## GLOBALGIVING – 2,084 UNREACHED YOUTHS – FINANCIAL REPORT – OCTOBER 2026

**STRATEGIC PLAN ON PAGES 2 etc**

| BUDGET VS ACTUAL EXPENDITURE 01.07.2026-30.06.2027 - @BUDGET: KENYA SHILLINGS (Kshs) & US $ ($ | | | | | |
|---|---|---|---|---|---|
| **PROJECT 1 -ENHANCING THE EMOTIONAL AND SOCIAL CAPACITIES OF 2,084 MARGINALISED YOUTHS** | | **BUDGET 01.07.2026 > 30.06.2027** | **EXPENDITURE 01.07.2026 > 30.09.2026** | **GG 2026-ONLY BALANCE PER 30.09.2026** | **% SPENT** |
| **1. Project Activities -Trainings, Education, Counselling & Follow-Up Activities** | | **Kshs** | **Kshs** | **Kshs** | |
| **1.1** | **Two Core Training Cycles = CASH: Kshs3,119,324/- ($24,182) INCL IK: Kshs 5,300,511 ($41,092)** | | | | |
| 1.1.1 | Food | 441,990 | | 441,990 | 0% |
| 1.1.2 | Teaching and Training Materials | 134,460 | | 134,460 | 0% |
| 1.1.3 | Basic Health & Hygiene Provisions | 6,900 | | 6,900 | 0% |
| 1.1.4 | Transport - Recurrent Expense | 640,000 | 31,850 | 608,150 | 5% |
| 1.1.5 | TOTs Expenditures | 145,712 | | 145,712 | 0% |
| 1.1.6 | Monitoring & Evaluation | 8,900 | | 8,900 | 0% |
| 1.1.7 | Personnel Costs | 1,559,662 | 17,704 | 1,541,958 | 1% |
| 1.1.8 | Sign Language Interpreter | 75,600 | | 75,600 | 0% |
| 1.1.9 | Emergency Assistance | 85,760 | | 85,760 | 0% |
| 1.1.10 | Professional Counselling Supervision | 20,340 | | 20,340 | 0% |
| **1.1.11** | **In-Kind Contributions (Free Training Venues)** | 2,181,187 | | 2,181,187 | 0% |
| **1.2** | **Two Advanced Training Cycles = CASH: Kshs 640,341/- ($4,964 INCL IK: Kshs 1,088,099/- ($8,435)** | | | - | |
| 1.2.1 | Food | 80,700 | | 80,700 | 0% |
| 1.2.2 | Teaching and Training Materials | 21,320 | | 21,320 | 0% |
| 1.2.3 | Basic Health & Hygiene Provisions | 6,900 | | 6,900 | 0% |
| 1.2.4 | Transport - Recurrent Expense | 120,000 | 31,850 | 88,150 | 27% |
| 1.2.5 | TOTs Expenditures | 41,820 | 1,550 | 40,270 | 4% |
| 1.2.6 | Monitoring & Evaluation | 2,450 | | 2,450 | 0% |
| 1.2.7 | Personnel Costs | 320,170 | 17,704 | 302,466 | 6% |
| 1.2.8 | Sign Language Interpreter | 25,200 | | 25,200 | 0% |
| 1.2.9 | Emergency Assistance | 17,605 | | 17,605 | 0% |
| 1.2.10 | Professional Counselling Supervision | 4,175 | | 4,175 | 0% |
| **1.2.11** | **In-Kind Contributions (Free Training Venues)** | 447,758 | | 447,758 | 0% |
| **2.** | **INSTITUTIONAL EXCELLENCDE** | | | - | |
| **2.1.** | **Administrative Costs** | | | - | |
| 2.1.1 | Finance & Admin Personnel Cost | 785,181 | | 785,181 | 0% |
| 2.1.2 | Office Rent | 510,771 | 32,340 | 478,431 | 6% |
| 2.1.3 | Security & Maintenance Site (including Insurances of Staffs & Buildings) | 150,842 | | 150,842 | 0% |
| 2.1.4 | Office (Communication etc.) & Office Utilities (Water & Electricity) | 52,546 | | 52,546 | 0% |
| 2.1.5 | Office Consumables & Educational & Equipment | 210,003 | | 210,003 | 0% |
| 2.1.6 | Transport Office - Recurrent Expense | 6,000 | | 6,000 | 0% |
| **2.2.** | **Partnerships & Program Development** | | | - | |
| 2.2.1 | Certificates and Licenses | 2,882 | | 2,882 | 0% |
| **2.3.** | **Institutional Development Costs** | | | - | |
| 2.3.1 | Annual Financial Audit | 280,000 | | 280,000 | 0% |
| 2.3.2 | (External) Evaluation KAP Programmes | - | | - | |
| 2.3.3 | Governance Expenses | 41,259 | | 41,259 | 0% |
| 2.3.4 | Staffs Capacity-Building (Studies) | 2,426 | | 2,426 | 0% |
| 2.3.5 | Staffs & TOTs Appraisals | - | | - | |
| 2.3.6 | Transition of PC's and Other Core Positions: | - | | - | |
| 2.3.7 | ICT & MERL Support Services | 38,426 | | 38,426 | 0% |
| | | | | - | |
| **3.** | **OTHER** | | | - | |
| 3.1 | Unbudgetted Items: B. Exchange Gain/Loss | | | - | |
| 3.2 | Unbudgetted Items: C. Bank Charges | | | - | |
| 3.3 | Unbudgetted Items: D.Bad Debts W/O | | | - | |
| 3.4 | | | | - | |
| 3.5 | Difference btn actual & budgeted amount | **(5,707,002)** | | **(5,707,002)** | |
| * | 'GG-ONLY' INCOME IN FINANCIAL YEAR 2023-24 | | | - | |
| **TOTAL CASH PROJECT COSTS IN KSHS** | | **132,997.96** | **132,997.96** | **0** | 2.28% |
| | **LOCAL COMMUNITIES IN-KIND CONTRIBUTIONS** | **2,628,946** | - | **2,628,946** | 0.00% |
| | **FULL BUDGET CASH & IN-KIND** | **2,761,944** | **132,997.96** | **2,628,946** | 2.28% |

# Kitale Community Advancement Programme




## Strategic Plan 2026 - 2031

**Final, June 2026**

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# LIST OF ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| ADA | Alcohol and Drug Abuse |
| AYP | Adolescent and Young People |
| CRP | Community Resource Persons |
| CPD | Continuous Professional Development |
| GBV | Gender Based Violence |
| GDP | Gross Domestic Product |
| HIV/AIDS | Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome |
| ICT | Information Communication Technology |
| KAP | Kitale Community Advancement Programme |
| MEL | Monitoring, Evaluation and Learning |
| MHPSS | Mental Health and Psychosocial Support |
| MTCT | Mother to Child Transmission |
| NCDs | Non-Communicable Diseases |
| PET | Participatory Education Theatre |
| RC | Recovery Coaches |
| SWOT | Strengths, Weaknesses, Opportunities and Threats |
| ToC | Theory of Change |
| TOF | Trainer of Facilitators |
| ToT | Trainer of Trainers |

# FOREWORD

Kitale Community Advancement Programme (KAP) is a community education and counselling programme working in Trans Nzoia county. 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. KAP's work is motivated by faith and has an ecumenical and interreligious character. The main concern of KAP is behaviors that promote Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS), abuse of, and addiction to alcohol or drugs; violence/ trauma and community peace.

KAP has to date played an important role and made visible contributions to the global commitments to reduce HIV/AIDS infections; promoting mental well-being, especially substance abuse, trauma management and prevention; as well as mental/spiritual alienation. 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.

This Strategic Plan, the second since our inception, outlines our strategic direction for the period 2026–2031. The plan is motivated by the need for regular strategic (re)positioning to better align with shifting contexts. The plan presents our organizational identity, strategic ambitions, and the strategies or interventions for reaching the same. The strategic choices are based on the outcomes of analysis of our operating context, reflections on our track record, and lessons learnt from our ending strategy period. There have been deliberate efforts to align the plan with Kenya's development priorities as well as global commitments and instruments.

The strategy is the outcome of a rigorous co-creation process by the KAP board, staff, and stakeholders. The plan is regarded as a broad framework document that will be operationalized over the period through specific programmes or projects and detailed annual work plans. The plan is anchored on four strategic result areas upon which our work will be concentrated during the five-year period: 1) *Community Psychoeducation & Positive Health Behavior Strengthening*; 2) *Community-based Mental Health & Psychosocial Services (MHPSS)*; 3) *Community MHPSS Service Delivery Systems' Strengthening*; and *5) Institutional Development.* We will mainstream issues of safeguarding/ protection, gender, culture, resilience building, and environmental wellbeing, while pursuing rights-based approaches.

The strategic plan is organized into five main sections. The first section provides background information on KAP, while section two provides an overview of the operating context. The third section presents the basis of the strategic choices and the theory of change, while the fourth contains the objectives, expected outcomes and interventions we use to achieve our goals. Operational matrices are appended to the plan.

