organizational structures. From 1st January 2018 through 31st December 2019 KAP was granted a VMM Volunteer with the specific task of "Management Mentoring & Capacity Development KAP Programmes". Development of sufficient staffing, as well as related funding matters, are important parts of this. In addition, KAP has trained several staff for assistance (as multi-taskers) in most fields. The matter is part of this Strategic Plan & its Human Resource Plan.
Limited goodwill by some critical stakeholders	High	Medium	KAP will put in maximum effort to encourage its partners to cooperate and complement each other's efforts. Alternatively, KAP will engage private practitioners – although this is an expensive option - to engage in higher levels of operation.
Unforeseen catastrophes such as Covid 19, locusts invasion etc.	High	Medium	KAP being a community education and counselling programme in (mental) wellbeing it is an important part of its work to address such challenges. KAP definitely has the motivation and basic expertise to adjust to and successfully help address the emerging issues at hand.

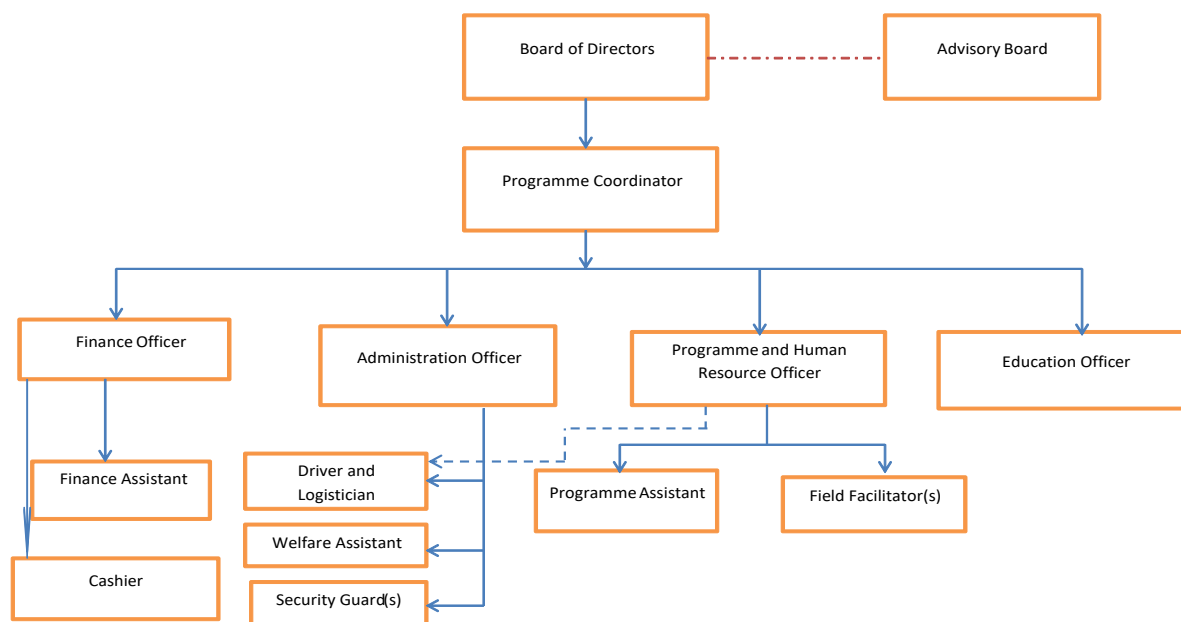
4.5 Governance and Management

Governance: KAP governance comprises a functional executive Board of Directors (BOD) and a non-executive Advisory Board. The two bodies are supported by a Management Team that manages the day to day operations of the organisation. The main roles of the BOD include overall institutional oversight, policy guidance and offering strategic direction. The Advisory Board on its part advises and supports the BoD and the management of the programme on technical, motivational, and other matters of their expertise when necessary. The BOD comprises of retired founder members and any other person invited by the current BOD members. The board members have both technical expertise and or experience that support the advancement of KAP’s mission, vision, and objectives.

Management: The Programme Coordinator oversees the day to day running of KAP, subject to policy guidance and directives provided by KAP Board of Directors. She is assisted by a Management Committee responsible for implementing the KAP strategy, Board directives, programme policy, as well as financial and management responsibilities at programme and service levels.

