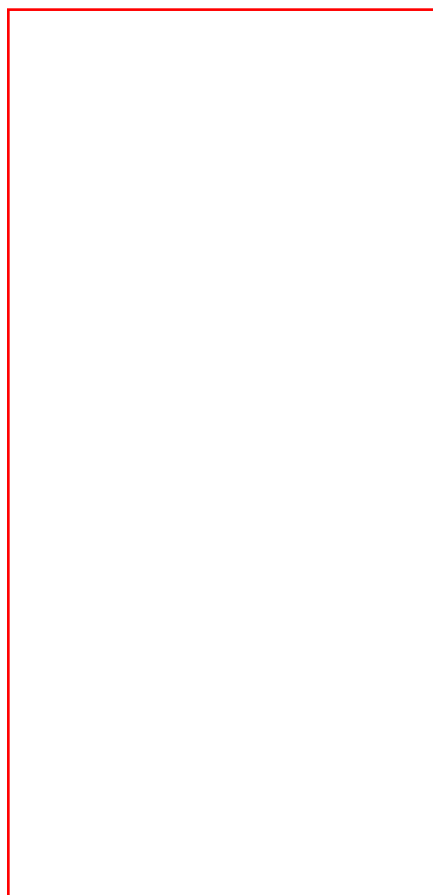


# **THE KENYA NATIONAL HIV/AIDS STRATEGIC PLAN**

**2000 - 2005**

POPULAR VERSION



# NATIONAL AIDS CONTROL COUNCIL

## FOREWORD

The launch of the Kenya National HIV/AIDS Strategic Plan in December 2000 was the advent of a new phase of total war against the HIV/ AIDS disaster.

Since that launch, the Government has received a substantial amount of goodwill and support from all Kenyans and development partners including NGOs, the private sector and donors. The Government intends to translate this goodwill into action, to prompt a collective national response at all levels.

In developing this popular version of the Strategic Plan, the Government intends to facilitate broader understanding and increased usability of the plan by implementing agencies. This summarised version of the plan provides illustrations and is laid out in a user-friendly manner.

The Policy environment and the HIV/ AIDS situations are highlighted with the institutional response so far mounted in various sectors and opportunities, interventions and the potential threats. The priority areas of the plan are presented graphically to enable implementers to see the logical flow of objectives, strategies and activities. The roles and responsibilities of implementers are clearly spelt out with linkages and interface between and within the institutional framework brought about by the establishment of the National AIDS Control Council [NACC].

In addition to the above, the mechanisms for monitoring and evaluation throughout the decentralised NACC entities are well described. Finally, the resource envelope for the National Strategic Plan is presented in line with priority areas and the resource gaps for their implementation.

I hope that this popular version of the plan will accelerate the rapid response we need to mount against the AIDS disaster from all segments of our society. In addition, I expect that the massive mobilisation that the National AIDS Control Council has undertaken in all sectors will lead to sustainable programmes, which will reverse the trend of infections and eventually halt the spread of HIV/AIDS. I therefore wish to make a special appeal to all our development partners to support the Government with all available resources, to enable us to meet this objective.



Hon. MAJ [RTD] MARSDEN H. MADOKA, EGH, MP  
MINISTER OF STATE,  
OFFICE OF THE PRESIDENT.

### List of Abbreviations

ACU	AIDS control units
AIDS	Acquired immune deficiency syndrome
CBO	Community based organisation
CACC	Constituency AIDS control committees
DACC	District AIDS control committees
GDP	Gross domestic product
GOK	Government of Kenya
HIV	Human immuno-suppressant virus
KANCO	Kenya AIDS NGO Consortium
MTEF	Medium Term Expenditure Framework
NACC	National AIDS Control Council
NGO	Non-governmental organisation
PACC	Provincial AIDS control committees
STD	Sexually transmitted disease

## HIV/AIDS Policy and Strategic Pan

### Cumulative Reported, Estimated and Future AIDS Cases

The Government of Kenya has a National AIDS Policy and a National AIDS Control Council. This Council developed the Strategic Plan for the Kenya National HIV/AIDS Control Programme. The Plan is linked with the National Development Plan 1997-2001 and the National Poverty Eradication Plan 1997-2001. The overarching theme is **social change to**

**reduce HIV/AIDS and poverty.** The HIV/AIDS Plan addresses priority areas for the control of HIV/AIDS as well as mechanisms for the mitigation of the socio-economic impacts at individual, family, community, sectoral, and national levels. Because AIDS is a multi-dimensional problem, the Plan is based on a multi-sector, decentralised approach. This approach facilitates the investment of significant amounts of resources at district, community and household levels, where both the main determinants and the main impact of the disease lie. The Plan identifies priority activities whose implementation requires partnership among all stakeholders.

