



REPUBLIC OF KENYA



NACADA

FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

**NATIONAL AUTHORITY FOR THE CAMPAIGN AGAINST
ALCOHOL AND DRUG ABUSE**

STRATEGIC PLAN

2023 – 2027

KENYA
VISION 2030





**NATIONAL AUTHORITY FOR THE CAMPAIGN AGAINST ALCOHOL AND DRUG
ABUSE**

STRATEGIC PLAN

2023 – 2027

A Sober and Healthy Nation



VISION

A Nation free from alcohol and drug abuse

MISSION

To lead a coordinated multi-sectoral campaign against alcohol and drug abuse in Kenya.

CORE VALUES

Compassion

Integrity

Professionalism

Courage

Creativity and Innovation

CLARION CALL

A Sober and Healthy Nation

FOREWORD



The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) plays a crucial role in the coordination, facilitation, and formulation of national policies, laws, and plans of action on control of Alcohol and Drug Abuse in collaboration with other state and non-State actors. Equally, the governing NACADA Act 2012, and other statutes provide for the Authority to facilitate the implementation, enforcement, continuous review, monitoring, and evaluation of existing laws in the control of alcohol and drug abuse to make the Country

safe. A safe country provides a conducive environment for wealth creation and improved welfare of citizens.

The National Authority for the Campaign Against Alcohol and Drug Abuse Strategic Plan 2023-2027 is a key instrument that will propel the Country in achieving a Nation free from alcohol and drug abuse. As a Nation, we recognize that the Alcohol and Drug abuse menace if not well addressed, has the potential of derailing the agenda of transforming this Country. The Plan is aligned with the aspirations of the Kenya Vision 2030 and its Fourth Medium Term Plan 2023-27, the Bottom-up Economic Transformation Agenda (BETA) as well as the East Africa Community Vision 2050 and Sustainable Development Goals 2030. The implementation of the Strategic Plan will support the realization of these aspirations. As the National Authority entrusted with the responsibility of addressing and ameliorating the impacts of alcohol and drug abuse within our population, we are committed to making strategic and informed strides towards reducing the overall prevalence across crucial indicators.

Alcohol and drug abuse, coupled with illicit trafficking, continue to be a global challenge with pressing public health concerns that inflict profound consequences on families in the form of violence, injuries, mental health disorders, diseases, and even fatalities. As a nation, we have encountered far-reaching repercussions of alcohol and drug abuse coupled with Kenya's geographical position which places it squarely within a major trafficking route, intensifying our vulnerability to this challenge.

We aspire to establish robust and effective frameworks and structures aimed at safeguarding our children and the nation at large from the perils of alcoholism and drug addiction. Given that the impact of substance abuse touches families and individuals across all economic and social strata, the Authority must assume a central role in providing solutions to reverse these distressing trends, thus ensuring the safety and well-being of our children, youth, the elderly, and citizens from diverse economic and social backgrounds. Through increased concerted efforts, the Authority, in collaboration with other agencies and stakeholders achieved a downward trend in the ADA prevalence of 17.5 percent in 2022 from 18.2 percent in 2017. We therefore remain focused on the attainment of even lower levels of 12.5 percent over the next five years.

The Plan, therefore, charts a solid course for the next five years as the Authority seeks to address challenges associated with alcohol and drug abuse and related harm. All the efforts will be geared towards realizing and supporting the initiatives of government policy as espoused in the Bottom-up Economic Transformation Agenda (BETA) as well as the Fourth Medium Term Plan (MTP IV 2023-27). Despite the scarcity of resources, the Plan will continue to guide the optimization of available resources, in implementing evidence-based informed programmes. The Plan focuses on the Authority's core mandate of: Public Education and Advocacy; Research Licensing and Standards; and Compliance and enforcement. The plan also provides for Legal and Planning frameworks; Partnerships, Collaborations, and Stakeholders Co-ordination; and Corporate Communications grounded on the solid foundations of sound Leadership and Integrity.

The Plan proposes a resource requirement of Kshs 12.213 billion, whereas the projected resource envelope stands at Kshs. 5.997 billion resulting in a resource gap of KSh.6.216 billion. This therefore calls for innovative resource mobilization Strategies, including strategic partnerships and collaboration with National Government Agencies, County Governments, Faith-Based Organizations (FBOs), Civil Society Organizations (CSOs), Academic Institutions, International Partners, and the public in collaborating with the Authority to bolster efforts to address the resource gap and support the priorities as indicated.

I am persuaded that the implementation of this plan over the next five years will transform Kenya into becoming a global model in matters relating to the control of Alcohol and Drug Abuse minimizing their adverse effects in economic activities as well as the social strata. I therefore invite and urge all stakeholders to support the successful implementation of this plan by playing their rightful role in realizing its objectives.



Rev. Dr. Stephen Kiptoem Mairori, EBS

BOARD CHAIRPERSON

PREFACE



The Strategic Plan 2023-27 is a product of a widely consultative process involving the Board, staff, and stakeholders. The Plan envisages a Nation free from Alcohol and Drug Abuse by Leading a coordinated campaign against Alcohol and Drug Abuse through a multi-agency approach to demand and supply reduction. During the Plan period, the Authority will adopt a multipronged approach in Prevention, Advocacy, Compliance and Enforcement, Policy Formulation, and Strategic Research.

It will also enforce relevant statutes to ensure that the Country's gains realized in reducing ADA prevalence to 17.5 percent in 2022 down from 18.2 percent in 2017 is sustained. This will rely on the foundation of strong leadership, and robust corporate governance, which has already been laid out in addition to the strategic direction that will be used in the plan implementation.

As the National entity, guided by our core mandate as articulated in the NACADA, Act 2012, Alcoholic Drinks Control Act 2010, and other relevant legislations. The Authority will create a culture of ultimate performance and excellence. This will seek to achieve outstanding results at all levels that meet or exceed the expectations of our stakeholders. We look forward to the future and proactively adapt to meet expected challenges even as we ride on existing opportunities to deliver our mandate. As indicated in our financial projections, the implementation of this plan envisions a significant resource gap owing to the priorities to be implemented. As management, we shall institute robust financial stewardship to achieve sector-wide defined outcomes. To attain this, we will have to look beyond the Authority's resources even as we reach out to our partners to support our course.

I take this opportunity to thank the Cabinet Secretary and the Principal Secretaries, Ministry of Interior and National Administration, and the Board for their visionary guidance in the development of this Plan. I also appreciate all Authority staff under the steadfast guidance of the Directorate of Corporate Planning and Risk Management, for spearheading this process. I also acknowledge the invaluable contributions of our stakeholders which greatly informed this Plan. I pay special tribute to the facilitator for guiding the entire process of development of the Plan and all those whose contributions were critical at all stages either directly or indirectly. I look forward with confidence and anticipation to the realization of the milestones we have set for ourselves in this Plan and call upon the support of all our stakeholders in its implementation.

Dr. Anthony Omerikwa, MBS
Chief Executive Officer

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DEFINITION OF CONCEPTS & TERMINOLOGIES

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

Substance	A substance is a solid, powder, liquid, or gas with particular properties.
Substance Use Disorders	A general term used to describe a range of problems associated with substance use (including alcohol, illicit drugs, and misuse of prescribed medications), from substance abuse to substance dependence and addiction.
Supply Reduction	Intervention programs and activities designed to stop the production, manufacture, and distribution of illicit drugs including policy implementation and law enforcement.
Treatment and Rehabilitation	Healthcare services that help a person regain physical, mental, and/or cognitive abilities that have been lost or impaired as a result of addiction.
Youth	<p>Persons of ages 15-24 years as per the United Nations. The UN also recognizes that this varies without prejudice to other age groups listed by member states such as 18–30 as well as 15-30.</p> <p>However, Article 260 of the Kenya constitution defines a “Youth” as a person of the age of between 18-34 (less than 35 years old).</p>

ACRONYMS & ABBREVIATIONS

ADA	Alcohol and Drug Abuse
ADCA	Alcoholic Drinks Control Act
AU	African Union
AUPA	The African Union Plan of Action on Drug Control and Crime Prevention
BETA	Bottom-Up Economic Transformation Agenda.
EAC	East African Community
FBO	Faith-Based Organization
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IEA	Institute of Economic Affairs
IEC	Information Education Communication
IPAR	Institute of Policy Analysis and Research
KRAs	Key Result Areas
KIPPRA	Kenya Institute for Public Policy Research and Analysis
M&E	Monitoring and Evaluation
ME&R	Monitoring, Evaluation, and Reporting
MTP	Medium Term Plan
NACADA	National Authority for the Campaign Against Alcohol and Drug Abuse
NACADAA	National Campaign Against Drug Abuse Authority
NHIF	National Hospital Insurance Fund
PESTELE	Political, Economic, Social, Technological, Environmental, Legal and Ethical
QMS	Quality Management System
SUD	Substance Use Disorder
UNGASS	United Nations General Assembly Special Session on Drugs



UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization



EXECUTIVE SUMMARY

The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) is a State Corporation under the Ministry of Interior and National Administration. It draws its mandate from the NACADA Act, 2012, and the Alcoholic Drinks Control Act (ADCA), 2010 in coordinating the campaign against alcohol and Drug Abuse (ADA).