As of June 2020, KAP had 14 staff and 1 volunteer. 10 of the staff are office/field based, while four are responsible for security. The team is complemented by 23 trained, experienced, and active TOTs and 16 advance level addiction and/or trauma/peace (HROC) community resource persons.

Figure 2: KAP Organogram



5.0 APPENDICES

To facilitate effective operationalisation and monitoring of this strategy, KAP has developed detailed implementation matrices, being 1) logical framework, and 2) detailed 5-year budgets. The two matrices are available for sharing with KAP’s principle stakeholders upon request.

Annex 1: Logical Framework for KAP Strategic Plan 2020-2025

Intervention Logic	OBJECTIVELY VERIFIABLE INDICATORS (OVIs)	MEANS OF VERIFICATION	RISKS & ASSUMPTIONS
Pillar 1: HIV/AIDS Behaviour Education			
Strategic Objective 1: To reduce further spread of HIV and related infections in targeted communities.	<ol style="list-style-type: none"> 37% increase in knowledge of; or 33% reduction in cases of stigma towards HIV/AIDS. 12% reduction in HIV risk behaviours (particularly, having unprotected sex & multiple sexual partners). 12% increase in HIV testing + min. 90% of HIV+ beneficiaries on ARVs & adhere to treatment regime. 12% increase in no of participants with HIV/AIDS health services seeking behaviour No of cases of strengthened community ownership & responses (resource persons, trainers, networks). No of cases of enhanced resilience & self-reliance 	<ol style="list-style-type: none"> Evaluation report Annual reports Reports of other actors 	<ol style="list-style-type: none"> HIV/AIDS remains a priority issue among key actors Good cooperation with relevant health actors / stakeholders Consistent access to needed resources
Strategic Interventions			
<ol style="list-style-type: none"> Conduct at least 10 cycles of basic/ core training & related follow-up activities CRPHs. Conduct at least 10 cycles of advanced trainings or continuous education/ related follow up activities for CRPH At least 5 cycles of advanced trainings on Child/VP protection Further improve KAP HIV sub-program training tools/ materials, methods, structure and contents. Offer at least 115 professional (group) counselling services & (psycho) education services on HIV/AIDS. Develop & implement min. 10 activities for PLWHIVs that are PWDs & those are with/ recovering from mental disorders Engage qualified professional counsellors to offer at least 7.5 regular counselling support sessions for KAP Staff & TOTs. Further develop HIV courses for-a-fee subprogram training tools, approaches, methods, structure and content. Conduct min. 20 trainings/counselling on HIV/AIDS For-a-Fee. 	<ol style="list-style-type: none"> No of cycles of basic/ core training & corresponding follow-up activities CRPHs conducted No of cycles of advanced trainings, refreshers or continuous education conducted for CRPH No. of cycles of adv trainings on Child/VP protection Evidence of improved training tools/ materials, methods, structure & content. No of professional counselling services and (psycho) education services offered on HIV/AIDS No of activities developed/implemented for PLWHIV that're PWDs and or with mental disorders No of counselling support sessions offered to KAP staff & ToTs by engaged professional counsellors Evidence of improvements made in the HIV courses for a fee subprogram (tools, methods, content etc.) No of trainings & counselling on HIV/AIDS For-a-Fee 	<ol style="list-style-type: none"> Monitoring &/ Evaluation reports Annual reports Project reports Activity/ event/ process reports Observation Training materials 	<ol style="list-style-type: none"> Persons considered high risk willing to engage CRPHs effectively apply the learning Other actors' models or approaches complement those applied by KAP
Pillar 2: Abuse and Addiction Prevention, Community Based Treatment and Referral			
Strategic Objective 2: To reduce the prevalence of alcohol or substance abuse and resultant morbidities and / or mortalities within targeted communities.	<ol style="list-style-type: none"> 37% increase in knowledge; 33% reduction on stigma towards abuse/addictions. 12% reduction in cases of sharing needles/ syringes; 12% sex under drugs/alcohol or dependency on ADA. 50% of beneficiaries adhere to treatment for abuse/ addiction, are productive & or safeguard children. 12% increase in HIV testing + min. 90% HIV+ 	<ol style="list-style-type: none"> Evaluation report Annual reports Reports of other actors 	<ol style="list-style-type: none"> ADA remains a priority issue among key actors Good collaboration with relevant health / addiction actors / stakeholders