We will strategically collaborate with complementary actors to enable us to attain sustainable system-level change. We will in this regard explore a systems orientation, working with multiple partners, while pursuing multiple strategies across multiple levels. We will use these partnerships to scale and accelerate solutions that we have tested and proved to work.

We wish to express our deepest gratitude to everyone who contributed to the development of this strategic plan. In the same spirit, we especially thank our partners and peers who have and continue to subscribe to our mission by collaborating with us. Allow us to extend a warm welcome to all of you to join hands with us as we venture into the exciting, ambitious, and equally positively challenging task of implementing this strategic plan.

Mr. William Majimbo
**Chairperson, KAP Board of Directors**

Jacinta van Luijk, MA (London)
**KAP Coordinator**

# 1.0 BACKGROUND AND INTRODUCTION

## 1.1 Organisational Background

Kitale Community Advancement Programme is a community education and counselling programme working in Trans Nzoia county, and based in Kitale, West-Kenya. KAP aims to mitigate impacts of societal breakdown 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.

KAP's work is motivated by faith and has an ecumenical and interreligious character. The Programme was started and run as the 'Kitale AIDS Programme' by the Medical Missionaries of Mary in 1993; in December 2009, it got registered as a national (Kenyan) 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 breakdown[1], 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.

## 1.2 Organisational Identity

**Vision Statement**: A healed and caring society where hope abounds.

**Mission Statement**: To mitigate the impacts of societal breakdown and restore broken lives through innovative psychoeducation, counseling and capacity strengthening.

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

1. *Commitment*: KAP is deeply committed to its clients and participants, often going beyond expectations. While we have defined entry and exit strategies for sustainability, we often repeat intervention cycles if required.

2. *Inclusive*: Guided by *ubuntu*[2], KAP embraces and respects all people regardless of faith, tribe, gender, age, or socio-economic status; It promotes universal inclusion and ensures no one is left behind.

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.

[1] This includes breakdown of traditional society's (identity, social security, values, rules, etc.), and their 'replacement' with 'new lifestyles'.
[2] Ubuntu is an African philosophy based on human interconnectedness, famously translated as 'I am because we are.' It embodies interconnectedness, compassion, communal harmony, and mutual support over rigid individualism.

## 1.3 Organizational Philosophy and Guiding Principles

KAP regards poverty, injustice, marginalization, sickness and (resultant) violence or abuse as results of societal breakdown. These 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 thus 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 especially focus on the interrelated issues of HIV/AIDS, addiction, trauma, lack of peace, and mental alienation.

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 conscientizing 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 labor intensive. Advocacy is another important tool that KAP uses to achieve its objectives.

## 1.4 Track Record

The following are some of KAPs major achievements over its last strategic plan period (partly articulated in the report of its evaluation for the same period).

1. KAP has realized visible impact across all of its thematic areas of trauma, mental alienation, substance abuse and HIV/AIDS. These include improved family/community relationships (89-94%); improved conflict resolution skills (94%); enhanced mental and social well-being; and meaningful social and health behavior change. Others are reduced high-risk HIV behaviours from 46% to 16%; 55% sobriety amongst recovering addicted clients; and increased percentage of persons with 'no stigmatizing attitude' from 36% to 90%.

2. KAP is deeply rooted in the communities it works, with engagement models leading to strong community trust and ownership. This includes working with least 7,000 trained community volunteers. To demonstrate ownership, local in-kind contributions by supported communities amounted to euro 60,892 out of a total KAP institutional budget of euro 202,016 in financial year 2024-25.

3. The organisation effectively engages hard-to-reach populations and strongly includes all gender and ages (especially youth). Priority is given to the most vulnerable persons on the margins of society, including persons with disability. Ethnic diversity is explicitly, deliberately and positively addressed. In all instances, KAP ensured that the services were relevant, accessible, and culturally appropriate.

4. KAP has developed, adopted, and tested innovative (non)formal (psycho-) education and professional counselling approaches, methods, and materials. These include Behavior Process Method, 'Steps to Health Living' 'Healing & Rebuilding our Communities', Active Non-Violence, Participatory Learning & Action, and Participatory Educational Theatre (PET). These have contributed to responsible and caring attitudes, safe(r) behaviours and self-awareness of thousands of grassroots beneficiaries.



***Picture 2: Steps to Healthy Living Family Day***



***Picture 3:*** **PET Session In Progress**

5. The organisation demonstrates remarkable cost consciousness and resource maximization, realized via extensive in-kind community contributions, voluntarism[3], and prudent financial management.

6. KAP increased community education and prevention efforts by delivering MHPSS awareness across its thematic areas to at least 10,440 children, youth, and family/ community members. These equipped the beneficiaries with practical knowledge and prevention skills to address social and health challenges.

7. The programme improved access to counselling and psychosocial support by providing trauma healing and mental health services to at least 3,150 individuals, families and groups affected by abuse, addiction, HIV/AIDS and other challenges. The support contributed to strengthening emotional well-being, resilience and family relationships, and supporting recovery, healing and social reintegration of vulnerable people.

8. KAP has over the years enhanced its partnerships with State agencies, health facilities, schools, churches, community groups and development partners. These include implementation of joint initiatives, strengthening referral systems, and coordinating service delivery for better community wellbeing.

9. KAP has maintained high professional standards through certification, registration, and licensing with relevant bodies e.g. Accredited by NACADA as a Treatment and Rehabilitation Facility for Persons with SUDs, the Kenya Counselling and Psychological Association, Counsellors and Psychologists Board – Kenya, International Certified Addiction Professional, and International Society of Substance Use Professionals. These are besides Continuing Professional Development (CPD) & Counselling Supervision whilst complying with all legal and professional requirements from these bodies. The KAP safeguarding and child protection procedures have also been consistently applied across all programmes.

[3] voluntarism and in-kind contributions, are often under-recognized by donors, leading to misleading program- overhead cost rations and or under valuation of the breadth of KAP's work with communities. (Evaluation pages 33 and iv).

# 2.0 CONTEXT ANALYSIS

## 2.1 Analysis of the External Operating Context

This section of the strategy provides a high-level overview of the situation in Kenya and region where KAP operates as at the time of developing this strategic plan.

### 2.1.1 Overview of Political, Policy, and Institutional Contexts

*Political and Policy Contexts*: Kenya has made remarkable political, policy, and institutional reforms since the promulgation of Constitution of Kenya (CoK) in 2010. These include institutionalization of devolution; establishment of various constitutional bodies; and formulation of laws and policies towards implementation of CoK 2010.[4] Despite these gains, however, Kenya faces a growing disregard for the rule of law[5] fueled by erosion of the culture of constitutionalism, political interference, corruption, privileged impunity, ethnicity, poor resourcing, and weak capacities.[6] The weak governance contributes to violation of fundamental rights, poor public service delivery, and marginalization of certain groups.

*Democratic Governance*: Kenya is a presidential democratic republic with elections as the main means of political power transitions. The country has over the years faced questions of the credibility of elections, often with acrimonious contestations. Opaque electoral and political processes is a key root cause of this situation. These confrontations have often led to heightened tensions and narrowing of civic space[7]. Often, security agencies use excessive force against protesters.[8] Further, the government has over the years broken its social contract with its citizenry, manifested among others through over-promising and under-delivering on their political commitments.[9] Public (participation) processes are often marred by selective or late invitations; language and technical barriers; limited access to information; and insufficient political goodwill towards genuine public engagement. These have led to citizen apathy and reducing faith in public institutions and the country's democratic systems.

### 2.1.2 Economic, Social, and Cultural Context

*National Economic Indicators:* Kenya is the largest economy in East and Central Africa. Kenya's Gross Domestic Product (GDP) stood at 4.6% in 2025 and is projected at 4.7% in 2026[10], driven by agriculture, manufacturing, financial services, transport, and information and communication technology (ICT) sectors. Inflation is projected at 5.9% in 2026.[11] Kenya's major development challenges remain poverty, inequality, climate change, food insecurity, corruption, and vulnerability to shocks. The country struggles with a heavy debt burden that stood at Kes 12.84 trillion in February 2026, with the debt-to-GDP ratio projected at 71.6% in 2026.[12] Kenya's overall national unemployment rate is estimated at roughly 5.6% in 2026, with youth unemployment rate being significantly higher at about 17%.[13] These situations erode the rights of citizens to access quality basic services such as food, health care, clean water, decent housing, and education.[14]

With regard to the regional context, Western Kenya's economy relies on agriculture and trade. The region has, however, in the last two decades suffered collapse of formal sector and industrial activities. Challenges around unemployment; poverty and marginalization; peace and social cohesion; and historical tensions and border issues[15], relegate many residents – especially youth – to a life of deprivation and hopelessness.