The Authority has developed this five-year Plan 2023-2027 to guide in effectively executing its mandate. The Plan is anchored on the Fourth Medium Term Plan (MTP IV) of the Kenya Vision 2030 and the “Bottom-Up Economic Transformation Agenda” (BETA).

The implementation of the 2019-2022 Strategic Plan achieved tremendous results across all the six Key Result Areas identified. These include: Sensitization of over 10,021,630 parents on positive parenting; the development of the National Guidelines on Prevention and Management of Alcohol and Substance Use in Basic Education Institutions; partnering with County Governments to set up treatment and rehabilitation facilities; reaching 59,874 people with substance use disorders through community outreach, provided brief interventions, and toll-free helpline number (1192) with counselling and referral services; developed a framework for partnership, and consultative forums to address the influx of Cannabis in the Country from Ethiopia; establishment and published five editions of the African Journal on Alcohol and Drug Abuse (AJADA); strengthened framework that improved revenues to the Authority from Ksh 333 million in 2018/2019 to Ksh 529 million in 2020/21 with an additional Ksh.63.5 million from stakeholders; and developed corruption risk prevention framework among many others.

However, the Implementation of the Plan faced several challenges including: Inadequate financial resources; resistance to the setting up of County alcoholic Drinks Funds that would support the prevention and treatment of persons with (SUDs) at the County level; high cost of T&R Services; weak legal instruments especially on inspection of rehabilitation centers and new and emerging drugs; weak liquor licensing framework in most counties with weak checks and balances; weak reporting and data management at the grassroots level; COVID-19 pandemic and the resultant government containment measures; Stringent National Health Insurance Fund (NHIF) accreditation process for rehabilitation centers to offer treatment to persons with Substance Use Disorders (SUD's); Online advertisement and sale of drugs and alcoholic drinks; changing international policy landscape with regards to reclassifying of cannabis; and changing trends and patterns of drug use.

Riding on the success of the 2019/20-2022/23 Plan, and having learned from the implementation of the past Plan, the Authority will seek to pursue its mission, “To lead a coordinated multi-sectoral campaign against alcohol and drug abuse in Kenya” in efforts to realize it's vision, “A nation free from alcohol and drug abuse”. The Plan is anchored on the following core values; Compassion, Integrity, Professionalism, Creativity, and Innovation.

The Plan identifies three Key Result Areas (KRAs) (Pillars), Four Enablers, and one Foundation to support the achievements of its mandate. The three KRAs are: Public Education and

Advocacy; Research, Standards and Licensing; and Compliance and Enforcement. The four enablers are Legal and Planning Frameworks; Partnerships, Collaborations and Stakeholder Coordination; Corporate Communication; and Institutional Strengthening. Leadership and Integrity were identified as the Foundation and key to securing the achievement of this Plan.

The Plan requires an estimated KSh.12.213 billion to implement against estimated revenue allocations projected at KSh.5.997 billion resulting in a resource gap of KSh.6.216 billion. The gap will be filled by innovative and proactive resource mobilization strategies such as partnerships and collaborations alongside exploring as well as exploiting other avenues for resource mobilization.

The Plan is organized into eight chapters capturing different thematic areas and three appendices. Chapter one outlines the background, context of strategic planning, and the national, regional, and global development agenda as well as the methodology followed in its development. Chapter two, highlights the strategic direction, in the form of the mandate of the Authority, the vision and mission statement, and the core values. It also provides the Quality Policy Statement. Chapter three provides the situational and stakeholder analysis. Chapter four provides the strategic issues, goals, and Key result areas while chapter five takes into account the strategic objectives and the strategies. Chapter six of the plan details the implementation and coordination framework while chapter seven assesses the resources required to implement the plan and the possible mobilization strategies. Chapter eight concludes the plan by providing the monitoring and evaluation framework.

CHAPTER ONE: INTRODUCTION

1.1 Overview

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

1.2 Strategy as an Imperative for Organizational Success

The Strategic Plan will guide the Authority in executing its core mandate. It will form the basis for resource allocation as well as support building a culture to drive the realization of its goal. Over the Plan period, the Authority will seek to: enhance Public Education and Advocacy; Research, Standards, and Licensing; strengthen Compliance and Enforcement; Legal, Policy, and Planning Frameworks; undertake strategic Partnerships, Collaborations, and Stakeholder Coordination to supplement authority programmes, strengthen the Authority's Corporate Communication and enhance institutional capacity.

These will be implemented through various strategies and activities that have been aligned to the national development agenda such as Kenya Vision 2030; Fourth Medium Term Plan 2023-2027; Bottom-Up Economic Transformation Agenda (BETA); and Regional & International Development Obligations.

1.3 Context of Strategic Planning

This Strategic Plan has been developed while taking cognizant of the global, regional, and national development challenges. In the implementation of the plan, the Authority faces several global, regional, and national challenges on alcohol and drug abuse. These include:

1.3.1 Global Challenges

Alcohol and drug abuse continue to pose the biggest threat to health and well-being. Although significant strides have been made in the prevention and control of alcohol and drug abuse globally, regionally, and nationally, several challenges continue to undermine the efforts put into addressing this problem. Globally, alcohol is one of the leading risk factors for population health and has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs). According to WHO (2018), the harmful use of alcohol results in 3.3 million deaths annually. At least 15.3 million people have drug-related disorders while injecting drug use was reported in 148 countries of which 120 report HIV infection among that population.

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

- i. The increased use of drugs and the associated health consequences especially among young people;
- ii. The common use of cannabis as a preferred drug of choice for young people;
- iii. The emerging complex global supply chain of drugs and other substances, whose use is attributed to poverty and lack of opportunities for socio-economic growth;
- iv. Advanced transnational organized crimes such as piracy and international terrorism associated with drugs and substance abuse;
- v. Increased incidences of drug use among older people, partly explained by aging cohorts of drug users;
- vi. Lack of tailored services, with few treatment programmes to address their specific needs;
- vii. The growing evidence of the contributing role of harmful use of alcohol and drug abuse to the infectious disease burden such as HIV, tuberculosis, viral hepatitis, and sexually transmitted infections has not yet been sufficiently recognized and addressed in the relevant global strategies and action plans; and
- viii. Global results of school surveys indicate that in many countries of the Americas, Europe, and Western Pacific, alcohol use starts before the age of 15 years and prevalence among this age group can range from between 50–70 percent with remarkably small differences between boys and girls.

The World Drug Report (2022), presents worrying trends in drug abuse and related challenges. According to the report, drug use also accounts for 9 percent of substance-related Disability Adjusted Life Years (DALYs). The Report further says that there is a rise in the market for cocaine with record highs in manufacture and use. It also points out that women are underrepresented in drug treatment programs. Young men continue to consume drugs more than adults and more than in past generations. Furthermore, drugs pose different demands on the healthcare systems. An emerging trend in cannabis is that its decriminalization has a wide-ranging impact on public health and safety, market dynamics, commercial interests, and criminal justice responses.



Photo 1: The Chair of the NACADA Board of Directors Dr. Rev. Stephen Mairori (Seated 5th from left) and other board members at the Lake Naivasha Resort during the Post-Validation Strategic Plan Review on 18th October 2023.

1.3.2 Regional Challenges

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

According to UNODC, cannabis remains the most widely used illicit substance in Africa with high rates reported in West and Central Africa at 5.2 and 13.5 percent respectively. Amphetamine-type stimulants (ATS) including “ecstasy” and methamphetamine come second.

The World Drug Report (2022), published by UNODC indicates that there is rampant non-medical use of tramadol and an increase in cocaine trafficking especially in the North Western Parts of Africa. The East and Central parts of Africa suffer from heroin in transit spilling into local heroin use, and a high prevalence of HIV among people who inject drugs. On the other hand, the Southern parts of Africa are mainly affected by the use of synthetic stimulants, heroin and cocaine trafficking, and the high prevalence of HIV among people who inject drugs.

Regional challenges according to WHO and UNODC are summarized as follows:

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

1.3.3 Local Challenges

The problem of drug and substance abuse continues to inflict Kenya despite efforts instituted to address it. As a body mandated to address this problem, the Authority with other state and non-state actors has been carrying out various studies, and the results presented below show alarming statistics demonstrating the gravity of the situation in the country.