	beneficiaries on ARVs/ adhere to treatment regime 5. 12% increase in no of participants with health services seeking behaviour 6. No of cases of strengthened community ownership & responses (resource persons, trainers, networks). 7. 75% KAP client's access to community-based treatment or referrals for abuse/addiction cases.		3. Adequate access to needed resources
Strategic Interventions			
1. Conduct at least 5 cycles of basic/ core training and related follow-up activities for CRPA 2. Conduct at least 5 cycles of advanced trainings or continuous education and follow-up activities for CRPA 3. At least 5 cycles of advanced trainings on Child/VP protection 4. Further develop KAP addiction sub-program training tools, methods, structure and content. 5. Offer 70 series of (group)counselling & (psycho)education (treatment) services on addiction/ abuse (incl. for pple with mental health probs) 6. Engage qualified professional counsellors to offer approx. 7.5 regular counselling support sessions for KAP Staff & TOTs. 7. Develop & implement min 10 activities for people engaging in ADA that're PWDs & those are with mental disorders 8. Further develop training methods, structure & contents for abuse/addiction courses for-a-fee sub-programme. 9. Offer at least 20 trainings/counselling on abuse/addiction for-a-fee	1. No of cycles of basic/ core training & corresponding follow-up activities CRPAs conducted 2. No of cycles of advanced trainings, refreshers or continuous education conducted for CRPAs 3. No. of cycles of adv trainings on Child/VP protection 4. Evidence of improved training tools/ materials, methods, structure & content. 5. No of series of professional counselling services and (psycho) education (treatment) services offered on addiction/ abuse 6. No of counselling support sessions offered to KAP staff & ToTs by engaged professional counsellors 7. No of activities implemented for people engaging in ADA that're PWDs and or with mental disorders 8. Evidence of improvements made in the HIV courses for a fee subprogram (tools, methods, content etc.) 9. No of trainings & counselling on abuse/ addiction For-a-Fee	1. Monitoring &/ Evaluation reports 2. Annual reports 3. Project reports 4. Activity/ event/ process reports 5. Observation 6. Training materials	1. Other actors willing to scale up/ replicate models/approaches developed 2. Persons considered high risk willing to engage 3. Support systems & structures exist
Pillar 3: Prevention and Healing of Violence and Trauma for Peace			
Strategic Objective 3: To enhance resilience and healing from trauma, promote peaceful coexistence and reduce cases of (gender based) violence	1. 37% increase in knowledge of (healing from) trauma; 33% reduction in cases of stigmatization of trauma. 2. 12% increase in cases of use of non-violent means to prevent or resolve conflicts. 3. 12% reduction in violent confrontation; 10% increase in ecological preservation (with KAP facilitation). 4. No of cases of actors applying effective systems or practices for addressing root causes of conflict 5. 75% of KAP client's access to and management of psychological trauma; 50% reduction in trauma. 6. 12% increase in no of participants with health services seeking behaviour	1. Evaluation report 2. Annual reports 3. Reports of other actors	1. Conducive political environment/ will 2. Commitment from civic groups/actors 3. Positive relations between CSOs and State units 4. Consistent access to needed resources