[4] https://www.chathamhouse.org/sites/default/files/2020-05-07-meeting-promise-2010-constitution-kimani.pdf
[5] Patricia K. M., and Migai A. 2001. Kenya Justice Sector and Rule of Law. Accessed on 15th December 2020 from https://www.opensocietyfoundations.org/uploads/38762285-51db-4bac-b8f9-285cf0ef2efc/kenya-justice-law-20110315.pdf
[6] Open Society: Democracy & Political Participation. https://www.opensocietyfoundations.org/publications/kenya-democracy-and-political-participation.
[7] https://www.knchr.org/Articles/ArtMID/2432/ArticleID/1028/The-2017-Kenya-General-Electionssequitur
[8] https://www.hrw.org/news/2017/08/27/kenya-post-election-killings-abuse
[9] https://mzalendo.com/posts/working-democracy-youth-working-democracy-all/
[10] https://www.worldbank.org/ext/en/country/kenya#tab-economy
[11] https://www.imf.org/en/countries/ken
[12] https://kenyanwallstreet.com/kenyas-public-debt-feb-2026
[13] https://mohacafrica.org/unemployment-rate-in-africa/
[14] https://sites.uab.edu/humanrights/2023/09/12/understand-the-impact-of-poverty-on-kenyan-society-unveiling-the-struggles-faced-by-vulnerable-ommunities
[15] https://ncck.org/western-region/

*Poverty, Inequality, and Exclusion:* Kenya's GDP barely translates to higher incomes for the poorest households due to unequitable access to opportunities and resources.[16] 41.9% of the population lives below the poverty line[17]. The country has a national equality and inclusion index of 59%, implying that over 41% of the population doesn't benefit from various public services.[18] These inequalities are a key contributor to existing inter-group grievances and violence[19]. Poverty in Trans Nzoia County has disproportionately affected youth and women by limiting their access to education, employment, productive resources, finance, and participation in decision-making processes. These in turn lead to increased dependency, crime, and other social challenges such as drugs and substance abuse, early marriages, early pregnancies, school drop outs, and spiking HIV infection rates.[20]

*HIV/AIDS Situation*: Kenya's national HIV prevalence rate is about 3.3%, with around 1.3 million people living with the virus. Despite prior progress, new infections presently average 20,000 in 2025, highlighting a concerning upward trend, with roughly 21,700 annual AIDS-related deaths. 74% of new adult HIV infections occur among Adolescents and Young People (AYP). Prevalence spikes drastically to 18.7% among people who inject drugs.[21] There has been significant reduction in budget allocations to HIV/AIDS – partly linked to USAID funding cuts – that are likely to lead to reversal of gains. Further, rising cases of Non Communicable Diseases (NCDs) pose a threat to human health. NCDs account for 39% of total deaths and over 50% of total hospital admissions in Kenya.[22]

Trans Nzoia County's HIV prevalence is close to the national average at 2.9% with about 24,207 people are living with HIV as of 2024.[23] Women account for about two-thirds of reported cases. The county has also recorded concerns over increasing new HIV infections.[24] Additionally, mother-to-child transmission (MTCT) remains a challenge, with the county reporting an alarming transmission rate of 13.1%.[25]

*Alcohol and Drug Abuse*: Drug and substance abuse is a major challenge in Kenya. The national prevalence rates average 12.2% for alcohol (Trans Nzoia County 23.8%, with 11.4% for illicit brew[26]), 8.3% for tobacco use, 4.1% for khat use, and 1.0% for cannabis use.[27] There is also increasing abuse of prescription drugs, poly-drug use, and the emergence of new psychoactive substances.[28] ADA has been linked to school dropout, crime, mental health disorders, family disintegration, and reduced productivity, highlighting the need for comprehensive prevention, treatment, rehabilitation, and community-based interventions.[29]



***Picture 4: Illicit Alcohol Chang'aa Brewery***

Within Trans Nzoia County, there is growing availability and consumption of illicit alcohol[30], cannabis[31], and other psychoactive substances. The rising cases of substance abuse, especially among AYP, have been

[16] Readings on Inequality in Kenya: Sectoral Dynamics and Perspectives, SID East Africa, 2006
[17] https://www.worldbank.org/ext/en/country/kenya
[18] NGEC 2016. Report of Status of Equality and Inclusion in Kenya
[19] http://inequalities.sidint.net/kenya/about_us/
[20] County Government of Trans Nzoia. *Trans Nzoia County Integrated Development Plan (CIDP) 2023–2027*.
[21] https://nsdcc.go.ke/kenya-marks-world-aids-day-2024-with-a-marathon-and-renewed-call-to-end-aids-by-2030/
[22] https://www.health.go.ke/wp-content/uploads/2021/07/Kenya-Non-Communicable-Disease-NCD-Strategic-Plan-2021-2025.pdf
[23] National Syndemic Diseases Control Council (NSDCC). *Kenya HIV Estimates 2024: Trans Nzoia County Profile*. County HIV statistics reported by NSDCC
[24] Kenya News Agency (2024). *Trans Nzoia CC raises concern over upsurge in HIV infections*. Available at: https://www.kenyanews.go.ke/trans-nzoia-cc-raises-concern-over-upsurge-in-hiv-infections/
[25] County Government of Trans Nzoia (2024). *Trans Nzoia County Leaders Sound Alarm Over High Mother-to-Child HIV Transmission Rate*. Available at: https://transnzoia.go.ke/trans-nzoia-county-leaders-sound-alarm-over-high-mother-to-child-hiv-transmission-rate/
[26] Substance Abuse Statistics in Trans Nzoia County (2025) – Prezi 1.Jun 2025
[27] NACADA – Status of Drugs and Substance Abuse among the General Population in Kenya
Kamenderi, M., & Muteti, J. (2018). *Status of Drugs and Substance Abuse among the General Population in Kenya*. African Journal of Alcohol and Drug Abuse.
[28] NACADA (2026). *Wastewater Analysis to Assess Emerging New Psychoactive Substances and Illicit Drug Use in Kenya*.
[29] Njenga, A., & Lelei, K. (2024). *Report on Status of Treatment and Rehabilitation Centres in Kenya*. African Journal of Alcohol and Drug Abuse.
[30] https://nairobinews.co.ke/murkomen-orders-intensified-crackdown-on-illegal-brews-and-drugs-in-trans-nzoia/?utm_source=chatgpt.com
[31] https://www.capitalfm.co.ke/news/2026/03/nacada-cannabis-bust-in-kitale-town-transnzoia-county/?utm_source=chatgpt.com

associated with poor health outcomes, school absenteeism, risky behaviors, crime (68.8% of crime cases in Trans Nzoia are tied to illicit brews[32]), and social instability.[33]

*Violence, Conflicts and Ethno-political Polarization*: Kenya has made significant strides in developing policy, legal, and institutional frameworks that promote a just, cohesive, and peaceful society. The effectiveness of these frameworks is, however, challenged by weak operationalization, poor coordination, unclear delineations of mandates, and weak institutional capacities.[34] Escalation of violence often happens during election periods when negative ethnicity is at its highest in Kenya.[35] The security agencies' response to these political tensions has often been lethal force leading to killings and injuries of thousands of citizens.[36]

Trans Nzoia County experiences a persistent pattern of conflict shaped by its ethnic diversity, land pressure and other resources constraints, youth unemployment, electoral competition, socio-economic inequalities.[37] The County also records high levels of criminal and violent activities e.g., assault, Gender Based Violence (GBV), and theft, with some forms of violence reported at notably high levels compared to national averages.[38] Weak dispute resolution mechanisms make violence both episodic and multifaceted.[39]

*Mental Alienation*: This psychological and sociological state of feeling disconnected involves a loss of meaning, belonging, and authentic connection, often leading to deep-seated feelings of worthlessness, powerlessness, or existential detachment. It occurs when external forces (like social pressures, broken families, economic conditions, or rigid systems) cause people to live according to imposed values rather than their own authentic needs. Or when indigenous culture, values, or identity have been marginalized or stripped away by external forces[40]. In Kenya over the past few years there has been a sharp increase of frequent school fires, sects and cults[41], suicides (attempts) and other expressions of disconnect and destructive behaviors, especially amongst young people[42].

### 2.1.3 Other Crosscutting Context Developments

*Climate Change and Environmental Degradation:* Kenya's priorities on climate change include adaptation, reducing emissions, afforestation and reforestation, climate-smart agriculture, sustainable clean energy, and drought and flood risk management.[43] Kenya however still faces increasing frequency and severity of droughts, floods and extreme temperatures. These situations have disrupted community livelihoods; caused loss of lives and property; contributed to conflicts; and triggered humanitarian crisis in ways that exacerbate poverty, trauma and hopelessness.[44] These are besides increasing climate related illnesses and deaths; changing patterns of disease transmission; and worsening maternal and child health outcomes.[45] Women and girls commonly face higher risks and greater burdens from the impacts of climate change.[46] Plastics pollution (e.g. waste but also households struggling with poverty and weak public services lighting their stoves and houses using burning plastics[47]) equally cause serious damage of health and wellbeing.