1.3.3.1 Status of Drugs and Substance Use in Kenya, 2022

The national survey on the “Status of Drugs and Substance Use (DSU) in Kenya, 2022” is a five-year survey conducted to assess the trends of DSU programming indicators. This is a follow-up survey to the 2007, 2012, and 2017. The findings of this survey are used to inform evidence-based programming.

Initiation age for drugs and substances of abuse

Data shows that the average age category for initiation of tobacco, alcohol, *khat*, cannabis, prescription drugs, cocaine, and heroin was 16 – 20 years. However, the minimum age of initiation for tobacco was 6 years, alcohol (7 years), cannabis (8 years), *khat* (9 years), prescription drugs (8 years), heroin (18 years) and cocaine (20 years).

Current prevalence of drugs and substances of use among the population aged 15 – 65 years in Kenya:

The survey established that alcohol continues to be the most widely used substance of abuse in Kenya with findings pointing towards increasing demand for cheaper and readily available alcoholic products, especially *chang’aa*, traditional brews, and potable spirits.

Alcohol

- ❖ One in every 8 Kenyans aged 15 – 65 years (3,199,119) were currently using alcohol;
- ❖ One in every 5 males aged 15 – 65 years (2,511,763) and 1 in every 20 females (687,356) were currently using alcohol;
- ❖ Overall, Western region had the highest prevalence of current use of alcohol (23.8%) followed by Coast (13.9%) and Central (12.8%);
- ❖ Nairobi region had the highest prevalence of manufactured legal alcohol (10.3%) followed by Central (10.0%) and Eastern (8.4%);
- ❖ Western region had the highest prevalence of current use of *chang’aa* (11.4%) followed by Nyanza (6.3%) and Rift Valley (3.6%);
- ❖ Western region had the highest prevalence of current use of traditional liquor (12.9%) followed by Coast (7.4%) and Nyanza (2.2%); and
- ❖ Central region had the highest prevalence of potable spirits (4.1%) followed by Coast (3.2%) and Rift Valley (3.1%)

Tobacco

- ❖ One in every 12 Kenyans aged 15 – 65 years (2,305,929) were currently using tobacco;
- ❖ One in every 6 males aged 15 – 65 years (2,018,655) and 1 in every 50 females (287,274) were currently using tobacco; and

- ❖ Central region had the highest prevalence of current use of tobacco (11.9%) followed by Coast (10.8%) and Eastern (10.7%).

Khat (miraa/ muguka)

- ❖ One in every 28 Kenyans aged 15 – 65 years (964,737) were currently using *khat*;
- ❖ One in every 14 males aged 15 – 65 years (856,283) and 1 in every 143 females (108,454) were currently using *khat*; and
- ❖ Eastern region had the highest prevalence of current use of *khat* (9.6%) followed by North Eastern (7.2%) and Nairobi (4.9%).

Cannabis

- ❖ One in every 53 Kenyans aged 15 – 65 years (518,807) were currently using cannabis;
- ❖ One in every 26 males aged 15 – 65 years (475,770) and 1 in every 333 females (43,037) were currently using cannabis;
- ❖ The number of people currently using cannabis has increased by 90 percent in the last 5 years; and
- ❖ Nairobi region had the highest prevalence of current use of cannabis (6.3%) followed by Nyanza (2.4%) and Coast (1.9%).

Prescription drugs

- ❖ One in every 500 Kenyans aged 15 – 65 years (60,407) were currently using prescription drugs; and
- ❖ One in every 500 males aged 15 – 65 years (18,567) and 1 in every 333 females (41,840) were currently using prescription drugs.

Polydrug/ multiple drugs

- ❖ One in every 15 Kenyans aged 15 – 65 years (1,766,583) were currently using multiple drugs;
- ❖ One in every 8 males aged 15 – 65 years (1,576,405) and 1 in every 77 females (188,177) were currently using multiple drugs; and
- ❖ Coast region had the highest prevalence of multiple drug use (10.5%) followed by Nairobi (8.4%) and Central (7.8%).

At least one drug or substance of abuse

- ❖ One in every 6 Kenyans aged 15 – 65 years (4,733,152) was currently using at least one drug or substance of abuse; and

- ❖ One in every 3 males aged 15 – 65 years (3,783,854) and 1 in every 16 females (949,298) were currently using at least one drug or substance of abuse;

Table 1-1 shows the summary of current use of drugs and substances of abuse among the population aged 15 – 65 years in Kenya.

Table 1-1 Summary of current use of drugs and substances of abuse among the population aged 15 – 65 years in Kenya

Substance	Prevalence	Population affected
Alcohol	11.8	3,199,119
Tobacco	8.5	2,305,929
<i>Khat</i>	3.6	964,737
Cannabis	1.9	518,807
Prescription drugs	0.2	60,407
Polydrug (multiple drugs)	6.5	1,766,583
At least one substance	17.5	4,733,152

Source: NACADA, 2022

Table 1-2 below shows the summary of the current use of drugs and substances of abuse among the population aged 25 – 35 years in Kenya.

Table 1-2 Summary of current use of drugs and substance use among the youth aged 25 – 35 years in Kenya.

Substance	Prevalence	Population affected
Alcohol	14.0	1,137,288
Tobacco	6.0	488,845
<i>Khat</i>	4.8	388,735
Cannabis	2.1	174,142
Prescription drugs	0.2	19,112
Polydrug (multiple drugs)	6.1	494,218
At least one substance	18.5	1,504,377

Source: NACADA, 2022

Table 1-3 below shows the summary of the current use of drugs and substances of abuse among the population aged 15 – 24 years in Kenya.

Table 1-3 Summary of current use of drugs and substance use among the youth aged 15 – 24 years in Kenya.

Substance	15 – 24 years	
	Prevalence	Population affected
Alcohol	5.2	367,608
Tobacco	3.2	230,130
<i>Khat</i>	3.6	259,954
Cannabis	2.7	193,430
Prescription drugs	0.1	8,328
Polydrug (multiple drugs)	3.8	267,454
At least one substance	8.9	632,846

Source: NACADA, 2022

Prevalence of severe substance use disorders (addiction) among the population aged 15 – 65 years in Kenya:

- ❖ One in every 20 Kenyans aged 15 – 65 years (1,357,040) were addicted to alcohol;
- ❖ One in every 30 Kenyans aged 15 – 65 years (887,627) were addicted to tobacco;
- ❖ One in every 125 Kenyans aged 15 – 65 years (227,744) were addicted to *khat*; and
- ❖ One in every 111 Kenyans aged 15 – 65 years (234,855) were addicted to cannabis.

Prevalence of severe substance use disorders (addiction) among the youth aged 15 – 24 years in Kenya:

- ❖ One in every 45 youths aged 15 – 24 years (153,846) were addicted to alcohol;
- ❖ One in every 167 youths aged 15 – 24 years (45,806) were addicted to tobacco;
- ❖ One in every 125 youths aged 15 – 24 years (58,819) were addicted to *khat*; and
- ❖ One in every 77 youths aged 15 – 24 years (90,531) were addicted to cannabis.

Prevalence of severe substance use disorders (addiction) among the youth aged 25 – 35 years in Kenya;

- ❖ One in every 14 youths aged 25 – 35 years (596,336) were addicted to alcohol;
- ❖ One in every 33 youths aged 25 – 35 years (247,139) were addicted to tobacco;
- ❖ One in every 71 youths aged 25 – 35 years (112,724) were addicted to *khat*; and
- ❖ One in every 83 youths aged 25 – 35 years (100,468) were addicted to cannabis.

1.3.3.2 Status of emerging drugs of abuse in Kenya, 2021

In 2021, the Authority in collaboration with the Pharmacy and Poisons Board, Government Chemist, and the Ministry of Interior and National Administration undertook a study to determine new psychoactive substances and other emerging trends in drugs and substance use in Kenya covering 18 sampled counties. The findings of laboratory analysis showed that widespread abuse of prescription drugs was one of the emerging trends in Kenya. The data showed that *diazepam* was the most commonly abused prescription drug followed by Artane, rohypnol, amitriptyline, largactil, codeine syrup, tramadol, piriton, biperiden, haloperidol, propofol (used in anaesthesia) and olanzapine (anti-psychotic drug). The survey also identified a worrying trend in the abuse of cannabis with evidence showing an increase in the abuse of cannabis edibles. Laboratory analysis identified cannabis edibles e.g., cookies, “*mabuyu*”, sweets, or candies. Emerging evidence also showed that the abuse of heroin has penetrated other non-traditional counties like Nakuru, Uasin Gishu, Kisumu, Isiolo, Nyeri, and Kiambu.