The Plan is based on **five priorities**: Prevention and advocacy; treatment, continuum of care and support; mitigation of socio-economic impacts; monitoring, evaluation and research; and management and coordination. The Plan's **principle objective** is to stop the epidemic and reduce its impacts on Kenyan society and economy by:

- Reducing HIV prevalence in Kenya by 20 to 30 percent among people aged 15 to 24 years by 2005
- Increasing access to care and support for people infected and affected by HIV/AIDS in Kenya
- Strengthening response capacity and coordination at all levels.

Effective implementation of this Plan requires an estimated 14.06 billion Kenya Shillings and the collaborative efforts of the Government of Kenya, civil society, the private sector and external development partners.

### **HIV/AIDS in Kenya...**

President Daniel T. arap Moi addressed Members of Parliament on 25 November 1999, declaring AIDS a national disaster and stating:

*"AIDS is not just a serious threat to our social and economic development, it is a real threat to our very existence ... AIDS has reduced many families to the status of beggars...no family in Kenya remains untouched by the suffering and death cause by AIDS... **the real solution of the spread of AIDS lies with each and everyone of us.**"*

Deaths. Human immuno-deficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) is a terrible epidemic occurring in every district of Kenya. It is responsible for the deaths of 1.5 million Kenyans since the early 1980s. These deaths left behind more than one million orphans. About 500 Kenyans die each day from AIDS. There is still no known cure and no effective, affordable vaccine. Estimates suggest over two million people out of a population of 29 million are infected. The cumulative number of deaths due to HIV/ AIDS may rise to 2.6 million by the end of 2005.

Prevalence and spread. HIV spreads rapidly in Kenya, mainly through sexual contact (90% of

infections). Mother-to-child transmission and contact with blood account for the other 10% of transmission. Adult HIV prevalence rose from 5.3 percent in 1990 to 13.1 percent in 1999. It may stabilise at 14 percent, or even decline with effective implementation of the HIV/ AIDS Strategic Plan.

- Prevalence is higher in urban areas (16 to 17 percent) compared with rural areas (about 11 to 12 percent)
- 80-90 percent of infections are among young people aged 15 to 49 years
- 5-10 percent of infections occur in children under five years old
- Most AIDS deaths occur between the ages of 25 to 35 for men and 20 to 30 for women
- HIV prevalence varies markedly between different regions, but all regions are affected.

Social and economic impact. The negative social and economic impact of HIV/AIDS is increasingly severe. Many children whose parents died of AIDS lack the basic necessities for survival. Traditional extended family care structures are overburdened. HIV infection and AIDS deaths strike predominantly among age groups expected to be the most economically productive. Valuable workers get sick and die, and the households that they support become impoverished. Labour costs for employers increase. The impact of AIDS may reduce Kenya's gross domestic product (GDP) by 14.5 percent in the next ten years.

## **and Institutional Responses**

Institutional responses. The Government of Kenya first responded to the HIV/AIDS epidemic in 1985, when it launched the first of two medium term plans. In the 1990s, funding, coordination and public recognition all increased. Parliament's 1997 Sessional Paper No. 4 on AIDS stressed the importance of advocacy and policy development. Subsequent public debates increased awareness and governmental commitment at the highest levels. Following the 1999 Presidential declaration that AIDS is a national disaster, the National AIDS Control Council (NACC) was established.

International development partners(except the World Bank) disburse most of their HIV/AIDS funds through non-governmental and community-based organisations (NGOs and CBOs). These organisations sponsor a broad spectrum of interventions. Most of the organisations are members of the Kenya AIDS NGOs Consortium (KANCO). KANCO conducts advocacy and capacity-

building activities, and serves as a resource centre. Avoiding controversies over condoms and family life education, some religious organisations support prevention activities.