[32] Substance Abuse Statistics in Trans Nzoia County (2025) – Prezi 1.Jun 2025
[33] https://www.tuko.co.ke/kenya/counties/606904-trans-nzoia-mcas-worried-rising-number-youths-fearing-water-due-illicit-alcohol-consuming/?utm_source=chatgpt.com
[34]http://kmco.co.ke/wp-content/uploads/2021/05/Towards-Peacebuilding-and-Conflict-Management-in-Kenya.docx-Kariuiki-Muigua-MAY-2021x.pdf
[35] https://link.springer.com/chapter/10.1007/978-3-031-15854-4_16
[36] https://www.aljazeera.com/podcasts/2023/7/24/whats-behind-the-kenya-protests
[37]https://www.scholar.afribary.com/works/ethnic-conflicts-in-stability-and-development-in-kenya-a-case-study-of-kitale-town-trans-nzoia-district-kenya?utm_source=chatgpt.com
[38] https://www.crimeresearch.go.ke/trans-nzoia/
[39] https://www.mdpi.com/3042-6529/1/1/4?utm
[40] https://dictionary.apa.or/alienation and https:www.britannica.com/topic/alienation+society
[41] https://newlinesmag.com/reportage/in-tragedys-wake-kenya-grapples-with-how-to-combat-dangerous-cults/ (28.Sept 2023)
[42] https://theconversation.com/acts-of-violence-or-a-cry-for-help-what-fuels-kenyas-school-fires-172410 (25.Nov 2021)
[43] https://www.usaid.gov/climate/country-profiles/kenya
[44] https://www.ohchr.org/sites/default/files/Documents/Issues/ClimateChange/COP21.pdf
[45]https://napglobalnetwork.org/wp-content/uploads/2022/01/napgn-en-2022-kenya-NCCAP-2018-2022
[46] https://unfccc.int/gender
[47] https://www.plasticsnews.com/suppliers/materials/sp-plastic-waste-fuel-households-global-south/ (Sustainable Plastics, 12. January 2026)

*Digitization:* ICT advancements in the health sector have greatly impacted on disease diagnosis, treatment, patient tracking, supply chain management, and health financing.[48] Other developments included increasing adoption of online and digital healthcare tools, aided by growing internet access, mobile telephony, and social media. Such advancements offer opportunities for improved health sector responsiveness, effectiveness and efficiency.[49] There is however growing use of technology to silence dissent; facilitate misinformation and disinformation; breach data privacy and security and enable invasive surveillance and phishing attacks.[50] In addition, frequent use of ICT gadgets has shown to be addictive.

*Development Funding Context*: The last decade has seen major changes in the development architecture and policy, with significant reduction of development financing [51], a shift in favor of trade diplomacy over aid support[52], and growing attention to the localization agenda. Additionally, there exists increased push towards demonstration of value for money, accountability, systems thinking, and multisector cooperation. Further, more International NGOs are registering locally and engaging in direct implementation.

## 2.2 Analysis of Strengths, Weaknesses, Opportunities, and Threats (SWOT)

**Table 1: Summary SWOT Analysis**

| Strengths | Weaknesses |
|---|---|
| 1. Outstanding track record of positively & sustainably impacting communities<br>2. Well established governance/ leadership structure.<br>3. Experienced, skilled, credible, well-networked and professional staff that works well as a team.<br>4. High levels of staff commitment and retention.<br>5. Strong knowledge of and trust by community; KAP is community anchored and grounded.<br>6. High levels of voluntarism which supports sustainability and community ownership.<br>7. Longstanding use of tested context specific program approaches and methodologies.<br>8. High levels of cost efficiency and financial discipline.<br>9. Core internal policies, systems & structures are in use.<br>10. Well established organisational identity (e.g., strong faith-driven and ecumenical character) | 1. Inadequately diversified institutional funding sources.<br>2. Inadequate organisational visibility (marketing).<br>3. Insufficient adoption of digitization (e.g., online presence (*Facebook, Instagram etc*), digital monitoring & evaluation systems etc.)<br>4. Risk management system not fully operationalized.<br>5. Absence of structured succession plan (for board, key staff, project coordinator).<br>6. Staffing doesn't not always match workloads (leading to stretched staff especially during peak seasons).<br>7. Staff terms (remuneration, contract durations, wellbeing & occupational risks etc.) need regular review/ updates.<br>8. Capacity and depth of board engagement needs deepening. |
| **Opportunities** | **Threats** |
| 1. ICT advancement that can enhance KAP program reach and internal efficiencies.<br>2. Potential to grow local resource mobilization (services at a fee/ cost-sharing; crowd fundraising etc.)<br>3. Adoption of biomedical advancements e.g., the long-acting PrEP, medication-assisted harm reduction etc.<br>4. Expanded collaborations with complementary partners<br>5. Further investments into institutional development (board, staff, RM, digitization etc.)<br>6. Growing demand for KAP services an indication of continued relevance.<br>7. PBO regulations – have better tax exemption regimes.<br>8. KAP's strong community knowledge, trust & relations creates entry for scaling impact.<br>9. Alignment of KAP's work with (inter)national & global frameworks, protocols & strategies. | 1. Possible electoral unrest could disrupt KAP work.<br>2. World-wide insecurity and wars (affects inflation, cost of living & increases risky behaviours).<br>3. Increasing community needs & expectations of KAP.<br>4. Reducing donor funding (changing priorities, policies)<br>5. Restrictive policy changes (eg data laws, statutory compliance needs, securing work permits etc.).<br>6. Declining voluntarism due to economic hardships, fatigue, incentivized participation by other NGOs etc.<br>7. Family instabilities (separations, GBV, single families).<br>8. Interferences by perpetrators e.g., alcohol brewers, law enforcers, politicians etc.<br>9. Climate & other environmental change and its implications.<br>10. High poverty levels constraint a social enterprise orientation (possibility to charge for services). |

[48] https://management-africa.co.ke/2019/08/02/how-technology-has-improved-healthcare/
[49] https://insights.omnia-health.com/technology/kenyas-healthcare-system-embraces-tech
[50] https://technologymagazine.com/top10/top-10-technology-risks
[51] Accessed at www.gov.uk/government/organisations/department-for-international-development.
[52] 'Building partnerships for changes in developing countries' - https://ec.europa.eu/europeaid/home_en.

## 2.3 Value Propositions

**Table 2: Overview of KAP Value Propositions**

| Constituency | Value Proposition |
|---|---|
| Beneficiaries | These are our core constituents, for whom we will:<br>1. Collaborate strategically to confront violence, abuse, disunity and spread of HIV/AIDs<br>2. Strengthen capacities via knowledge sharing, education, and training and healing.<br>3. Offer high-quality counselling, rehabilitation, reconciliation & social support services.<br>4. Enable access to comprehensive services through referrals, networking & linking.<br>5. Grant safe spaces to effectively address felt needs. |
| Other Service Providers (State, CSOs, Church etc.) | We will closely collaborate with complementary actors, whom we shall offer:<br>1. Innovative and sustainable educational and counselling models/ solutions.<br>2. Opportunities to leverage resources, have joint actions and scale impact.<br>3. Access to our extensive (grassroots) networks, systems, structures and platforms.<br>4. Complementing State & other CSOs' development agenda, objectives and initiatives.<br>5. Skills development, mutual learning, as well as knowledge & information sharing. |
| Funders | Within the development chain, we offer our funders the following:<br>1. Possible use of KAP networks, platforms & referral systems to realize mutual goals.<br>2. Possibilities to share new knowledge, evidence and innovative solutions (models, tools).<br>3. Use of our technical know-how to deliver/ scale various developmental responses.<br>4. Value for money, stewardship & accountability over resources entrusted to us.<br>5. Visibility and profiling 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.<br>1. Opportunities & resources to pursue passion of serving communities.<br>2. Safe and supportive environment to unlock their potential and nurture talents.<br>3. Fair compensation (within means) motivation and recognition for efforts and inputs.<br>4. Association with the respected (KAP) brand name. |

## 2.4 Lessons Learnt and Critical Success Factors

The following lessons from our previous strategy period have informed our strategic direction and work.

1. We acknowledge that growth in programs and reach needs to be complemented by a commensurate growth in the organization's internal capacity, more so staff, systems, structures, equipment etc. we shall thus invest deliberately in further strengthening the internal organisation capacity.
2. There is appreciation that changing funder policies requires a clear strategy for resource diversification. KAP will thus pay attention to diversification of its funding sources, including through more deliberate deepening of own and locally generated resources.
3. A conducive operating environment is needed for durable development: We therefore will invest in advocacy towards addressing structural barriers to human development, often in the areas of formal regulations, institutions, social norms and individual or collective capacity constraints
4. The notable increase in frequency and severity of disruptions requires that KAP strengthens its sensing and adaptive capacity. We will thus revitalize business continuity planning, including more robust risk management strategies besides regular repositioning to changing operating contexts.
5. KAP recognizes that no one party can sustainably and effectively address the development challenges confounding the communities it works with. We thus will grow, deepen and diversify such strategic collaborations across sectors and levels.
6. We appreciate from experience that strong community engagement ensures programs are accepted, owned and supported locally; such community engagement is also a prerequisite for trust building, program effectiveness and sustainability.

# 3.0 STRATEGIC DIRECTION: ANALYSIS AND CHOICES

## 3.1 Analysis of Strategic Priorities and Options

Originally a community-based HIV/AIDS program, KAP realized that knowledge alone is not enough to cause behavior change, viewed as the most essential strategy in overcoming the HIV pandemic. It observed the vital importance of paying full attention to all social, economic, cultural, psychological, physical and spiritual; aspects of life that influence the behaviors of individuals and their society. To change attitudes and behaviors people first of all have to deeply understand, recognize and come to terms/ reconcile with the reality of their lives, and to call forth and exercise their own inherent capacity to change. As this is in the realm of *Mental Health*, right from its early stages KAP engaged professional counsellors to implement psycho-education approaches, instead of plain knowledge transmission, thus including Mental Health and Psycho-Social Support (MHPSS) in its community-based Primary Health Care (PHC) approach.