1.3.3.3 Status of alcohol and drug abuse among employees in the public sector workplace in Kenya

Towards mainstreaming alcohol and drug abuse in the workplace, the Authority commissioned a national survey in 2021 to determine the status of alcohol and drug abuse (ADA) among employees in the public sector workplace in Kenya. The findings on lifetime use of drugs and substances of abuse in the public sector workplace showed that 44.5 percent of the employees had ever used alcohol, 15.3 percent had ever used tobacco, 11.3 percent had ever used *miraa/khat*, 8.2 percent had ever used bhang/ marijuana, 2.3 percent had ever used prescription drugs, 1.3 percent had ever used cocaine and 1.2 percent had ever used heroin.

Findings on use in the last 30 days before the survey (current use) showed that 23.8 percent of employees in the public sector workplace were currently using alcohol. 4.8 percent were currently using tobacco, 2.9 percent were currently using *khat/miraa*, 1.9 percent were currently using bhang/ marijuana, 1.0 percent were currently using prescription drugs, 0.8 percent were currently using heroin and another 0.8 percent were currently using cocaine as shown in table 1-4.

Table 1-4 Drugs and substances of abuse among employees in the public sector workplace in Kenya

Drug/ substance	Lifetime Prevalence (%)	Current Prevalence (%)
Alcohol	44.5	23.8
Tobacco	15.3	4.8
<i>Khat/ miraa</i>	11.3	2.9

Drug/ substance	Lifetime Prevalence (%)	Current Prevalence (%)
Bhang/ marijuana	8.2	1.9
Prescription drugs	2.3	1.0
Heroin	1.2	0.8
Cocaine	1.3	0.8

Source: NACADA, 2021

Data also showed that the prevalence of alcohol use disorders (AUD) among employees in the public sector workplace in Kenya was 13.2 percent implying that approximately 89,127 employees had an alcohol use disorder. Further categorization of AUDs by severity showed that 5.7 percent of the employees in the public sector workplace had a mild alcohol use disorder (AUD), 3.0 percent had a moderate AUD and 4.5 percent had a severe AUD. This implies that approximately 38,487 employees in the public sector workplace presented with a mild AUD, 20,256 employees presented with a moderate AUD, and 30,384 employees presented with a severe AUD. Efforts to address the current cases will be timely to preserve an efficient and productive public service.

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

In 2016, the Authority conducted a National Survey to establish the Status of Alcohol and Drug Abuse among Secondary School Students in Kenya. The study revealed that 23.4 percent of the students (508,132) had ever used alcohol; 17 percent (369,155) *khat/ miraa*; 16.1percent prescription drugs (349,613), 14.5percent tobacco (314,869); 7.5 percent (162,863) cannabis; 2.3 percent inhalants (49,945); 1.2 percent heroin (26,058); and 1.1 percent cocaine (23,887).

Data on current use showed that 3.8percent (82,517) of secondary school students are currently using alcohol; 3.6 percent (78,175) are currently using *khat/miraa*; 2.6percent (56,459) are currently using prescription drugs; 2.5percent (54,288) are currently using tobacco; 1.8 percent (39,087) are currently using cannabis; 0.6percent (13,029) are currently using inhalants; 0.2 percent (4,343) are currently using heroin; and another 0.2 percent (4,343) are currently using cocaine.

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

According to a study by NACADA in 2018, the lifetime use of drugs indicates 20.2 percent of the pupils have ever used at least one drug or substance of abuse; 10.4 percent have ever used prescription drugs; 7.2 percent of the pupils have ever used alcohol; while 6.0 percent have ever used tobacco. Additionally, 3.7 percent have ever used *khat/miraa*; 1.2

percent have ever used marijuana; 0.7 percent have ever used cocaine and 0.5 percent have ever used heroin in their lifetime as shown in Figure 7. The government of Kenya through the Bottom-up Economic Transformation Agenda (BETA) provides for a robust education system that guarantees a 100 percent transition from primary schools to secondary schools. However, with these ills, the ability of these students to transit to secondary schools can be hampered by their cognizant ability critically affected by their extent of ADA usage. Strategies to reverse this trend will help the government to realize this objective.

Data on current use showed that 16.9percent of primary school pupils are currently using at least one drug or substance of abuse; 7.2percent or are currently using prescription drugs; 3.2percent are currently using tobacco; 2.6percent are currently using alcohol and another 2.3percent are currently using *miraa/muguka*. Current use of cannabis, inhalants, heroin, and cocaine among primary school pupils is less than 1 percent.

1.3.4 NACADA's Development Role Vis-À-Vis, The National Development Agenda, Regional and International Frameworks

The role that NACADA plays in realizing the core national development priorities cannot be overemphasized. The Authority supports the country in realizing some of its constitutional obligations and the Country's commitments to its people in national, regional, and global commitments on alcohol and drug abuse is concerned. This section highlights the policy documents the Authority interfaces with:

1.3.4.1 Kenya Vision 2030

The Kenya Vision 2030 is the country's long-term development blueprint which aims at transforming the country into a newly industrialized, "Middle-income country providing a high-quality life to all citizens by the year 2030". Anchored on three pillars: Economic, Social, and Political the vision is being implemented through five-year Medium-Term Plans. The Authority, falls under the Security Sector and remains a critical player that is a key enabler towards the achievement of the aims and the aspirations of the Vision. In formulating and implementing appropriate strategies to reduce as well as reverse the overall prevalence of drugs and substance in the country, the Authority directly help the economy realize; increased labour force productivity; creation of sustainable employment opportunities; enhanced advocacy for alternative means of livelihoods; creation of safer and socially cohesive communities through a reduction in crimes. Safer communities also lead to increased investment opportunities as well as attracting and sustaining quality investments; enhanced participation in democratic processes and reduction in politically related violence.

1.3.4.2 The Fourth Medium Term Plan (2023-2027)

The Fourth MTP (2023-27) aims at accelerating socio-economic transformation to a more competitive, inclusive, and resilient economy, by focusing on implementing strategic interventions aimed at driving our economy towards a sustainable growth path. This will put

in place strategic interventions that will keep addressing the increasing concerns about drugs and substance abuse in the country. It builds on the best practices learned from the third MTP (2018-2022) that aimed at “Transforming Lives: Advancing Socio-Economic Development through the “Big Four” Agenda. Under Fourth MTP, NACADA shall work towards providing access to holistic treatment, addressing emerging drugs, conducting and disseminating research to inform policy, creating a robust enabling system to combat alcohol and drug abuse as well as enhancing rehabilitation facilities and services leading to improved quality and enhanced productivity of the labour force. The authority will strengthen the partnerships and collaborations in dealing with alcohol and drug abuse to advance the war on all fronts.

1.3.4.3 The Bottom-up Economic Transformation Agenda

The Bottom-up Economic Transformation Agenda (BETA) envisages an economic revolution that produces high-quality goods and services for its people. In addition, to enhance productivity across all the sectors with a specific focus on Agriculture, Micro, Small, and Medium Enterprise (MSME) economy, Housing and Settlement, Healthcare and Digital Superhighway as well as the Creative Economy the country’s labour force must be optimally utilized.

One of the five key pillars of BETA is Healthcare. It seeks to provide National Health Insurance Fund Coverage for all Kenyans; Expand existing health infrastructure to meet the increasing health needs; recruit additional healthcare workers; Enhance supply chain management to ensure efficiency and accountability supplies to all health facilities; and attract local and foreign investors to build health products and technologies manufacturing plants. One of the critical pillars and focus in health is the preventive rather than curative. To realize this NACADA will strengthen the working through the Community Health Promoters (CHP) who will form a critical pillar in the identification as well as dissemination of ADA-specific information to the communities. All these efforts will only be realized if the fight against Alcohol and Drug Abuse in the Country is sustained. To refocus the country’s efforts and energies on high levels of productivity across all sectors and realize the aspirations of BETA, appropriate strategies to reverse the existing trends in ADA must be implemented.

1.3.4.4 The National Spatial Plan 2015-2045

The general spatial trends in the country for the next 22 years will be guided by the National Spatial Plan which defines the general trend and direction of spatial development for the country. The plan that covers all 47 counties provides the Exclusive Economic Zone (EEZ) that can guide national activities. In the realization of this Plan NACADA will be vouching for appropriate spatial distribution of the rehabilitation facilities as well as the treatment center especially for people with SUDs as well as working will all partners aiming at reversing the trends in alcohol and drug abuse in the country. These initiatives will guarantee an enabling environment to realize the strategies laid down in the Country’s development agenda.

1.3.4.5 Linkages to the Counties

The constitution of Kenya 2010 established a two-tier governance structure. This governance structure provides opportunities for collaboration between NACADA the national agency at the levels of policy direction, regulation, and backstopping as well as the devolved units in the implementation of specific mandates as guided in the Fourth Schedule of the Constitution. The Authority will continue to support counties in developing respective county Alcoholic Drinks Control legislations and establishment of treatment and rehabilitation centers.