There is potential and opportunity for more private sector involvement in the fight against HIV/AIDS. More companies need to emulate those who sponsor prevention activities and insurance schemes that assist the infected and their families.

Institutional responses and interventions now need to scale up from high-risk groups to nation wide coverage.

Threats to the education sector. The HIV/AIDS epidemic in Kenya threatens to undermine achievements in literacy, increase the number of poorly educated children, and increase the number of working children. Educational attainment is adversely affected because:

- The supply of experienced teachers is reduced by HIV/ AIDS related illness and death
- Children are kept out of school to care for the sick and help support the family
- Children are kept out of school when families cannot afford school fees due to HIV/AIDS illness or death.

Teenage children are especially susceptible to infection, and girls in this age group are more likely to be infected than boys.

Opportunities in the education sector. A large percentage of Kenyan children attend and are accessible through school. The infrastructure and human resources

in Kenya's educational system can be used to promote preventive behaviour and create environments that enable and support this behaviour.

## **Age and Sex Distribution of HIV Prevalence**

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## **and Interventions in Education**

Priority interventions in the education sector. Key actors include the Ministry of Education, non-governmental organisations, religious organisations and other Government of Kenya Ministries. The recommended interventions and policies should focus on prevention and advocacy:

- Enhance community care for AIDS patients so that children do not have to stay home from school to care for them
- Increase school bursaries for children who would otherwise drop out due to an AIDS illness or death in the family
- Provide counseling, sensitisation and training of working and student teachers
- Develop and teach curricula that include education on family life, reproductive health and prevention of HIV/AIDS
- Use teachers as role models to sensitise students and communities to the dangers of infection, and to encourage preventive behaviour
- Encourage preventive behaviour through better parenting, counseling by religious leaders and community centred youth activities such as Boy Scouts and Girl Guides
- Increase education and awareness of girls to prevent cases of mother to child transmission
- Improve succession management
- Attract more resources for education through the Medium Term Expenditure Framework (MTEF) budgetary process and development partners.

## **Threats, Opportunities...**

Threats to the agriculture sector. Agriculture engages 80 percent of the labour force and accounts for 25 percent of gross domestic product (GDP). Therefore, threats to this sector threaten the country's food security. This occurs when:

- Productivity drops and costs rise due to illness and death in the labour force
- Fertile land may remain idle due to labour shortages
- Families may be forced to sell off farm assets in order to survive
- Agricultural workers may die before they can pass on their skills and

experience to their children or other trainees.

Opportunities in the agriculture sector. The economic participation of most Kenyans in this sector makes it a priority area for targeting education, information and resources promote behaviour change.

Priority interventions in the agriculture sector Key actors include the Ministry of Agriculture and Rural Development NGOs and CBOs. Priority interventions are:

- Community mobilisation and sensitisation
- HIV/AIDS education for farming communities
- Capacity building and training of extension workers and local constituent AIDS committees.

## **and Interventions in Agriculture and Health**

Threats to the health sector. The HIV/AIDS epidemic increases the number and percentage of people seeking health services, and increases the costs of health care. Whether money is spent on treatment or prevention, the effect is to reduce the amount of money available for prevention and treatment of other illnesses. It also reduces the money available for providing other public services. Both the number of people who can be helped and the quality of that help may decline.

Opportunities in the health sector. This sector is central to a successful response to the HIV/AIDS epidemic. Expanding early diagnosis and including counseling on behaviour change may reduce the spread of the disease. Help with treatment and care reduces the burden on already poor families. Research, monitoring and evaluation of interventions for prevention and cure in Kenya contribute to worldwide efforts to stem or stop HIV/AIDS.

Priority interventions in the health sector. Key actors include the Ministry of Health, NGOs and CBOs, the private sector, and religious organisations. Priority interventions are:

- Better equipment and better provision of drugs to public health care institutions
- Prioritising HIV/AIDS in the MTEF budgeting process, within the human resources sector
- Creating an enabling environment for private health care providers
- Better treatment and care of the infected to prevent further spread
- Capacity building and training of health care workers to deliver good quality

of care and to screen all blood

- Collaboration between public and private sectors to develop health insurance schemes.