Strategic Interventions			
<ol style="list-style-type: none"> 1. Conduct at least 10 cycles of basic/ core trainings & follow-up activities for CRPT 2. Conduct min. 10 cycles of advanced training/ continuous education & follow-up activities for CRPTs 3. At least 5 cycles of advanced trainings on Child/VP protection 4. Further develop training methods, structure and contents for KAP Trauma/Peace sub-program. 5. Offer at least 145 counselling & (psycho)education services on trauma/ peace (incl. PWDs & pple with mental health probs) 6. Engage qualified professional counsellors to offer on average 7.5 regular counselling support sessions for KAP Staff & TOTs. 7. Conduct at least 20 training and or counselling on trauma/ peace for-a-fee. 8. Further develop training methods, structure & content for trauma/peace courses for-a-fee sub-programme. 	<ol style="list-style-type: none"> 1. No of cycles of basic/ core training & corresponding follow-up activities CRPTs conducted 2. No of cycles of advanced trainings, refreshers or continuous education conducted for CRPTs 3. No. of cycles of adv trainings on Child/VP protection 4. Evidence of improved training tools/ materials, methods, structure & content for trauma/ addiction 5. No of professional counselling services and (psycho) education services offered 6. No of counselling support sessions offered to KAP staff & ToTs by engaged professional counsellors 7. No of trainings & counselling sessions held 8. Evidence of improvements made to the trauma/ peace courses for a fee subprogramme. 	<ol style="list-style-type: none"> 1. Monitoring &/ Evaluation reports 2. Annual reports 3. Project reports 4. Activity/ event/ process reports 5. Observation 6. Training materials 	<ol style="list-style-type: none"> 1. Good cooperation & collaboration with relevant health actors / stakeholders 2. Citizens take up their governance related responsibilities
Pillar 4: Empowering Youths on the Margins (Unreached Youths)			
Strategic objective 4: To enhance self-esteem, hope, purpose, and resilience for better management of own lives amongst youths on the margins in targeted communities by 2025	<ol style="list-style-type: none"> 1. 75% of supported youth -express / show improved self-esteem, hope & purpose in life. 2. 50% of supported youth demonstrating enhanced socio-economic resilience & self-reliance. 3. 12% increase in HIV testing + min. 90% of HIV+ beneficiaries on ARVs/ adhere to treatment regime 4. 12% increase in no of youth with health services seeking behaviour & reduced HIV risk behaviours. 5. 5% increase in youth accessing key social services 	<ol style="list-style-type: none"> 1. Evaluation report 2. Annual reports 3. Reports of other actors 	<ol style="list-style-type: none"> 1. State is responsive & supportive 2. Cooperation/support from National and County governments 3. Access to resources
Strategic Interventions			
<ol style="list-style-type: none"> 1. Conduct at least 15 cycles of basic training & follow-up activities for Unreached Youths Community Resource Persons. 2. Conduct min 15 cycles of advanced trainings & follow-ups for Unreached Youths Community Resource Persons graduates 3. At least 5 cycles of advanced trainings on Child/VP protection 4. Further develop training methods, structure & content for 'Youths on the Margins' sub program. 5. Offer at least 230 (group)counselling & (psycho)education services for and on 'Unreached Youths' 6. Engage qualified professional counsellors to offer on average 7.5 regular counselling support sessions for KAP Staff & TOTs. 7. Enhance training methods, structure & content for 'Youths on the Margins' & 'Unreached Youths' courses For-a-Fee. 	<ol style="list-style-type: none"> 1. No of cycles of basic/ core training & follow-up activities conducted 2. No of cycles advanced trainings & follow up activities conducted for unreached youth CRP graduates. 3. No. of cycles of adv trainings on Child/VP protection 4. Evidence of improved training tools/ materials, methods, structure & content. 5. No of professional counselling services and (psycho) education services offered 6. No of counselling support sessions offered to KAP staff & ToTs by engaged professional counsellors 7. Evidence of improvements made to youth on the margins courses for a fee subprogramme. 	<ol style="list-style-type: none"> 1. Monitoring &/ Evaluation reports 2. Annual reports 3. Project reports 4. Activity/ event/ process reports 5. Observation 6. Training materials 	<ol style="list-style-type: none"> 1. Capable CRPs that can make follow ups exist/ able to engage 2. Cooperation/support from National and County governments 3. Commitment from relevant civic actors/ groups