1.3.5 Regional Conventions and Agreements

The regional efforts in combating alcohol and drug abuse will form part of the Authority's frameworks in executing the plan, part of which will form a very important partnership in this campaign. Among the regional frameworks will be the AU Plan of Action on Drug Control (AUPA) whose mandate is to undertake activities with the fundamental goal of improving the health, security, and socio-economic well-being of the people of Africa by reducing illicit drug use, trafficking, and associated crimes. This was a culmination of the Addis Ababa Declaration on Scaling up Balanced and Integrated Responses towards Drug Control in Africa 2014 which was mainly to upscale advocacy for an evidence-driven balanced and integrated approach to drug control and to encourage a shift from ineffective policies. Regionally this framework provides an opportunity that NACADA can take advantage of to effectively execute its activities.

1.3.5.1 Africa Agenda 2063

Agenda 2063 is Africa's blueprint and master plan for transforming Africa into the global powerhouse of the future. It encapsulates seven aspirations and flagship programs to be undertaken in its 10-year phased implementation plans to deliver quantitative and qualitative outcomes for the African people that NACADA shall draw from in its programming in ensuring a drug-free Continents.

1.3.5.2 East Africa Community Agenda 2050

The East Africa Agenda 2050 seeks to develop regional values and governance ethics that will promote social cohesiveness and move the region into the future as "one people". Among the critical pillars of good governance and by translation, regional social-economic transformation and development, are the efforts to deal with Alcohol and Drug Abuse (ADA), Illicit Financing, and Money Laundering. The East Africa Vision 2050 emphasizes the need to mainstream these key cross-cutting issues into all development initiatives. For effective mitigation against these vices, the Authority will develop a joint mechanism for the investigation of businesses or persons before signing any large contracts that can negatively affect the partner states to prosecute in regional and international courts. Equally, to strengthen these efforts, due diligence will help the region in ensuring observance of and compliance with international and domestic laws, including those governing these critical sectors. To ensure this smoothly

happens, NACADA becomes central in addressing and acting as a central player in ensuring that these initiatives are enforced.

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

Kenya signed and ratified the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1961, the United Nations General Assembly Special Session (UNGASS), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The Conventions obligate each member state to codify internationally applicable control measures to ensure the availability of narcotic and psychotropic substances for medical use and scientific purposes as well as to prevent their diversion into illicit channels.

1.3.5.4 United Nations 2030 Agenda for Sustainable Development Goals

Drug policy reform is essential for achieving the new goals and targets set out in the agenda on Sustainable Development Goals (SDGs). The SDG Agenda 3 seeks to ensure healthy lives and promote well-being for all at all ages. Target 3.3 – aims to provide increased access to HIV prevention, treatment, and care services among people who use drugs including prisoners. While Target 3.5. Seeks to strengthen the prevention and treatment of substance abuse, including narcotic drug use such as opium and heroin. Alcohol consumption is a unique risk factor for population health as it affects the risks of approximately 230 three-digit disease and injury codes in the International Statistical Classification of Diseases and Related Health Problems. However, action to reduce the harmful use of alcohol and drug abuse will contribute to many other goals and targets of the SDG 2030 agenda. Almost all of the other 16 SDGs are directly or indirectly related to health. NACADA's key target will be to reduce non-communicable diseases through strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

1.4 History of NACADA

The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) is a State Corporation under the Ministry of Interior and National Administration as guided by Executive Order No. 1 of January 2023.

The Gazette Notice dated April 26th, 2001 established the National Agency for the Campaign Against Drug Abuse (NACADA) to undertake Public Education and Advocacy and awareness campaigns against drug abuse especially among youth in schools and other learning institutions of higher learning. The Authority operated as such until May 2006 when an Advisory Board was established and a chairman appointed through the Kenya Gazette Notice No. 3749 of 19th May 2006.

Through Legal Notice No. 140 published in the Kenya Gazette Supplement on 29th June 2007, the Agency was transformed into the National Campaign Against Drug Abuse Authority (NACADAA) under the State Corporations Act (Cap 446 of the Laws of Kenya) to coordinate a

multi-sectoral campaign to prevent, control and mitigate the impact of alcohol and drug abuse in the country. In 2010, the Authority's mandate was expanded to include the implementation of the Alcoholic Drinks Control Act 2010.

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

1.5 Methodology of strategic plan development.

This strategic plan is a product of a highly consultative process. The process was initiated by the Board of Directors who drew the Vision and the Strategic direction of the Authority. The management was then tasked with the responsibility of conceptualizing the whole process and established teams that were responsible for the delivery of the various sections of the respective Key Result Areas (KRA's) through the initial meetings. These were later to be followed by the staff review. After the staff review, the Plan was to be subjected to a national stakeholder's validation to identify any other gaps that may exist that require to be filled. The Stakeholders then provided inputs on all the sections of the plan in each of the KRAs. Upon incorporating the stakeholder's inputs, the final draft was brought back to the Board for deliberation and approval. Once the Board assessed the draft and confirmed the appropriate capture of the organization's strategic direction, and consistency with the vision and mission through the respective focus areas, it was then approved for sharing with the State Department for Economic planning for final review, finalization printing and launching as was guided by the Board.

CHAPTER TWO: STRATEGIC DIRECTION

2.1 Overview

This chapter provides an analysis of the implementation of the Authority's strategic direction which constitutes the Mandate, Vision, Mission, Strategic Goals, Core Values, and the Quality Policy Statement.



Photo 2: The Ag. CEO Professor John Muteti, (Seated center), Director Corporate Services CPA Patrick Obura (Second Left), Director Public Education and Advocacy Dr. Yvonne Olando (Second Right), and the Steering Committee members during the Strategic Plan preparation workshop held at the Lake Naivasha Crescent Resort.

2.2 Mandate/Functions

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

- i. Carry out Public Education and Advocacy on ADA directly and in collaboration with other public or private bodies and institutions;
- ii. Coordinate and facilitate public participation in the control of ADA;
- iii. Coordinate and facilitate inter-agency collaboration and liaison among lead agencies responsible for alcohol and drug demand reduction;
- iv. In collaboration with other lead agencies, facilitate and promote the monitoring and surveillance of national and international emerging trends and patterns in the production, manufacture, sale, consumption, trafficking, and promotion of alcohol and drugs prone to abuse;

- v. In collaboration with other lead agencies, provide and facilitate the development and operation of rehabilitation facilities, programmes, and standards for persons suffering from substance use disorders; regulate operations of rehabilitation facilities for persons suffering from substance use disorders (SUDs);
- vi. Coordinate and facilitate, in collaboration with other lead agencies and non-State actors, the formulation of national policies, laws, and plans of action on control of ADA and facilitate their implementation, enforcement, continuous review, monitoring, and evaluation;
- vii. Develop and maintain proactive cooperation with regional and international institutions in areas relevant to achieving the Authority's objectives;
- viii. In collaboration with other public and private agencies, facilitate, conduct, promote, and coordinate research and dissemination of findings on data on ADA and serve as the repository of such data;
- ix. In collaboration with other lead agencies, prepare, publish, and submit an ADA control status report bi-annually to both Houses of Parliament through the Cabinet Secretary;
- x. Assist and support County governments in developing and implementing policies, laws, and plans of action on control of ADA; and
- xi. Carry out such other roles necessary for the implementation of the objects and purpose of this Act and perform such other functions as may, from time to time, be assigned by the Cabinet Secretary.

In addition, the functions of the Authority as contained in Section 4 of the Alcoholic Drinks Control Act, 2010 (ADCA) are to;

- i. Keep statistics on the level of alcoholic drinks consumption and related deaths and carry out research, documentation, and dissemination of all relevant information on alcoholic drinks;
- ii. Promote national treatment and rehabilitation programmes;
- iii. Advise the Minister on the national policy to be adopted about the production, manufacture, sale, and consumption of alcoholic drinks;
- iv. Advise the Minister generally on the exercise of his powers and the performance of his functions under this Act, and in particular to:
 - a) Recommend to the Minister the permissible levels of the constituents of alcoholic drinks required to be prescribed under section 68 (2) (a);
 - b) Advise the Minister on the harmful constituents and ingredients of alcoholic drinks required to be prohibited under section 68(2) (b);

- c) Advise the Minister on the test methods to be used in determining alcoholic drinks to test conformity with the requirements of this Act and any regulations made thereunder;
- d) Advise the Minister on the information that manufacturers shall provide, including information on product composition, ingredients, hazardous properties, and brand elements required to be provided under section 68 (2) (c); and
- e) Advise the Minister on the packaging, sale, and distribution of alcoholic drinks;
- v. Recommend to the Minister and participate in the formulation of the regulations to be made under section 68; and
- vi. Carry out such other roles necessary for the implementation of the objects and purpose of this Act and perform such other functions as may, from time to time, be assigned by the Minister.