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### **Threats, Opportunities and Interventions...**

Threats in the social services sector. The HIV/ AIDS epidemic strains the social fabric, overwhelms traditional support and care systems, and traumatises families. Increased needs for social services include:

- One million AIDS orphans, including some who have AIDS themselves
- Children affected by AIDS who are swelling the population of "street children"
- Growing numbers of elderly people who have lost the adult children who supported them
- Voluntary counseling and testing (VCT)
- Counseling for bereaved relatives and friends
- Information, education and advocacy to mitigate discrimination and bias against the infected from families, friends, employers and others.

Opportunities in the social services sector. Social services can support and strengthen traditional family and community support systems. Lessons learned from testing and counseling sites, situated mainly in urban areas, can be extended to other parts of Kenya. Women, who bear the brunt of discrimination and gender bias, as well as caring for the sick and dying, are a priority for social services interventions.

Priority interventions in the social services sector. Key players include the Office of the Vice President; the Ministry of Home Affairs, Heritage and Sport; NGOs; CBOs; and religious organisations. Priority interventions are:

- Training community workers to provide social support to the infected and affected
- Establishing voluntary counseling and testing centres and patient support services in all districts
- Easing adoption laws to meet parenting needs of AIDS orphans
- Sensitisation to discourage harmful cultural practices.

### **in the Social Services and Industrial Sectors**

Threats in the industrial sector. The HIV/AIDS epidemic lowers the productivity of labour in the industrial sector and increases labour costs. Resultant price increases, combined with declining household incomes, may result in lower demand for industrial goods.

Opportunities in the industrial sector. There are about 4,000 firms in Kenya, cutting across manufacturing, trade, transport and tourism. Stakeholders such as the Kenya Association of Manufacturers, the Kenya Chamber of Commerce and Industry, the Federation of Kenya Employers, the Kenya Association of Tour Operators and the GOK could collaborate on a representative study of the economic impact of HIV/AIDS on this sector.

Priority interventions in the industrial sector. Key players include private firms, umbrella groups, trade unions, religious organisations, NGOs and CBOs.

### **Annual Number of Deaths to Adults in Economically Productive Ages (15-49)**



HIV/AIDS infected employees Absentees accounted for 32% of HIV/AIDS related costs. The four firms spent an average of KSh 1,487, or US\$ 30 per employee per year, for a total of KSh 1.1 to 3.1 million per year.

## **Threats, Opportunities and Interventions in the National Security Sector**

Threats in the national security sector. This sector includes both the military and police forces, which are among the most susceptible populations to HIV/ AIDS. Ministries of Defence in Sub-Saharan Africa report prevalence levels of 20 to 40 percent within their armed forces. This population is youthful, sexually active, susceptible to peer pressure and likely to take risks. Furthermore they are often away from home and surrounded by opportunities for casual sex. Attrition from HIV infection and AIDS deaths causes:

- Lack of continuity in ranks and leadership
- Increased recruitment and training costs
- Reduced military and emergency preparedness
- Threats to internal stability and external security.

Opportunities in the national security sector. This sector is highly structured and characterised by clear chains of command. These attributes could be exploited to maximise the speed and effectiveness of interventions.

Priority interventions in the national security sector. Key players include the Offices of the President and Vice President; the Ministry of Home Affairs, Heritage and Sports; the Ministry of Health; NGOs and CBOs; and the private sector. Priority interventions are:

- Continue awareness creation and promotion by training peer educators and counsellors
- Develop and disseminate condom messages in military and police establishments
- Promote and socially market condoms
- Promote safe condom disposal
- Offer voluntary HIV/AIDS counseling and testing (VCT) during recruitment
- Treat and control sexually transmitted diseases through syndromic management.

PRIORITY AREA #1:

ADVOCACY AND PREVENTION

Over 90 percent of Kenyans are aware of the nature and transmission of HIV/ AIDS. The next challenge is to translate this awareness into preventive behaviour among the sexually

active population. High risk, priority groups for interventions are:

1. Adolescents and youth (in and out of school)
2. Women and girls
3. Security forces
4. Populations in certain locations such as slums and border towns
5. Populations who are difficult to reach such as nomads and beach communities.
6. High risk groups such as commercial sex workers and long distance drivers.