8. Conduct at least. 20 training and counselling for 'Youths on the Margins' For-a-Fee.	8. No of trainings & counselling sessions held for 'Youths on the Margins' For-a-Fee		
Pillar 5: Institutional Excellence			
Strategic objective 5: To strengthen KAP's capacity towards effective provision of sustainable high impact services.	1. Consistent delivery of high-quality services. 2. Increase in financial & quality human resources. 3. Use of strong internal controls & oversight. 4. Partnerships with diverse complementary actors	1. Annual reports 2. Audit reports 3. Evaluation reports 4. Assessment reports	1. KAP will access needed resources 2. Supportive operating environment exists
Expected results			
Finance, Human Resources and Governance Development 1. Undertake periodic reviews, evaluations, audits & organization assessments; effectively implement all recommendations. 2. Carry out regular KAP board, staff, volunteer & ToT appraisals & or (follow up) capacity development on prioritized areas. 3. Regularly review and adapt KAP structure & fill new/ vacant positions, while ensuring gender balance 4. Develop/ review KAP systems, policies & tools (including on safeguarding); induct staff on updates & ensure adherence. 5. Strengthen KAP leadership (transition mgt, board devpt, governance tools etc.); & develop follow up strategic plan 6. Enhance assets/ equipment (office space, cars, ICT etc.)	1. No of assessments, reviews/ evaluations, audits conducted; No of recommendations implemented 2. No of board, staff & volunteer appraisals & follow up capacity development initiatives undertaken. 3. Adapted organogram; No of new positions filled; existence of gender balance of board & staff 4. No of KAP systems, policies and tools reviewed & staff inducted, cases of adherence to policies 5. Nature and instances of strengthening of the KAP leadership; Existence of strategic plan 2025-2030 6. Evidence of improved assets & equipment base	1. Audit reports 2. Management letter 3. Annual reports 4. Evaluation reports 5. Strategic plans 6. Assessment reports 7. Observation 8. Policy documents 9. Assets register 10. Training reports 11. Organogram & JDs	1. Favorable operating environment 2. Favorable donor policies 3. There is adequate capacity within KAP 4. Adequate resources are accessed consistently 5. KAP will secure needed resources to offer services 6. Good cooperation & support from key allies & strategic actors/ partners
Programmes & Partnerships Development 1. Develop and implement resource mobilization strategy, policy and plans (includes marketing, local resourcing etc.) 2. Further strengthen M&E policies, systems and practices (e.g. M&E frameworks, tools, resourcing etc.) 3. Undertake regular documentation & reporting of KAP work & approaches for learning, accountability & visibility). 4. Carry out research for effective educational approaches towards safe behaviours in KAP's thematic areas of focus. 5. Establish collaborations with at least 20 key actors (for referrals, learning, leveraging resources & complementarity) 6. Enhance community mapping, engagement & safeguarding; Assure gender & ethnic/ cultural bal. among beneficiaries 7. Secure all needed certificates of accreditation and licenses needed by KAP as a Counselling and or Training Centre.	1. Existence & application of a resource mobilization strategy, policy & plan. 2. Existence of improved M&E system (tools, policies, resourcing, practices etc.) 3. No of cases / products of documentation of KAP work and approaches 4. No of researches undertaken 5. No of strategic collaborations established with complementary stakeholders 6. Existence of effective gender, ethnic and cultural balance within KAP beneficiary groups 7. All certificates of accreditation/ licenses needed by KAP Counselling and or Training Centre secured	1. Audit reports 2. Annual reports 3. Evaluation reports 4. Strategic plans 5. Assessment reports 6. Observation 7. Policy documents 8. Assets register 9. Training reports 10. Organogram & JDs	