2.3 Vision, Mission, and Core Values

Vision

A nation free from alcohol and drug abuse.

Mission

To lead a coordinated multi-sectoral campaign against alcohol and drug abuse in Kenya.

Strategic Goal

The main goal of the Authority over the Plan period will be to implement targeted programmes and interventions in demand reduction and supply reduction in the Country.

Core Values

The Authority is driven by the following core values as outlined in Table 2-1.

Table 2- 1 Core Values:

Value	Description
Compassion	We deliver our services in an empathic manner
Integrity	We are committed to acting in an honest, transparent, accountable manner in all of our undertakings
Professionalism	We deliver our services in line with best practices and standards
Courage	Executing anti-alcohol and drug abuse programs firmly without fear or favor.
Creativity and Innovation	We are committed to setting and maintaining high standards in service delivery through continuous improvement

2.4 Quality Policy Statement

The Authority is committed to implementing targeted programmes and interventions in demand reduction and supply reduction through; public education and advocacy; compliance and enforcement; and research standards and licensing that meet and exceed the expectations of our stakeholders. We will strive towards complying with the ISO 9001:2015 standard and applicable statutory and regulatory requirements and continually improve the Quality Management Systems effectiveness through periodical reviews at appropriate levels. NACADA shall regularly measure, analyze, and evaluate the effectiveness and efficiency of the quality management system for continual improvement.

CHAPTER THREE: SITUATIONAL AND STAKEHOLDERS ANALYSIS

3.1 Overview

This section focuses on situational analysis, by assessing the external environment, the macro and micro environments, the internal environment, a review of NACADA Strategic Plan 2019-2022, and stakeholder analysis.

3.2 Situational Analysis

3.2.1 External Environment

This section analyzes Opportunities and Threats as well as Political, Economic, Socio-cultural, Technological, Legal, Environmental, and Ethical (PESTELE) to understand the external operating environment under which the Strategic Plan 2023-2027 informs the Authority's programs.

3.2.2. Macro-environment

PESTELE-R (Political, Economic, Social, Technological, Environmental, Legal &Ethical- Regulation)

Table 3-1 provides a detailed PESTELE analysis for the Authority for the plan period.

Table 3-1 PESTELE (Political, Econ, Social, Tech, Environmental, Legal &Ethical)-R Analysis

Category	Factor (s)	Implication/Description
Political	Political Goodwill Political interference	<ul style="list-style-type: none"> ❖ The government's decision to campaign against ADA. ❖ Efforts in ensuring every MDAC is directly fighting against ADA. ❖ Conflict arising from support of substances that have traditional as well as cultural value; ❖ Growing Campaign to legalize internationally controlled substances and some drugs for medical use. ❖ Misuse of alcohol and drugs to woo youth and unemployed citizens for political gains. ❖ Uncoordinated licensing and drug control function at the county level thereby compromising control mechanisms; ❖ Low uptake of ADA mainstreaming by County Governments

Category	Factor (s)	Implication/Description
Economic	Economic gain	<ul style="list-style-type: none"> ❖ Goodwill and increasing financial support from our development partners and government ❖ High taxation levels which may deter ADA use. ❖ Adoption of drugs as a source of livelihood by other communities ❖ Recruitment of unemployed youth as drug peddlers and users ❖ High levels of corruption fuelling trafficking and abuse ❖ Inadequate budgetary support ❖ Targeting Kenya as a trafficking route due to improving economic livelihood and infrastructure ❖ Increased cultivation of psychotropic drugs. ❖ The lucrative business of trafficking and sale of drugs ❖ High costs of production of IEC materials ❖ Thriving international drug trafficking and trade ❖ Counterfeits of drugs, alcoholic products, and precursor chemicals ❖ Emerging globalization trends in ADA ❖ Conflict of interest among enforcement officers.
Social	Cultural acceptance	<ul style="list-style-type: none"> ❖ Beliefs, attitudes, perceptions, and cultural orientations leading to increased usage of drugs and alcohol in rituals/cultural ceremonies ❖ Breakdown of the social fabric leading to individual, family, and community breakdown, stigma, crime, suicides, etc ❖ Poor parenting skills and general negligence towards children; ❖ Early initiation into alcohol and drug abuse ❖ Apathy and growing acceptance of drug culture and use ❖ Peer pressure among the youth ❖ Improved standard of life and increased disposable income for drug use in ADA

Category	Factor (s)	Implication/Description
Technological	Transmission of information	<ul style="list-style-type: none"> ❖ Misleading adverts on alcohol consumption in the electronic and print media ❖ Use of the internet and social media to promote online the production, advertising, sale, and trafficking of certain drugs ❖ Emerging drugs e.g., vaping, shisha pens, e-cigarettes ❖ Negative impact of social media promoting ADA use including online trade in alcohol and drugs ❖ Increasing shift towards automation, virtual access ❖ e-commerce and knowledge-based economy ❖ Increased demand to build, preserve, and provide digital content for ADA
Environmental/ Ecological	Environmental Hazards Social degradation	<ul style="list-style-type: none"> ❖ Indiscriminate dumping of used cigarette butts, needles, and syringes ❖ Emerging bar/drinking culture especially amongst the youth Emerging problems of pollution by alcohol packaging, bottles, cans, corks, etc.
Legal	Enforcement of the Bill of Rights	<ul style="list-style-type: none"> ❖ Lenient court Sentences-Low fines and charges encouraging involvement in drug trafficking. ❖ Delayed review of legal instruments to respond to emerging trends e.g., online sale of alcohol and drugs ❖ Conflicting County and National laws. ❖ Review legislation at the devolved and national levels. ❖ Long and tedious court processes leading to delayed conclusion of drug-related cases.
Ethical	Good governance	<ul style="list-style-type: none"> ❖ Corrupt practices ❖ Non reporting ❖ Non-adherence/compliance to the set standards

3.2.3 Micro-environment

The main responsibility of NACADA is to work towards realizing a nation free from alcohol and drug abuse. This is achieved through the provision of leadership for a well-coordinated multi-sectoral campaign against alcohol and drug abuse in Kenya. NACADA will adhere to the established SOPs and be effective on the identified fronts by implementing its core mandate targeted interventions that include: Public Education and Advocacy; Research, Standards, and Licensing; and Compliance and Enforcement in addition to support provided by other engagements as well as building a strong foundation to achieve the Authority's core mandate.

3.2.1.1 Summary of Opportunities and Threats

Table 3-2 Summary of Opportunities and Threats

Environmental factors	Opportunities	Threats
Political	<ul style="list-style-type: none"> ❖ Goodwill and support from the Government and partners 	<ul style="list-style-type: none"> ❖ Political instability ❖ Conflict arising from support by the political leadership for <i>miraa/muguka</i> growing, sale, and use; ❖ Growing Campaign to legalize internationally controlled substances and some drugs for medical use. ❖ Misuse of alcohol and drugs to woo youth and unemployed citizens for political gains. ❖ Poorly managed devolved functions of licensing and drug control thereby compromising control mechanisms ❖ Low uptake of ADA mainstreaming by County Governments
Economic	<ul style="list-style-type: none"> ❖ Opportunity for resource mobilization ❖ Resource mobilization and stakeholder support. 	<ul style="list-style-type: none"> ❖ High cost of addiction treatment and rehabilitation ❖ High poverty and unemployment levels ❖ High levels of corruption ❖ Availability of cheap and illegal liquor
Social	<ul style="list-style-type: none"> ❖ Public participation ❖ Goodwill from public 	<ul style="list-style-type: none"> ❖ Risky cultural practices and beliefs ❖ Proliferation of emerging drugs and trafficking ❖ Increased cases of recidivism/ reoffending among drug-related offenders ❖ Increasing consumption of liquor and other drugs among the youth
Technological	<ul style="list-style-type: none"> ❖ Robust ICT infrastructure ❖ Existence of digital media platforms ❖ Inter-Agency platforms 	<ul style="list-style-type: none"> ❖ Online sales and advertisement of alcoholic drinks ❖ Emerging drugs such as e-cigarettes and online technological drug distribution channels
Legal	<ul style="list-style-type: none"> ❖ Leveraging on devolved and decentralized systems to enhance the campaign ❖ Synergy with relevant national government structures ❖ Existence of an East African ADA Prevention Policy 	<ul style="list-style-type: none"> ❖ Licensing of alcoholic drinks outlets for revenue collection instead of control and mitigation purposes ❖ County ADA laws conflict with the national law ❖ Absence of ADA laws in other counties.