KAP also recognizes that adoption of new lifestyles and discard of traditional societies without reflection, have led to significant *societal breakdown*. Key indicators of such breakdown include exclusion; loss of meaning, identity, belonging and values; and broken relationships, homes, families and social security networks; and loss of dignity and hope. KAP empowers people to heal the brokenness, and to shine their light in *mitigating these impacts*. All thematic areas recognize behavior change as most important strategy and use similar educational approaches.



***Picture 5: Reconciliation with self and others***

KAP understands that traumatic experiences can lead to increased risk-taking behaviors, e.g., substance abuse, unsafe sexual practices, difficulty forming trusting relationships, and medication non-adherence. These often lead amongst others to increased emotional vulnerability, weakened immune systems, and violence towards self and others. There is in this regard a vicious spiral of violence and other traumatic events, increasing cases of risk taking behaviours, abuse, addiction and HIV/ sexually transmitted infections. KAP is conscious of the strong intersecting relations between HIV/AIDS and the new 'diseases' of addiction, violence, psychological trauma and mental alienation[53] and has since adopted them all as prioritized *thematic areas*. They are bound together in a vicious cycle, even a self-reinforcing downward spiral[54].

KAP, additionally, recognizes that despite global and national progress in the fight against HIV, addiction and mental disease over the last decade, the knowledge of many people on these matters – especially at the grassroots levels - remains very low and often unrelated to daily-life events, attitudes and rising risky behaviors and new infections/afflictions, especially amongst AYP. This also underscores the need for a good balance between preventive/early intervention programs (per root cause analysis) vs. responsive programs.

[53] ***Mental Alienation*** is related to ***Trauma*** but not the same; due to its widespread and increasing occurrence – especially amongst youths – it requires distinct attention. Whereas trauma is the underlying psychological injury caused by a deeply distressing event, alienation is a consequence of that trauma that can complicate the healing process if left unaddressed.

[54] A ***vicious cycle*** (or ***vicious spiral***) is a situation where the problems mutually affect each other, causing them to happen or making each other worse, creating a self-reinforcing downward loop.

## 3.2 Theory of Change (ToC)

KAP has set for itself the goal of 'mitigating the impacts of societal breakdown and restoring broken lives through innovative psychoeducation, counseling and capacity strengthening', especially in its thematic areas of HIV/AIDS, addiction, violence/psychological trauma and mental alienation. We recognize that while access to healthcare, safety and security are rights guaranteed under the Kenyan constitution, a significant section of the population does not yet enjoy these rights.

The referenced societal breakdown and its disproportionate impact on specific groups is a function of behavior 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, survivors of alcohol and substance and other 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, alienation, abuse/ addiction and the HIV/AIDS scourge.

In light of the above, and its track record, KAP will continue to address the 'vicious spiral' of interconnected thematic areas of trauma, mental alienation, substance abuse, and HIV/AIDS, through its respective Strategic Sub-Pillars under the established result areas[55]. The work will be organized into four result areas: 1) Community Psychoeducation & Positive Health Behavior Strengthening; 2) Community-based Mental Health & Psychosocial Services; 3) Community MHPSS Service Delivery Systems' Strengthening; and 4) Institutional development.

**Cross-cutting Issues**: KAP will mainstream issues of *gender and culture*, *safeguarding and environmental wellbeing* into the above result areas. 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 risks of discrimination, neglect, harm, and abuse.
2. *Gender and Culture***:** We will integrate gender and culture perspectives into design and implementation of our programs, policies, and practices to address gendered discrimination and inequity. 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 wellbeing***:** KAP will include relevant environmental concerns into our programs and practices. We will deliberately promote awareness of and positive action on environmental degradation and its effects on health, well-being, and livelihoods.
4. *Emerging issues*: KAP is conscious that from time to time, certain unanticipated events with disruptive effects on its planned initiatives will occur. KAP will thus continuously monitor the operating context and, in consultation with key stakeholders, adjust its plans and strategies to enable appropriately respond.

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

[55]Being a Community-Based Primary Health Care and Health Promotion institution, KAP provides holistic high-quality healing and training of Community Resource Persons and other community members in its thematic areas, as well as MHPSS services. The latter includes the community-based treatment of people with alcohol and drug abuse, (community) reconciliation processes, one-on-one and group counselling services, and quality control of psychoeducational approaches. In addition, we invest in strengthening the structures and capacity of community-based PHC service providers regarding our thematic areas, especially through the integration of MHPSS services. These are in addition to continued institutional development of KAP. We will work especially with marginalized groups to assure social justice, while leveraging other actors' resources to guarantee sustainable and scaled impact.

Schematic Representation of the Theory of Change

People are healed, caring, hopeful and harmoniously co-exist in a society free from HIV, Addictions, Violence & Trauma

**Impacts**

- Reduced vulnerability to and burden of mental health disorders, mental alienation, substance abuse, HIV & trauma
- Individuals affected by trauma, ADA and HIV are more healed, valued, meaningfully included in, & participate to in all spheres of societal life
- Persons affected by trauma, ADA and HIV experience better living conditions (*live in dignity, equitable access rights & afford basic needs*)

**Ultimate Outcomes**

- Stronger communities with improved social & health behaviors and use of (MHPSS) health services
- Improved mental health, psychosocial wellbeing, safety, and resilience among people affected by violence, trauma, ADA, and HIV/AIDS
- Community-based MHPSS service delivery systems are strengthened, accessible, & sustainable (+ effectively deliver quality services)
- KAP is more sustainable and effectively delivers high quality inclusive services to all who need the services

**Immediate Outcomes**

- Improved community understanding of HIV, mental health, addiction, trauma, protective / risk factors, healing, and available support services (towards healthy behaviours).
- Reduced harmful attitudes (stigma, stereotypes etc) towards KAP's core themes and mental health challenges
- Reduced harmful social and health behaviors and improved health-seeking practice, including MHPSS service uptake
- More community dialogues on mental health.
- Increased adoption of positive mental health practices/ coping strategies that strengthen community resilience and wellbeing

- Enhanced mental & social health, including recovery from ADA, reconciliation & use of non-violence approaches
- Increased access to and utilization of integrated MHPSS, health (HIV, addiction & trauma/ alienation), and protection services
- Strengthened family, peer, and community support systems for affected individuals
- Reduced psychological distress among severely affected persons, groups, families & communities, in special need.
- Improved recovery from Alcohol Use Disorder (AUD)/ substance use disorders.
- Increased reconciliation with self and among individuals, groups, families and communities

- Families, CRPs, and local structures provide increased emotional, social, and practical support to vulnerable individuals.
- Referral feedback loops are respected by
- Improved availability and functionality of community-based MHPSS services
- Improved referral pathways and coordination across MHPSS service levels
- Increased access and utilization of appropriate integrated MHPSS services by community members
- Establishment of appropriate tools, SOPs, educational curricula and materials.
- Service provides are more effective and responsive to the needs of clients

- Increased qualified staff and leadership complement, performance & retention.
- Increased integrity of internal processes for stewardship of KAP resources.
- Strengthened compliance to minimize threats/ losses
- Timely generation and use of quality MEL data for decision making and learning.
- Expanded funding resource base (consistency, stability)
- Increased KAP brand recognition, and visibility
- Strengthened strategic partnerships, and effective external communication.

**Actions Areas**

- Enhancing community capacity towards positive social and health behaviors
- Provision of quality community-based mental health & psychosocial counselling & treatment services
- Strengthening community-based PHC services to include quality MHPSS
- Strengthen KAP's & other actors' capacities towards improved & coordinated structures, processes & systems.

**With a Focus on**

1. HIV/AIDS Behavior Education
2. Abuse and Addiction
3. Violence/ Trauma & Lack of Peace
4. Mental Alienation

**Purpose**

We seek to mitigating the effects of societal breakdown particularly among persons from resource constrained backgrounds. We do this by strengthening mental health whilst addressing the underlying systemic factors that drive conflicts, alienation,, HIV/AIDS prevalence, & alcohol/ substance abuse

# 4.0 STRATEGIC OBJECTIVES, OUTCOMES, AND INTERVENTIONS

This section outlines the objectives, expected outcomes, and overarching strategic interventions for the respective result areas. Specific activities are not detailed here but will be developed as part of program/ project proposals or annual work plans.

## 4.1 Community Psychoeducation & Positive Health Behavior Strengthening

**Priority Issues**: KAP will under this strategic result area promote: i) knowledge of Facts-That-Matter, ii) feelings and attitudes, iii) and especially healthy behaviors, voice and agency, regarding its intertwined core themes –of HIV/AIDS; substance abuse and addiction; violence/trauma and lack of peace; mental and or spiritual alienation; iv) In doing so, full attention will be given to all aspects of life influencing the behaviors of people and their society, including the understanding of societal breakdown, mental health and health seeking behavior, and the importance of commUNITY cohesion, participation and ownership; v) gender, culture, safeguarding/ protection, environmental preservation, , and other emerging cross-cutting issues.