KAP Institutional Budget									
Interventions	Type of Unit	Quantity of Units	Unit cost (Kes)	Budget 2020/21 (Kes)	Budget 2021/22 (Kes)	Budget 2022/23 (Kes)	Budget 2023/24 (Kes)	Budget 2024/25 (Kes)	TOTAL 5 Year Budget (Kes)
Pillar 1: HIV/AIDS Behavior Education									
Basic/ core training and corresponding follow-up activities for CRPHs	Cycles of trainings	10	398,518	797,036	836,887	878,732	922,668	968,802	4,404,125
Advanced trainings/ continued education/ follow ups for CRPH	Cycles of trainings	10	63,480	126,959	133,307	139,973	146,971	154,320	701,530
Advanced trainings on Child/VP protection	Cycles of trainings	5	54,618	54,618	57,349	60,217	63,228	66,389	301,801
Review KAP HIV sub-program training tools, methods, structure and contents.	Tools improvement		Aggregated	0	60,926	127,945	0	0	188,871
Counselling supervision sessions for KAP Staff & TOTs.	Counselling sessions	10	1,875	3,750	3,938	4,134	4,341	4,558	20,721
Trainings/counselling on HIV/AIDS For-a-Fee.	Trainings/ Counselling	20	26,243	104,971	226,270	115,731	121,517	127,593	696,081
Personnel Costs (Salaries, Pension, Medical costs)	Per Person	11	562,111	1,208,772	1,506,577	1,581,906	1,974,558	2,073,286	8,345,099
Training venues, participants' travel, allowances/tokens (to be contributed by communities)	Various		1,623,839	1,623,839	1,705,031	1,790,283	1,879,797	1,973,787	8,972,736
Total HIV/AIDS Behavior Education				3,919,945	4,530,285	4,698,919	5,113,080	5,368,734	23,630,964
Pillar 2: Abuse and Addiction Prevention, Community Based Treatment and Referral									
Basic/ core training and corresponding follow-up activities for CRPA	Cycles of trainings	5	160,829	160,829	168,871	177,314	186,180	195,489	888,684
Advanced trainings or continued education/ follow ups for CRPA	Cycles of trainings	5	29,301	29,301	30,766	32,305	33,920	35,616	161,907
Advanced trainings on Child/VP protection	Cycles of trainings	5	48,833	48,833	51,275	53,839	56,531	59,357	269,835
Review KAP addiction sub-program training tools, methods, structure and content.	Tools improvement		Aggregated	0	121,853	0	134,342	0	256,195
(Group)counselling & (psycho)education (treatment) services on addiction/ abuse	Counselling sessions	70	38,957	545,401	572,671	601,305	631,370	662,938	3,013,685
Counselling supervision sessions for KAP Staff & TOTs.	Counselling sessions	10	1,875	3,750	3,938	4,134	4,341	4,558	20,721
Training tools for abuse/addiction courses for-a-fee sub-programme.	Tools improvement		Aggregated	0	74,000	0	0	0	74,000
Trainings/counselling on abuse/addiction for-a-fee	Offered trainings	20	26,243	104,971	110,220	115,731	121,517	127,593	580,031
Personnel Costs (Salaries, Pension, Medical costs)	Per Person	9	562,111	979,992	1,221,432	1,282,504	1,600,840	1,680,882	6,765,650
Training venues, participants' travel, allowances/tokens (to be contributed by communities)	Various		1,316,501	1,316,501	1,382,326	1,451,442	1,524,014	1,600,215	7,274,497
Total Abuse and Addiction Prevention, Community Based Treatment and Referral				3,189,578	3,737,350	3,718,573	4,293,055	4,366,649	19,305,206
Pillar 3: Prevention and Healing of Violence and Trauma for Peace									
Basic/ core training and corresponding follow-up activities for CRPT	Conducted cycles	10	194,192	388,384	407,803	428,193	449,603	472,083	2,146,067
Advanced trainings or continued education/ follow up for CRPTs	Conducted trainings	10	70,459	140,919	147,965	155,363	163,131	171,288	778,666
Advanced trainings on Child/VP protection	Cycles of trainings	5	53,650	53,650	56,333	59,149	62,107	65,212	296,452
Review training methods, structure and contents for KAP Trauma/Peace sub-program.	Tools improvement		Aggregated	116,050	60,926	0	0	0	176,976
Counselling & (psycho)education services on trauma/ peace	Counselling sessions	145	1,387	40,227	42,238	44,350	46,568	48,896	222,280
Regular counselling supervision sessions for KAP Staff & TOTs.	Counselling sessions	10	1,875	3,750	3,938	4,134	4,341	4,558	20,721
Training tools for trauma/peace courses for-a-fee sub-program.	Tools improvement		Aggregated	0	0	74,000	0	0	74,000
Trainings/counselling on trauma/peace For-a-Fee.	Offered trainings	20	26,243	104,971	110,220	115,731	121,517	127,593	580,031
Personnel Costs (Salaries, Pension, Medical costs)	Per Person	7	562,111	759,167	946,203	993,513	1,240,117	1,302,123	5,241,122
Training venues, participants' travel, allowances/tokens (to be contributed by communities)	Various		1,019,849	1,019,849	1,070,841	1,124,383	1,180,603	1,239,633	5,635,309
Total Prevention and Healing of Violence and Trauma for Peace				2,626,967	2,846,467	2,998,817	3,267,987	3,431,387	15,171,625
Pillar 4: Empowering Youths on the Margins (Unreached Youths)									
Basic/ core training & follow ups for Unreached Youths CRPs	Cycles conducted	15	444,905	1,334,716	1,401,452	1,471,525	1,545,101	1,622,356	7,375,151
Advanced trainings & follow-ups for Unreached Youths CRPs	Cycles conducted	15	105,323	315,970	331,768	348,357	365,774	384,063	1,745,932
Advanced trainings on Child/VP protection	Cycles of trainings	5	54,618	54,618	57,349	60,217	63,228	66,389	301,801
Review training methods, structure and contents for 'Youths on the Margins' sub program.	Tools improvement		Aggregated	0	121,853	63,973	0	0	185,825
(Group)counselling & (psycho)education services for and on 'Unreached Youths'	Counselling sessions	230	0	0	0	0	0	0	0
Counselling supervision sessions for KAP Staff & TOTs.	Counselling sessions	10	1,875	3,750	3,938	4,134	4,341	4,558	20,721
Training tools for 'Youths on the Margins' & 'Unreached Youths' courses For-a-Fee.	Tools improvement		Aggregated	0	0	74,000	0	0	74,000
Training and counselling for 'Youths on the Margins' For-a-Fee.	Trainings/counselling sessions	20	26,243	104,971	110,220	115,731	121,517	127,593	580,031
Personnel Costs (Salaries, Pension, Medical costs)	Per Person	19	562,111	2,111,065	2,631,168	2,762,727	3,448,477	3,620,901	14,574,338
Training venues, participants' travel, allowances/tokens (to be contributed by communities)	Various		2,835,962	2,835,962	2,977,760	3,126,648	3,282,980	3,447,129	15,670,479
Total Empowering Youths on the Margins (Unreached Youths)				6,761,053	7,635,508	8,027,310	8,831,418	9,272,989	40,528,278