Environmental factors	Opportunities	Threats
Ecological	<ul style="list-style-type: none"> ❖ Favorable weather conditions that allow activity execution throughout the year. ❖ Strong local and international collaboration and networks 	<ul style="list-style-type: none"> ❖ Utilization of the deep forested areas to grow harmful drugs such as bhang. ❖ Porous borders ❖ Location of the country as a favorable transit route and destination for Narcotics
Micro-Environment	<ul style="list-style-type: none"> ❖ Highly skilled personnel 	<ul style="list-style-type: none"> ❖ Inadequate staffing levels at the Authority

Internal environment

An analysis of NACADA's internal environment using a Resource-Based View (RBV) exhibits the extent to which the Authority leverages the resources and capabilities to achieve its vision. The Resource-Based View is an approach that involves the identification and exploitation of internal resources and capabilities to achieve sustainable competitive advantage. Table 3-3 provides a Resource Based View (RBV) Analysis of NACADA.

3.2.1.2 Resources and capabilities

Table 3-3 Resource-Based View Analysis of NACADA.

Resources/ Capabilities	Type	Criteria	Role	Description/ Leverage	Challenges (Pains)
Resources					
Financial Resources	Tangible	Scarce	Adequate resources facilitate the smooth implementation of activities in line with the vision	<ul style="list-style-type: none"> ❖ The main source is the exchequer. ❖ Partnership and collaboration support 	Inadequate resources hamper the full implementation of Authority activities
Physical Resources	Tangible	Durable	They support day-to-day operations and outreach activities	<ul style="list-style-type: none"> ❖ Include offices, vehicles, equipment ❖ Offices in regions 	Lack of offices in Counties hamper visibility and touch by NACADA
Human Resources	Tangible	Valuable	For designing and implementing innovative ADA programs.	Competent personnel handling technical areas.	<ul style="list-style-type: none"> ❖ Inadequate personnel ❖ Skills gaps on emerging trends
Leadership	Tangible	Valuable	Crucial for influencing policy, strategic planning, and decision-making	A functional Board that spearheads decision-making, mobilizing resources, and influencing policy direction	Skills mix

Resources/ Capabilities	Type	Criteria	Role	Description/ Leverage	Challenges (Pains)
Reputation and Brand	Intangible	Valuable	<ul style="list-style-type: none"> ❖ Foster a Positive reputation among stakeholders. ❖ Enhance collaborations and partnerships 	A brand known for leading the campaign against Alcohol and drug abuse in Kenya.	Brand Misunderstanding and Misinformation
Knowledge management	Intangible	Valuable	<ul style="list-style-type: none"> ❖ Data and information for effective service delivery ❖ To facilitate evidence-based decision-making. 	<ul style="list-style-type: none"> ❖ A functional Knowledge Management Unit ❖ Functional Research department that undertakes surveys and establishes trends that inform policy and decision-making. 	<ul style="list-style-type: none"> ❖ Inadequate resources to fund surveys. ❖ Low levels of awareness of Knowledge management function among clients. ❖ Inadequate disaggregated data
Capabilities					
Research and Analysis	Intangible	Valuable	To inform policy and enhance decision	Ability to undertake research in collaboration with other public and private Agencies.	Costly and time-consuming
Program management	Intangible	Valuable	Innovative programme design and execution	NACADA has been able to develop innovative programmes that have positively tilted the direction of ADA.	Inadequate resources hinder the execution.
Strategic Alliances	Intangible	Valuable	Facilitates resource mobilization for additional resources	NACADA has strong alliances with County Governments, MDAs, and Civil society Organizations.	The inability of the partners to honor their pledges
Knowledge and Expertise	Intangible	Un-substitutable	<ul style="list-style-type: none"> ❖ To guide and inform policies ❖ To facilitate the design of ADA programmes ❖ To guide other stakeholders 	<ul style="list-style-type: none"> ❖ NACADA's accumulated knowledge about substances of abuse issues in Kenya and effective intervention strategies is a valuable resource. ❖ Knowledge Management Unit 	Understaffed Knowledge Management Unit

Resources/ Capabilities	Type	Criteria	Role	Description/ Leverage	Challenges (Pains)
Legal and Regulatory Framework	Intangible	Un- substitutable	To provide a legal framework within which NACADA implements its programmes and interventions.	❖ NACADA Act, 2012 ❖ ADCA, 2010	❖ Conflicting laws ❖ Corruption
Innovative Capacity	Intangible	Un- substitutable	❖ Facilitates design of innovative programmes ❖ Enhances efficiency and effectiveness	NACADA has adapted to trends in ADA and developed innovative interventions for prevention and treatment	Frequently changing patterns and trends

Governance and administrative Structures

The key decision-making organ of NACADA is the Board of Directors. It comprises 15 members drawn from the ministries responsible for National security; Finance; Public Health; Education; and Children and Youth affairs. In addition, the membership includes representation from: Healthcare Providers; Researchers; Legal practitioners; Religious organizations; Kenya Medical Practitioners, Pharmacists, and Dentists Board. The CEO is responsible for day to day running of the Authority.

3.2.1.3 Internal Business processes

In the quest for the Authority to enhance service delivery provision and greater achievement of the mandate, some processes have been identified and earmarked for re-engineering. This does not only involve automation but a shift in the processes which will then be automated.

Table 3-4 provides details of earmarked processes for re-engineering. The processes are very core to the Authority and will propel the achievement of milestones espoused in the Plan.

Table 3-4 Earmarked Processes for Re-engineering

Process	Proposed Changes
<ul style="list-style-type: none"> ❖ Reporting ❖ Complaints handling ❖ Communication, ❖ Dissemination of information, ❖ Licensing ❖ Customer Services 	<ul style="list-style-type: none"> ❖ USSD Services to complement the Website and SMS platform. ❖ M&E system for data collection and reporting. ❖ Use of social media ❖ Establishment of the NACADA Application to provide critical information and services which may include; <ul style="list-style-type: none"> i. Application for licenses for rehab owners ii. Licenses for importers and exporters
❖ Audit services	❖ Procure and utilize the TeamMate software
❖ Document handling	❖ Procure and utilize the Electronic Document Management System (EDMS)
❖ Human resource, Finance, Accounts, and procurement services.	❖ Operationalization of the Enterprise Resource Planning (ERP) to address and enhance efficiencies in Human resource, Finance, Accounts, and procurement services.
❖ Library services(Cataloguing,Circulation,Inventory)	❖ Automation of library services

3.2.4 Summary of Strengths and Weaknesses

Table 3-5 provides a detailed Strengths and Weaknesses summary after conducting an internal environment analysis.

Table 3-5 Summary of Strength and Weakness:

Factor	Strengths	Weakness
Governance and Administrative Structures	<ul style="list-style-type: none"> ❖ The existence of a legal mandate and regulations ❖ Goodwill from the Parent Ministry ❖ Support and guidance from the Board of Director's 	<ul style="list-style-type: none"> ❖ Inadequate representation of NACADA at the grassroots levels ❖ Weak enforcement of ADA laws and regulations ❖ Pending Amendment Bills, Regulations and ❖ Lack of ADA national policies

Factor	Strengths	Weakness
Internal Business Processes	<ul style="list-style-type: none"> ❖ Conducive work environment ❖ Establishment of structured training programs ❖ ERP System 	<ul style="list-style-type: none"> ❖ Weak monitoring and evaluation framework ❖ Slow uptake of automation of services/processes
Resources and Capabilities	<ul style="list-style-type: none"> ❖ Access to accredited international prevention and treatment training curriculum ❖ Qualified, committed, and experienced staff ❖ An existing pool of certified Addiction Professionals nationally ❖ Library linkages and collaborations with strategic partners ❖ Strong NACADA Brand 	<ul style="list-style-type: none"> ❖ Low staffing levels ❖ Inadequate funding ❖ Weak partnership and resource mobilization frameworks

3.2.5 Review of NACADA Strategic Plan 2019-2022

3.2.6 Milestones/Key Achievements

KRA 1: Public Education and Advocacy

- The Authority partnered with various media houses and other stakeholders to deliver a positive parenting program reaching 10,043,910 parents;
- In partnership with the Ministry of Education and the Teachers Service Commission (TSC), developed the National Guidelines on Prevention and Management of Alcohol and Substance Use in Basic Education Institutions;
- In partnership with various non-state actors, the Authority developed the framework for community engagement in the management of alcohol and drug abuse. The overall goal of this framework is to anchor community-led initiatives aimed at ensuring safer, healthier, and substance-use-free communities across Kenya;

- iv. In partnership with various stakeholders in the prevention field, the Authority developed the National Guidelines on Alcohol and Drug Use Prevention;
- v. The Authority supported 450 MDAs to undertake training of ADA committees on Workplace-Based Prevention Interventions and develop workplace ADA prevention and management policies; and
- vi. Developed ADA education materials for children, parents, and teachers.