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Meet programme target of reducing HIV/AIDS prevalence by 10 percent per year through behaviour change

Prevent Transmission of HIV/AIDS and other infections through blood transfusion and blood products

Reduce prevalence of sexually transmitted diseases among general population

Stem mother-to-child transmission

## PRIORITY AREA # 2:

### TREATMENT AND SUPPORT OF A CONTINUUM OF CARE FOR THE INFECTED AND AFFECTED

Treatment of the large numbers of infected people and support for affected people demand a comprehensive care approach. Medical facilities, community services and home care all need to be linked. Critical components of this continuum of care are:

1. Clinical care to reduce suffering and prevent opportunistic infections
2. Nursing care to attend to personal needs, maintain dignity, prevent transmission of infections and ensure patients' compliance with prescriptions
3. Counseling and emotional support to reduce psychological stress and provide the information and support necessary to make decisions
4. Home based care to provide physical, psychological and spiritual support in a collaborative effort between hospital, community and family

5. Social support to help people cope, participate and be accepted
6. Spiritual care to help prepare for death
7. Occupational therapy to promote self-care and economic self-reliance.

Objective: Promote health and quality of life for people infected and affected.

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### PRIORITY AREA #3

#### MITIGATION OF SOCIAL AND ECONOMIC IMPACTS

Fifty percent of the population is living "below the poverty line", as defined by the government. This situation is likely to worsen through illness, death and the diversion of resources to care for the infected and the affected. A multi-sectoral, collaborative and decentralised approach is needed to address this priority area.

Reduce the negative social and economic impacts of the HIV/ AIDS epidemic.

5 boxes here P. 13

The current sentinel surveillance system is a powerful instrument for monitoring and evaluation of the interventions recommended by this HIV/AIDS Strategic Plan. It needs strengthening to increase the representativeness of the data and to provide prevalence estimates for all regions of the country. It also needs to include behavioural surveillance. Evaluation criteria must include a clear demonstration of decreases in incidence and prevalence. NACC has a clearly defined research programme guided by five principles, but it needs to establish and obtain funding for a research portfolio.

Measure the success of HIV/AIDS programmes.

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## PRIORITY AREA #5

### MANAGEMENT AND COORDINATION

Successful implementation of this multi-sectoral Strategic Plan requires effective management and coordination of a large number of diverse stakeholders. Resources need to be marshaled from a variety of sources, and interventions must be implemented at the district level and below. The institutional framework will include the National AIDS Control Council (NACC) and constituent bodies.

Coordinated, multi-sectoral approach to the war against the HIV/ AIDS pandemic.

To achieve this objective, NACC must establish and coordinate the following institutional framework:

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### **Roles and Responsibilities...**

The Government. The Government of Kenya will lead in policy direction, institutional development, resource mobilisation and advocacy. The framework for governmental leadership is the National AIDS Control Council (NACC), AIDS Control Units (ACUs) in every ministry, and Provincial, District and Constituency AIDS Control Committees (PACCs, DACCs, CACCs). Involvement of the entire Government structure will maximise the impact of planned interventions. The process of mainstreaming HIV/AIDS strategies and activities into the core functions of every sector needs the support of Government at all levels. The induction and training programmes of public servants in all sectors will include HIV/AIDS education.

Multilateral and bilateral development partners. Kenya will nurture partnerships and seek assistance from international partners to achieve the Plan's objectives. Multilateral and bilateral development budgets should focus on the priority strategies identified in the Plan. The Government expects increased funds for implementation of the AIDS Strategic Plan to be channeled through the Government's budget. The Kenya HIV/AIDS Consultative Group and the HIV/AIDS Technical Working Group will coordinate donor support. Money already committed

to NGO programmes outside the Government's budget will also contribute to realisation of the Strategic Plan.