Pillar 5: Institutional Excellence (Cross-Cutting Program Interventions & Costs)									
Programs & Partnerships Development									
Strategic planning (finalization, review & development)	SP & leadership Devpt			142,679	0	237,038	0	984,560	1,364,277
Resource mobilization (strategy & plans; visibility, strengthening staff capacity)	Strategy / policy document	0	0	0	500,000	210,000	220,500	231,525	1,162,025
M&E system (frameworks, policies, practice)	M&E policies & systems		0	0	0	0	0	0	0
Documentation & reporting	Documents & reports	26,100	26,100	27,405	28,775	30,214	31,725	144,219	
Research on educational approaches towards safe behaviours	Researches	0	0	0	810,000				810,000
Collaborations with strategic actors	Collaboration/ partnerships	20	3,875	15,500	16,275	17,089	17,943	18,840	85,647
Community mapping, engagement & safeguarding	mapping & engagement		0	0	0	0	0	0	0
Certificates of accreditation and licenses for KAP Counselling/ Training Centre.	Certificates o& licenses	47,933	47,933	50,329	52,846	55,488	58,262	264,857	
Sub Total Partnerships & Program Development				232,212	594,009	1,355,747	324,145	1,324,912	3,831,025
Institutional Development/ Core Cost (HR, Governance, Systems, Structure etc.)									
Reviews, evaluations, audits & organization assessments	Reviews/ evaluations/ audits	347,735	787,735	365,121	383,377	1,282,546	422,674	3,241,453	
KAP board, staff, volunteer & ToT appraisals & or capacity development	Appraisals & capacity devpt	728,520	878,520	764,946	2,886,959	843,353	885,521	6,259,300	
Review of KAP structure & filling new/ vacant positions	Reviews/ recruitment	150,000	150,000	157,500	0	173,644	182,326	663,470	
Develop/ review KAP systems, policies & tools & staff induction on these	Systems reviewed/developed		0	0	0	0	0	0	0
Sub Total Institutional Development Costs				1,816,255	1,287,568	3,270,336	2,299,543	1,490,521	10,164,223
Administrative/ Non Program Costs									
Office Consumables	Quantity	215,499	215,499	226,274	237,588	249,467	261,940	1,190,768	
Office Utilities (Water, Electricity)	Units	25,145	25,145	26,402	27,722	29,108	30,563	138,939	
Office Rent, including cost contributed by Catholic Diocese of Kitale	Metrics	958,320	958,320	1,006,236	1,056,548	1,109,375	1,164,844	5,295,323	
Maintenance - Office, Motor Vehicles	Various	131,229	131,229	137,790	144,680	151,914	159,509	725,121	
Transport Costs	Various	42,500	42,500	44,625	46,856	49,199	51,659	234,839	
Stationery, Maintenance, Communication, Printing & Reproduction, Educational Equipments	Various	247,704	247,704	260,089	273,094	286,748	301,086	1,368,721	
Enhance assets/ equipment (office space, cars, ICT etc.)	Assets/equipment		158,000	4,568,000	0	0	0	4,726,000	
Finance Personnel Costs (Salaries, Pension, Medical costs)	Per Person	9	562,111	5,438,420	6,778,283	7,433,487	9,215,897	9,676,692	38,542,779
Total Administrative Costs				7,216,816	13,047,699	9,219,974	11,091,708	11,646,293	52,222,491
GRAND TOTAL				25,762,826	33,678,886	33,289,677	35,220,938	36,901,485	164,853,811