**Strategic objective**: To achieve healthy behaviours, reduce harmful attitudes and improve community understanding of MHPSS, in the areas of HIV, addiction, psychological trauma and mental/spiritual alienation, (the latter especially of youth).

### Expected Outcomes

1. Improved social and health behaviours, and use of health / MHPSS services, by trained CRPs and (their) community beneficiaries, per current national and international policy and applicable plans.
2. Reduced harmful attitudes (such as stigma, incorrect beliefs, harmful stereotypes, social exclusion etc.) towards KAP's core themes and mental health challenges
3. Enhanced personal and community/CRPs' awareness, knowledge and understanding of healing and reconciliation (commUNITY) of societal and mental health challenges towards achieving safe behaviours in KAP's thematic areas (e.g. violence at home and community, societal and other pressures and expectations, stress reactions, available MHPSS services, normalizing mental health conversations etc.)
4. Improved management of personal and communal mental health challenges through the adoption of positive mental health practices/ healthy coping strategies that strengthen community resilience and wellbeing.

### Key Performance Indicators

1. % decrease of CRPs Confirming High HIV and or Addiction, Trauma and or Alienation Risk Behaviours
2. % of community beneficiaries showing positive behavioral changes regarding HIV and or addiction, trauma and or alienation risk behaviours.
3. % decrease of CRPs/beneficiaries expressing stigmatizing beliefs toward people with HIV and or Addiction, Trauma, Alienation and or mental health challenges.
4. % of community beneficiaries and CRPs expressing their eagerness (i.e. willingness to act) to address their HIV- and or addiction-, Trauma-, Alienation- and or mental health challenges
5. % of supported CRPs/community members practicing at least two positive mental health management strategies over defined time periods.
6. # of cases of strengthened community ownership & responses (free-of-charge venues, voluntary resource persons, networks).

### 4.1.1 HIV/AIDS Behavior Education

**Overview**: The aim of this thematic areas is to 'reduce further spread of HIV and related infections in target communities'. The main thrust of KAP's interventions will be 'HIV safe behaviors' and address of key drivers of HIV spread, and the right NOT to get infected.




**Strategic Interventions**

1. Facilitate age-appropriate, gender sensitive HIV psychoeducation and life skills development services for communities and schools to encourage informed and HIV preventive behaviours.
2. Conduct cycles of new and advanced behavioral trainings & related follow-up activities for Community Resource Persons on HIV/AIDS (CRP-H)[56] and mental health and healing[57] using inclusive, participatory, gender/age sensitive psychoeducation and counselling approaches.

### 4.1.2 Abuse and Addiction Prevention/ Intervention

**Overview:** This thematic areas seeks to 'to prevent and control alcohol or substance abuse and resultant morbidities and mortalities within targeted communities'. This will be done through prevention-education, community-based treatment and referrals to institutional treatment.

**Strategic Interventions**

1. Conduct cycles of new and advanced behavioral trainings & related follow-up activities for Community Resource Persons on addiction and substance abuse and mental health and recovery using inclusive, participatory, gender/age sensitive psychoeducation and counselling approaches[58].
2. Conduct psychoeducation services on the prevention and control of Alcohol and Drug Abuse (ADA) for communities and schools (e.g. addictive behaviours, mental health effects, and healthy coping skills).

### 4.1.3 Prevention and Healing of Violence and Trauma for Peace

**Overview:** The objective of this sub areas is 'to prevent and enhance resilience and healing from trauma, promote peaceful coexistence and reduce cases of (gender based) violence'.

**Strategic Interventions**

1. Conduct cycles of new and advanced behavioral trainings & related follow-up activities for Community Resource Persons on Trauma/ Violence and lack of peace, and mental health and healing using inclusive, participatory, gender/age sensitive psychoeducation and counselling approaches.[59]
2. Facilitate psychoeducation services in community and schools on trauma impacts, nonviolent conflict resolution, emotional healing, and peaceful coexistence.

[56] All HIV interventions should be aligned with GoK's Syndemic diseases approach [emphasizes prevention, sensitization, and early intervention + Integration of education on related illnesses (TB, malaria, NCDs)].
[57] Done while linking HIV with the vicious cycle of addiction; trauma and lack of peace and mental/spiritual alienation.
[58] Done while linking ADA with the vicious cycle of HIV; trauma and lack of peace and mental/spiritual alienation.
[59] Done while linking Trauma/Peace with the vicious cycle of the intertwined core themes

### 4.1.4 Prevention and Healing of Mental Alienation

**Overview:** This thematic areas seeks 'to enhance re-connection with self and society, self-esteem, hope, purpose, belonging, action-competence, as well as resilience for better management of own lives, especially amongst youths on the margins in targeted communities'.

**Strategic Interventions**

1. Conduct cycles of new and advanced behavioral trainings & related follow-up activities for Community Resource Persons and other community members on mental/spiritual alienation, mental health healing using inclusive, participatory, gender/age sensitive psychoeducation and counselling approaches[60].
2. Facilitate psychoeducation services in community and schools on mental alienation and self-awareness, healing and their link with the other intertwined core themes, while strengthening community understanding of mental health, challenging stigma and alienation, and encouraging supportive attitudes and help-seeking.
3. Use suitable approaches and methods (including livelihood activities) to enhance feelings of self-esteem and agency and reconnect isolated individuals with families and community networks.

## 4.2 Community-based Mental Health & Psychosocial Services

**Priority Issues:** The key challenges that will be addressed by KAP under this result area include community-based mental and spiritual health challenges as well as counselling and psychosocial treatment needs linked to its strongly intertwined issues of HIV/AIDS, substance abuse, violence (including GBV), trauma, mental/ spiritual alienation, and weakening community support systems/societal breakdown. These are in addition to growing support, recovery, and reconciliation needs linked to the referenced issues.

**Strategic Objective:** To support people to heal, recover, reconcile, grow, cope, thrive and participate meaningfully in society through utilization of quality MHPSS-counselling and treatment services.

**Expected Outcomes**

1. Reduced psychological distress among supported individuals, groups, families and communities.
2. Enhanced mental health status, social functioning, resilience and non-violent coping capacity of supported individuals/ families/ groups / communities.
3. Recovery from Alcohol Use Disorder/ substance use disorders.
4. Increased reconciliation with self and among individuals, groups, families and communities (evidenced e.g., by increased participation of supported individuals/ groups in various social spheres).

**Key Performance Indicators**

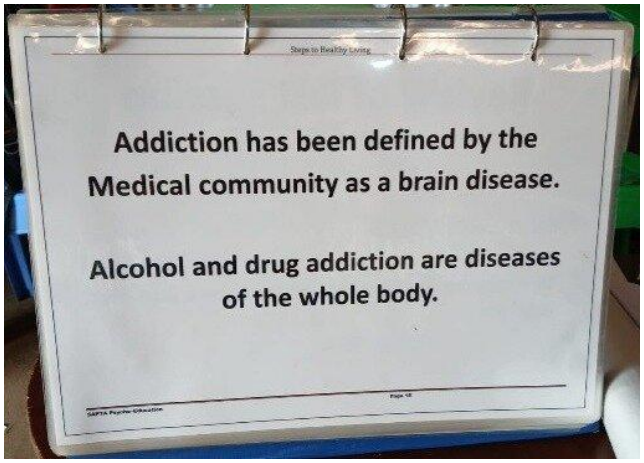
1. % of supported individuals/ groups/ families reporting reduced psychological distress.
2. % of supported individuals/ groups/ families who resume/ maintain regular healthy participation in daily responsibilities.
3. % of recovering Clients achieving sobriety of ADA after 1 and 2 years of community-based treatment
4. % of reconciled (previously conflicting) parties, beneficiaries reporting positive relations/ co-existence.

**Strategic Interventions**

[60] Done while linking mental alienation with vicious cycle of the intertwined core themes of addiction; HIV/AIDS and trauma/ lack of peace

### 4.2.1 Community-Based Abuse and Addiction Treatment ('Steps to Healthy Living') and Referral

1. Conduct group, individual and family treatment/ trainings for addiction recovering clients – as part of the 'Steps to Healthy Living'[61] treatment approach - with integrated attention for HIV/AIDS, violence/ trauma and mental/ spiritual alienation).
2. Implement regular client monitoring & evaluation regarding ADA (using the ASSIST and CAGE[62] methodologies), and of its intertwined core themes , with where possible, digital follow ups.
3. Run Community Addiction Psycho-Education Sessions for creating conducive community addiction treatment environments.
4. Offer immediate humane and supportive responses to people experiencing trauma/ acute distress (first aid, emotional support, referrals) including during community trainings and psychoeducation / outreaches.
5. Refer or link clients that need further or specialized (inpatient) support via established care or referral pathways.
6. Support environmental conservation during activities (say waste management, preventing pollution etc); promote safeguarding/ protection of vulnerable people and groups, and with special attention for matters pertaining to gender, culture and other emerging issues.