Non-governmental organisations. NGOs in Kenya contribute to the fight against HIV/AIDS through both prevention and care activities. These activities complement the work of Government by reaching many poor people in difficult to access areas. Many NGOs have close links with these poor communities and good skills in mobilising participation. The Kenya AIDS NGO Consortium works closely with NACC, and is also linked to the AIDS NGO Consortium of East Africa. These collaborations increase awareness and advocacy and sharing of "best practices" for preventing transmission and supporting infected and affected victims.

The private sector and industry. Some firms already have programmes for awareness creation and prevention. The private sector, through the Kenya HIV/AIDS Business Council, will play a major role in:

- Designing prevention programmes in work places
- Financing interventions for care and support
- Restructuring medical and retirement benefits
- Working with other relevant bodies to develop work place policies that address HIV/AIDS.

### **of Key Stakeholders**

Religious institutions. The involvement of religious institutions is essential to the successful implementation of the Plan. The issues of condom use and family life education in schools are controversial, and religious beliefs in Kenya are diverse. However, all religious institutions have a common interest in the well being of Kenyans. Sound and effective prevention programmes can be built on this shared concern, including:

- Medical and nursing services
- Social, pastoral and spiritual services
- Support to affected families and orphans
- Home care services to the infected and affected
- Inculcation of moral values that contribute to behaviour change
- Informing and educating their followers.

These activities can best be achieved by a joint, interdenominational effort to exchange information, eliminate discrimination, and cooperate on common ground. These institutions can then jointly implement Plan elements in harmony with their religious beliefs.

People living with HIV,/AIDS. AIDS support organisations and networks, formed by infected and affected people, play an increasing role in Kenya. These groups help to reduce isolation and

stigma by providing psychological, material and social support. Unfortunately, most people with HIV do not know their status, and a majority of those who do know keep their status private and do not join a support group. This Plan envisions that the support network of people living with HIV/ AIDS will contribute to mitigating adverse impacts by:

- Increasing the involvement and visibility of people living with HIV/AIDS
- Creating a more supportive and enabling environment
- Training support groups and affected individuals
- Providing services under the guidance of DACCs and CACCs
- Reducing stigma and discrimination through education and information.

Support groups and networks need assistance to reach out to more affected people and to gain access to sustainable treatment, to medication for opportunistic infections and to health insurance and financial services.

### **Management, Coordination...**

National AIDS Control Council. Successful implementation of the Strategic Plan depends on comprehensive, effective management and coordination. To meet this need, Presidential Order in Legal Notice No. 170 of 26/11/99 established the NACC in 1997. NACC has the following responsibilities related to the control and prevention of HIV/ AIDS:

- Coordinate and supervise HIV/AIDS activities
  - Mobilise resources
  - Develop policy, strategy and guidelines
  - Develop sector specific programmes
  - Develop national management information systems
  - Collaborate with local and international agencies
  - Develop mechanisms and guidance for implementing agencies
- on selection of activities and monitoring and evaluation of activities
- Play a leadership role in advocacy and public relations.

AIDS Control Units. The ACUs in each Ministry will coordinate implementation of the Strategic Plan in every sector. Their leadership and advocacy role will extend beyond Government to all authorities, bodies, and organisations. Their responsibilities include:

- Ensure that HIV prevention is considered in all projects and services
- Adapt infrastructure and human resource planning
- Introduce new or scale up old modes of service delivery
- Advocate for legislation to protect the infected and affected from discrimination
- Recommend ways to enhance NACC policies
- Coordinate inter-sector commitments in respective sectors
- Ensure implementation of HIV/ AIDS policies, create awareness and undertake advocacy in respective sectors
- Compile databases and conduct statistical analyses
- Develop and implement operational objectives and action plans
- Promote cultural and behavioural change
- Develop Ministry specific guidelines for the use of resources allocated to HIV/AIDS
- Liaise with ACUs in other Ministries.

Provincial HIV/AIDS Control Committees. The PACCs are the coordinating bodies of the Strategic Plan at the Provincial level. The Committee membership will include people from the GOK's departments, civil society, and the private sector. Persons living with or affected by AIDS will be included as members.