### 4.2.2 Healing of Mental Trauma and from Alienation (Individuals, Community)

1. Conduct one-on-one and group professional counselling sessions, in order to support or refer clients to safely share experiences/ express emotions; process grief or trauma; build coping skills; rebuild trust; reconnect with identity; restore a sense of self-worth or belonging; and reduce alienation.
2. Facilitate peaceful coexistence through facilitation of community healing and reconciliation processes post serious disagreements, conflicts, and injustices amongst community groupings and members (while integrating gender equity, cultural resources, environmental protection and the safeguarding/ protection of vulnerable groups).[63]

## 4.3 Community MHPSS Service Delivery Systems' Strengthening

**Priority issues**: KAP will under this strategic area invest in strengthening capacity of community & MHPSS service providers and referral systems/ partnerships (to achieve healthy behaviours) in the areas of HIV, addiction, trauma and spiritual/ mental alienation. Efforts will also be dedicated to review and update of capacity development curriculum and materials. Finally, KAP will support, where applicable, community livelihoods linked wellbeing, resilience building and family or caregiver support.

**Strategic objective**: To further strengthen community-based service delivery systems that support access to MHPSS services and healthy behaviours on HIV, addiction, trauma and mental / spiritual alienation.

[61] includes core workshops, 'refresher' & recovery- & family therapy sessions, home-visits and one-on-one counselling sessions

[62] (1) CAGE = 'Cutting down', 'Annoyed', 'Guilty', 'Ever': A drug/alcohol dependency test; (2) ASSIST = Alcohol, Smoking and Substance Involvement Screening Test

[63] this is done using approaches / safe spaces that enable collective reflection, acknowledgement of harm, rebuilding social trust, and strengthening commUNITY cohesion.

### Expected Outcomes

1. Increased access to and use of appropriate quality community-based MHPSS services.
2. Enhanced capacity of community MHPSS service providers/ support systems[64] *(knowledgeable, identify trauma early, non-discriminatory attitudes, use basic experiential behavioral counselling approaches, deliver timely MHPSS services, apply referral protocols)*
3. Existence and use of relevant educational curricula and materials
4. Increased community MH capacity and resilience (*beneficiaries/ clients report improved fulfillment of basic physiological needs*)

### Key Performance Indicators

1. % of increase in (focus areas with) CRPs and or Trainer of Trainers (TOTs) /Trainer of Facilitators (TOFs) and or PET Facilitators who have undergone community-based behavioral MHPSS training/ services in KAP's intertwined core themes
2. % of identified individuals and groups with MHPSS needs who receive appropriate community-based support or referral within set timelines (say 14 days for one-on-one counselling sessions).
3. % of trained community volunteers, CRPs, TOTs/ RCs/ TOFs/ MHPSS and or PET Facilitators service providers demonstrating improved competency in MHPSS screening, support and referral protocols
4. % of partnerships regarding MHPSS and supportive services in KAP's intertwined core themes.
5. % of beneficiaries/ clients reporting enhanced MH capacity to implement healthy behaviours, due to improved livelihoods and or family/ caregiver physiological emergency support.

### Strategic Interventions

#### 4.3.1 HIV/AIDS Behavior Education

1. Facilitate safe spaces for MHPSS, counselling, stigma reduction, caregiver and resilience building (these will onboard gender and safeguarding considerations).
2. Develop the training curricula and -materials for community-based HIV/AIDS MHPSS trainings.
3. Establish/ continuously strengthen / support community volunteers (CRP-H's) and TOTs, TOFs[65], RCs, CHPs and or PET Facilitators on community HIV education (prevention behaviours, treatment adherence, positive living, emotional wellbeing, and mutual support etc. + safeguarding, gender inclusion, environmental wellbeing etc.). These include the actual achievement of healthy HIV behaviours.
4. Strengthen partnerships and referral pathways/ follow up mechanisms linking households and community volunteers with HIV testing, treatment, counselling, and MHPSS- and livelihood support services.

#### 4.3.2 Community-based Abuse and Addiction Prevention and intervention

1. Establish/ continuously capacity-build or support community volunteers (CRP, frontline workers, caregivers, TOTs/TOFs and or PET Facilitators etc) to include the actual achievement of healthy preventive and control behaviours in community addiction education[66].
2. To develop the training curricula and -materials for community-based Abuse/Addiction MHPSS trainings
3. Facilitate the 'Steps to Health Living' Community-Based Addiction Treatment trainings, to provide substance abuse recovery support or treatment (including peer-led support & recovery groups for relapse prevention, healthy alternatives, family reintegration etc.)

[64] includes e.g. KAP staff + other Facilitators (TOFs) + trained volunteers [CRPs, TOTs, Recovery Coaches (RCs), CHPs (Community Health Promoters)], peer groups, local leaders, partnerships, referral systems/ pathways etc.

[65] TOTs train the CRPs and TOFs train the TOTs [TOT refer to people who have undergone the Training of Trainers (in this approach), whilst TOF refer to those that underwent the Training of Facilitators (in this approach)]

[66] These include e.g. identification of warning signs of substance misuse or abuse or risky behaviours, treatment adherence, emotional wellbeing, and mutual support + safeguarding, gender inclusion, environmental wellbeing etc. and or referrals

4. Equip communities/ families with practical skills for prevention, emotional support, communication, safeguarding and reintegration of recovering individuals, through Addiction Psychoeducation sessions.
5. Map/ strengthen partnerships and referral systems/ care pathways[67] and follow ups mechanisms and linking households and community volunteers with the same.

### 4.3.3 Prevention and Healing of Violence and Trauma for Peace

1. Establish/continuously strengthen[68]/ support community volunteers (TOTs/ TOFs , PET Facilitators/ frontline workers) to include trauma preventive behaviours and peace-building interventions in community peace education (+ safeguarding, gender inclusion, environmental wellbeing).
2. Facilitate structured community reconciliation forums (dialogue or other means to address grievances, rebuild trust, strengthen cohesion, enable healing, peaceful coexistence & prevent escalation).
3. Develop the training curricula and -materials for community-based Trauma/Peace MHPSS trainings
4. Strengthen partnerships and referral mechanisms for survivors and perpetrators of violence to access psychosocial care, legal aid, medical support, protection- and livelihood support services.

### 4.3.4 Prevention and Healing of Mental Alienation

1. Establish/ continuously capacity-build community volunteers (CRPs, TOTs, TOFs, PET Facilitators etc.) in community health education, to include matters of loss of meaning, belonging, feelings of worthlessness, powerlessness, or existential detachment+ KAP's cross-cutting issues.
2. Develop/ regularly update the training curricula and -materials for community-based Mental Alienation ('Unreached Youths') MHPSS trainings
3. Create alternative community initiatives for countering mental alienation e.g. Participatory Educational Theatre (PET) groups, etc
4. Improve partnerships, referral systems and linkages between communities, MHPSS NGOs, health facilities, and specialized mental health providers for continuity of care; facilitate clients' referrals and follow ups.
5. Promote environmentally SMART and gender sensitive livelihood (support) initiatives, community volunteering/ contributions, and social inclusion activities to restore dignity, belonging, and meaningful participation.

## 4.4 Institutional Development

**Overview:** This strategic result area will pay attention to enhancing KAP's capacity to achieve its goals by improving its structures, processes, and systems and maintaining a friendly and collaborative work culture. KAP will in this regard attend to four sub-areas under this result area: 1) Personnel and leadership development; 2) Organizational policies, systems and structures; 3) Monitoring, Evaluation, Research, and Learning (MERL); and 4) Resource mobilization, Strategic Partnerships and Communication.

The priority issues to be addressed, expected outcomes, key performance indicators and interventions for these sub-areas are elaborated below.

**Strategic objective**: To enable KAP to discharge its mandate efficiently, effectively, and sustainably.

[67] These include eg rehab services, counselling providers, (mental) healthcare facilities, legal/social protection & livelihood support services
[68] Trainings include among others trauma prevention, trauma-informed care, survivor-centred case management, psychological first aid, safe response to survivors, safeguarding/ protection, environment/climate change etc.

### 4.4.1 Personnel & Leadership Development (People & Culture)

**Priority Issues:** The aim of this sub-area is to cultivate and retain a high-performing workforce. It will principally seek to enrich organizational culture; strengthen the capacity of both staff, volunteers, and board; enhance staff motivation and retention; as well as improve the work environment.

**Expected Outcome:** Increased qualified personnel and leadership complement, performance & retention.

**Key Performance Indicators**

1. Increase in levels of investments in volunteers, staff, and board development (% of *implemented staff CPDs/ staff trainings, % increase on budget allocation etc.*)
2. Improvements in volunteers, staff and board capacities and culture (*% of positions in organogram that are filled, new skills, performance levels, expressed satisfaction per surveys*).
3. Changes on the retention rates for staff and volunteers

**Strategic Interventions**

1. Undertake regular capacity development of staff and volunteers on identified need areas e.g., CPD, supportive supervision, career progression, succession planning etc.); Further strengthen middle level teams to take up critical management roles, afterwords further decentralize decision making.
2. Conduct periodic reviews of Human Resource policies and practices.
3. Develop and implement transition management and succession plans across the organisation.
4. Undertake ongoing investments in initiatives that enhance work environment, staff/ volunteer motivation and retention (incentive/ wellness programs, team building, competitive compensation/ recognition programmes, debriefing/ supervision etc.); institutional annual staff appraisals.
5. Undertake structured leadership development (update governance tools, board strengthening, institutionalize board performance management, gender/ professional diversity etc.).
6. Adapt organisational structure to align with changes in strategy (strengthen second tier management; retain SMT to only strategic roles; update job descriptions; institutionalize staff appraisals).
7. Continuously expand the facilitator base - adopt a multiplier model (eg train five volunteers who each train another five) to reduce reliance on few facilitators (but ensure quality assurance).