## **Monitoring and Evaluation**

District HIV/AIDS Control Committees. The DACCs will coordinate implementation at the District and community level. Their membership will be drawn from the same broad spectrum as the PACCs. Their functions will be:

- Communicate and interpret policies to district level institutions
- Monitor the implementation of policies
- Collate information on activities in different sectors
- Calculate cost of district level interventions
- Prioritise potential interventions according to resource constraints
- Communicate a proposed set of multi-sector, prioritised and costed activities

to ACUs and the NACC.

Constituency AIDS Control Committees. The CACCs will facilitate implementation of resolutions passed at the 1999 HIV/AIDS Symposium for Members of Parliament; develop people-centred activities and responses; and coordinate all HIV/AIDS activities in constituencies. Specifically they will:

- Mobilise communities to play an active role
- Operate as agents of change
- Ensure that committees of elders discuss local cultural influences on the spread of HIV/AIDS
- Promote positive health seeking behaviours
- Facilitate participation of youth in activities aimed at behaviour change
- Develop sustainable community owned care and support systems for the affected and infected, including widows, widowers and orphans
- Mobilise and ensure proper utilisation of local level resources
- Promote and strengthen income generating activities among vulnerable groups
- Network, collaborate and coordinate with other AIDS service organisations
- Establish and implement monitoring and evaluation systems and submit quarterly and annual reports to NACC.

Monitoring and Evaluation. Monitoring and evaluation will measure performance in the light of the stated objectives of the Strategic Plan at all levels. It will provide a mechanism for accountability, and meet programme managers' needs for timely and accurate information. Activities will take place through two separate mechanisms:

- An annual NACC report
- A national programme of monitoring and evaluation coordinated by NACC through its appointed institutions.

## **Resources, Financial Accountability...**

The HIV/ AIDS Strategic Plan is linked to the Government's Poverty Reduction Strategy Paper. Reducing poverty and enhancing economic growth will put Kenya in a stronger position to fight HIV/ AIDS. The HIV/AIDS Strategic Plan also fits into the MTEF, which links policy, planning and budgeting.

The Strategic Plan is designed to respond to the national disaster of the HIV/ AIDS crisis by mobilising an effective multi-sector response. An important aspect of this mandate is financial planning and management. This entails:

- Estimating the cost of activities and the likely distribution of costs over time
- Estimating the resource envelope available for implementation activities and its likely evolution over time
- Estimating the resource gap and its likely evolution over time
- Ensuring that available resources are used for sustainable funding of priority activities
- Developing and implementing a centralised accounting system that is flexible enough to meet GoK and development partners' accounting and reporting requirements
- Financial monitoring of three streams of funding: funds allocated directly to GoK via the budgetary process to Ministries and funds allocated to NACC and its decentralised structures.

### Kenya National HIV/AIDS Control Programme Estimated expenditure and sources of funding 2000-2005

PRIORITY AREA	KSH MILLIONS NEEDED	KSH MILLIONS EXPECTED	FUNDING GAP
1. Prevention and Advocacy			
• Promoting behaviour change	5,388	5,100	288
• Preventing blood-borne infection	1,310	250	1,060
• Treatment and control of STDs	597	10	587
• Preventing mother-to-child transmission	866	73	793
•			
2. Treatment and support of continuum of care	2,791	146	2,645
3. Mitigation of the social and economic impacts	785	730	55
4. Monitoring, evaluation and research	411	146	265
5. Management and coordination	1,911	1,280	631
<b>TOTALS</b>	<b>14,059</b>	<b>7,735</b>	<b>6,324</b>

## **and The Way Forward**

The Way Forward. The Strategic Plan 2000-2005 for the Kenya National HIV/ AIDS Control Programme identifies priority areas for the control of HIV/ AIDS. It also describes mechanisms for the mitigation of the social and economic impacts at individual, family, community, sectoral and national levels. The Plan can be achieved if significant amounts of resources are invested in districts, communities and households, where both the determinants and impacts of HIV/AIDS lie. The strategies and activities outlined in this Plan must be implemented by a partnership of all stakeholders. Implementation will be a dynamic process, with details of the Plan evolving as stakeholders meet needs with creative solutions. HIV/AIDS must be placed firmly in all Kenyans' perception as a national priority and cross-sector responsibility.

The Effects of AIDS Interventions: A combination of interventions is the best way to control the epidemic