### 4.4.2 Organisational Policies, Systems and Structures (Compliance & Risk)

**Priority Issues:** For KAP to achieve what it has set out to do in this strategy, it has to fortify its internal capabilities. As such, attention will be paid to among others the quality, efficacy, integrity, functionality, and operationalization of and adherence to set internal systems, policies, procedures, and structures. Further, KAP will invest in identifying, mitigating, and allocating risks at all levels of the organization.

**Expected Outcomes**

1. Increased integrity of internal processes for effective stewardship of KAP resources.
2. Strengthened compliance (statutory, professional, donor, own policies) to minimize threats/ losses.

**Key Performance Indicators**

1. Compliance with all statutory requirements, grant policies & own policies (*per audit reports*).
2. % reduction in number of adverse organisational assessment/ evaluation /audit issues.
3. Number of SOPs/ policies, procedures & structures implemented across KAP.

**Strategic Interventions**

1. Conduct periodic reviews, updates and implementation of KAP policies and processes; Further digitize all applicable organisational systems.

2. Maintain appropriate internal controls and oversight and compliance mechanisms.
3. Conduct periodic audits or assessments/ monitor compliance with set internal control systems.
4. Establish and operationalize comprehensive risk management policy framework and structures.
5. Fill all positions set out in the organogram, update job descriptions to reflect new positions.

### 4.4.3 Monitoring, Evaluation, Research & Learning (Knowledge Management)

**Objective:** To collect, analyze and share quality data for improving program delivery, learning, decision making and accountability.

**Expected Outcomes**

1. Regular generation and use of MEL data for internal decision making and practice improvement.
2. Evaluation findings used to inform program and institutional improvements.

**Key Performance Indicators**

1. Degree of comprehensiveness & functionality of MEL system (# of tools, frameworks, budget, staffing, practices, feedback systems etc. in use).
2. Number of generated / (re)packaged and shared knowledge products (research, data, analysis etc.)
3. Number of recommendations from MEL reports used to inform follow up programs.

**Strategic Interventions**

1. Further enhance the MEL system[69] (budgets, staffing, tools, frameworks + digitization); Conduct ongoing project MEL processes i.e., gender disaggregated data collection & analysis, evidence building, participant feedback systems, reporting & use.
2. Further strengthen staff MEL capacity, including impact/outcome reporting, data management etc.
3. Conduct periodic documentation and dissemination of lessons, human stories, and best practices
4. In partnership with knowledge institutions, systematically capture, (re)package and share knowledge (research, analysis, best practices, innovation etc.) to meet internal and external needs.
5. Strengthen client data safeguards (access controls, adherence to set laws etc.)

### 4.4.4 Resource Mobilization, Strategic Partnerships & Communications

**Priority Issues**: KAP aims to consolidate, grow, and diversify its resources. This sub-area will thus be centered on operationalizing Advisory Services (*services for a fee, capacity strengthening other service providers at a fee*), and financial sustainability, diversity, unrestricted funds, office space, and institutional capacity.

**Expected Outcomes**

1. Expanded funding resource base (consistency, stability)
2. Increased KAP brand recognition, and visibility (Impacts are captured and shared)

**Key Performance Indicators**

1. Number, variety, and quality of strategic partnerships.
2. % increase in presence in strategic spaces, places and (social, mainstream, new) media + digital engagement metrics (reach, online media hits, social media feedback/ engagements etc.)
3. % increase in annual funding diversity and levels [*disaggregated by source - own generated, local & international; nature of restriction i.e., restricted/ unrestricted, reserves or savings*].
4. % increase in organizational reserves/ unrestricted incomes

[69] These, additionally, include use of digital tools; further structuring MEL coaching (milestones, timelines); undertaking indicator led project baselines; and enhancing impact metrics (including relapse rates)

**Strategic Interventions**

1. Further strengthen KAP's staff and board capacities and structures for resource mobilization, own generated incomes and community contributions (includes e.g., board/ staff committees or unit, clear targets, budget, role distribution, progress monitoring etc.)
2. Develop and fully implement the resource mobilization and partnerships strategy/ plan (including clear donor mapping / data base etc.; seek more faith-driven funders); Negotiate for institutional/ core funding (per defined cost allocation policy).
3. Establish/ strengthen partnerships with complementary strategic actors (media, funders, academia, referral pathways[70] etc); Explore more engagements with county leadership; Integrate KAP support into local structures (churches, scouts, discipleship programs, elders, youth leaders etc.)
4. Further strengthen social enterprise approach (services for a fee, IGAs, social innovation initiatives) as well as community (in-kind) contributions.
5. Further strengthen communications branding, marketing and media engagement and presence, including through storytelling, documentation, and the production of information education and communication materials; Develop and or operationalize competitive marketing/ visibility strategies.
6. Identify and maximize presence in strategic places and spaces – both physical and online - e.g., national events and conferences.
7. Promote, with funders and other stakeholders, KAP's alternative program- overhead cost ratios as an innovative best practice enhancing community ownership, programme impact and -sustainability

[70] includes eg health sector actors, rehabilitation centres, peace & community organizations etc.

# 5.0 IMPLEMENTATION MODALITIES

## 5.1 Monitoring, Evaluation, Research, and Learning

The efficacy of this strategic plan relies heavily on continuous processes of monitoring and evaluation. KAP considers MERL as a critical management tool for effective program design, monitoring, and evaluation. As such, KAP will implement effective MEL strategies to effectively track progress, measure impact, identify areas for improvement and enhance programme outcomes.

KAP will thus continue to invest in further strengthening of its MEL systems and processes. Additionally, KAP will strengthen performance data management mechanisms to ensure that indicator data is systematically collected, analysed, documentation and use of lessons learnt, good practices and disseminated to various stakeholders. The capacity of staff in MEL will continue to be enhanced to effectively deliver on their duties in their respective areas of expertise.

To support the delivery and monitoring of this strategic plan, KAP has developed various operational matrices, including a results framework and budgets. These will be complemented with Annual Work Plans, project budgets, risk registers, and project logframes. These tools will inform periodic and systematic collection, analysis, reporting, and dissemination of progress data on the result indicators.

The Strategic Plan will be evaluated mid-term and at the end. KAP will also conduct periodic reviews to gauge the progress of strategy implementation. These evaluations and reviews will be used to measure the strategy success of strategy delivery, continued relevance, effectiveness, and impact, whilst distilled lessons and best practices will be used to inform future strategies and program actions. Additionally, the evaluations and continuous monitoring processes will be used to identify emerging developments that need to be onboarded.

## 5.2 Risk Management

Risk management is essential to ensure effective management of risk exposures. This proactive approach identifies potential threats and vulnerabilities, allowing for development of mitigation strategies.

**Table 3: Potential Risks and Mitigation Strategies**

| Risk Category | Risk | Likelihood | Potential Impact | Mitigation Measures |
|---|---|---|---|---|
| Governance | Political transitions affecting program delivery | High | Delayed program implementation & loss of stakeholder trust | Engage stakeholders proactively; develop contingency plans. |
| Financial | Funding shortfalls | Medium | Reduced capacity to implement programs | Diversify funding sources; build partnerships. |
| Environmental | Climate change impacts | High | Disruption community of livelihoods & work | Develop climate-resilient strategies; community training. |
| Operational | Staff turnover | Medium | Loss of institutional knowledge and delays | Implement robust HR policies and improve staff retention. |
| Legal/ Compliance | Changes in regulatory framework | Low | Non-compliance leading to penalties | Stay updated on regulations; ensure compliance measures. |
| Security | Community conflicts | Medium | Safety risks for staff; work interruption. | Adopt conflict-sensitive programming; security training. |
| Technological | Cybersecurity threats | Low | Loss of sensitive data; surveillance | Invest in secure IT systems and regular security audits. |
| Social | Cultural resistance | Medium | Limited community buy-in/ project success | Conduct community sensitization and inclusive planning. |

## 5.3 Governance and Management

Governance: KAP is governed by a nine member voluntary Executive Board of Directors, complemented by an Advisory Board of four members. The Executive Board provides strategic oversight, policy guidance, and institutional direction, while the Advisory Board provides technical, motivational, and specialist advice to the management. The governance operations are guided by a documented board manual. KAP continues to strengthen the boards by recruiting additional professionals from diverse backgrounds.

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 program and service levels. KAP had as of 2026 16 personnel comprising 15 full time employees and one volunteer coordinator. The staff ate supported by 23 TOTs, of whom 9 have received additional training as Addiction Recovery Coaches.

**Figure 2: KAP Organogram**