KRA 2: Counselling, Rehabilitation and Reintegration

- i. Partnered with the County Governments of Nyeri, Taita Taveta, Kwale, Elgeyo Marakwet, Lamu, Nakuru, Kisumu, Kakamega, Bomet and Kisii to set up treatment and rehabilitation facilities;
- ii. The Authority reached 59,874 people with substance use disorders through community outreach, provided brief interventions to 600, and reached 40,508 Kenyans through the Authority's toll-free helpline number (1192) with counselling and referral services;
- iii. The Authority inspected 150 rehabilitation centers nationwide and managed to accredit 93 facilities that complied with the national standards for treatment and rehabilitation for persons with substance use disorders;
- iv. In collaboration with stakeholders developed and gazette the national standard for treatment and rehabilitation for persons with substance use disorders; and
- v. Operationalization of Miritini National Treatment Center.

KRA 3: Compliance, Quality Control, and Risk Management

- i. Undertook a Rapid Results Initiative (RRI) to enforce regulations on ADA conducted in 47 counties where 13,358 premises were inspected and out of these 5,257 persons were arrested, 2,317 outlets closed and 277,743 products seized;
- ii. The Authority through the National Alcohol Control Committee inspected fifteen (15) manufacturers during the reporting period. The National Alcohol Control Committee is a multi-agency framework mandated to ensure consumer protection from illicit and adulterated alcoholic beverages in Kenya. Additionally, the Authority licensed 45 importers of alcoholic drinks during the plan period;
- iii. Developed a framework for partnership with other government agencies that have a mandate related to alcohol and drug control. Interagency Committees were operationalized in all 47 counties and held quarterly meetings to review the progress of drug control efforts in the respective counties; and

- iv. Held three consultative forums to address the influx of Cannabis in the Country from Ethiopia. Present at the forums were the Regional Security Committees drawn from Eastern, Coast, and Central Regions. County Governments from these regions were also in attendance.

KRA 4: Research, Policy and Planning

- i. Established the African Journal on Alcohol and Drug Abuse (AJADA). A total of nine (9) volumes have been published;
- ii. Published and submitted to Parliament eight bi-annual Status Reports on ADA in the country;
- iii. Developed guidelines to guide Ministries, Departments, and Agencies (MDAs) in the mainstreaming of the Performance Contracting Indicator on prevention of alcohol and drug abuse. Additionally, the Authority supported 450 MDAs to undertake training of ADA committees, undertake baseline surveys, and develop workplace ADA prevention and management policies;
- iv. Participated in various international forums on standards, regulations, and emerging trends in Alcohol and drug control, including the 62nd, 63rd, 64th, and 65th Session of the Commission of Narcotic Drugs (CND) to review progress made by member states on global drug control efforts; and
- v. The Authority partnered with UNODC to host the 30th Meeting of the Heads of National Law Enforcement Agencies in Africa (HONLAF). The conference took place in November 2022 and brought together representatives from different member states of the United Nations in Africa.

KRA 5: Institutional Strengthening

- i. The Authority managed to increase its budgetary allocation from the National Treasury from KSh 333 million in FY 2018/2019 to KSh 724 million in 2022/23. Additionally, the Authority also managed to get support from different stakeholders to the tune of KSh.140 million;
- ii. The Authority deployed 4 members of staff to the Miritini Treatment and Rehabilitation Center. Additionally, 5 technical staff were recruited;
- iii. The Authority operationalized the Knowledge Management Department and four (4) regional offices namely South Rift Office in Nakuru, Western Office in Kakamega, North Eastern office in Garissa, and Eastern Office in Embu; and
- iv. The Authority developed and operationalized its brand manual. The manual was developed in consultation with Brand Kenya.



Photo 3: The Board Chairperson Rev. Dr. Stephen Mairori (Seated centre), the Vice Chair Ann Mathu (second left), and the Ag. CEO Professor John Muteti (Second Right) together with other Board Members and the Management Staff during the Strategic Plan development workshop at the Lake Naivasha Crescent Resort on the 7th of June 2023.

KRA 6: Leadership and Integrity

- i. Developed and implemented the corruption risk prevention framework;
- ii. Implemented the public procurement requirement on access to government opportunities attaining KSh. 47,150,000 in FY 2019/20, KSh. 46,595,533 in the FY 2020/21 and KSh. 51,935,419 in the FY 2021/22; and
- iii. Trained staff on corruption mitigation strategies.

Presidential Directive- Miritini Treatment and Rehabilitation Center.

- i. Operationalization of the outpatient program; Three hundred and ten (310) clients have so far been enrolled for methadone assisted therapy (MAT);
- ii. Completion of the renovation works for the male hostel and administration block; and
- iii. Operationalization of the inpatient program; 38 male clients and 7 female clients were admitted and treated for various drug use disorders.

3.2.1.4 Challenges

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

- i. Inadequate budgetary provisions to support more schools with the Life Skills Training (LST) program and support the roll-out of family-based and community-based programs;

- ii. Transfer of Teachers, Change of Education Calendar due to the COVID-19 pandemic, and introduction of CBC affected the implementation of the LST Program and other school-based programs;
- iii. Resistance to setting up County alcoholic drinks funds that would fund the prevention and treatment of persons with (SUDs) at the county level;
- iv. High cost of Treatment and Rehabilitation Services;
- v. Inadequate enabling legal instruments especially on inspection of rehabilitation centers and new and emerging drugs;
- vi. Weak liquor licensing framework in most counties with weak checks and balances;
- vii. Weak data management systems and reporting at the county level;
- viii. Delay in approval of the Policy on Alcohol and Drug Abuse;
- ix. Inadequate ICT infrastructure (internet, computers and software);
- x. Changing patterns in the consumption and sale of alcohol and drugs; and
- xi. New and emerging Drugs.

3.2.1.5 Emerging issues

During the implementation period, the following unforeseen issues/circumstances arose that affected the achievements of planned targets:

- i. COVID-19 pandemic and the resultant government containment measures;
- ii. Mental health complications in treatment and rehabilitation of persons with substance use disorders;
- iii. Online advertisement and sale of drugs and alcoholic drinks;
- iv. Changing the international policy landscape about reclassifying Cannabis; and
- v. Changing trends and patterns of drug use.

3.2.1.6 Lessons Learnt

During the implementation of previous strategic plans, the following knowledge and experiences were learnt to address the constraints and challenges identified for improving future performance:

- i. Leveraging ICT in program implementation;
- ii. Stakeholder engagement and collaboration are key to the achievement of the intended programs and projects;

- iii. Media engagement/collaboration is critical for the implementation of planned activities;
- iv. Use of already established structures in government and non-government institutions to accelerate activity implementation;
- v. Use of Court User's Forums to expedite implementation of some key activities;
- vi. Enhance collaborations with the Intergovernmental Relations Technical Committee (IGRTC); and
- vii. Branding and effective awareness of the Authority increases its visibility.

3.3 Stakeholder Analysis

The Authority undertakes its activities in partnership and collaboration with several stakeholders to undertake the implementation of its projects and programmes. Table 3-6 highlights some of the key stakeholders who are instrumental in the implementation of this Strategic Plan.

Table 3-6 Stakeholder Analysis

NACADA Stakeholders	Role	Expectation of stakeholder(s) from NACADA	NACADAs Expectation of Stakeholder(s)
Citizens	<ul style="list-style-type: none"> ❖ Sharing intelligence on ADA ❖ Participation in the Authority's activities and programmes ❖ Provide feedback on the Authority's programmes and interventions ❖ Seek Authority's Services. ❖ Providing solutions to NACADA problems. 	<ul style="list-style-type: none"> ❖ Social support including activity implementation. ❖ Sensitize the community on Alcohol and Drug Abuse. Attend to requests once submitted and communicate on the status. ❖ Generate tailor-made community programs to address ADA. 	<ul style="list-style-type: none"> ❖ Provide information on the effects of ADA on them and the community at large. ❖ Cooperate in the dissemination of emerging ADA information. ❖ Participate promptly in NACADA Community programs.

NACADA Stakeholders	Role	Expectation of stakeholder(s) from NACADA	NACADAs Expectation of Stakeholder(s)
Board of Directors	❖ Provide the overall strategic direction and policy formulation.	❖ Provision of timely information on the legislation of appropriate policies to support operations. ❖ Execution of programs and projects.	❖ Representation and articulation of the NACADA agenda to the respective authorities ❖ Provision of financial resources to undertake research
Management staff	❖ Implement Board directives and policy direction. ❖ Monitoring and Evaluation of Authority's directives.	❖ Establish necessary structures and create an environment to undertake policy decisions.	❖ Undertake quality policy formulation and implementation. ❖ Execution of projects and programs
Operational staff	❖ Implement programmes and projects of the Authority	❖ Timely facilitation of funded activities and handling of issues raised.	❖ Timely delivery and documentation of assigned duties
Ministries, Departments, Agencies and Counties (MDAC's)	❖ Mainstream ADA programmes ❖ Provide technical support.	❖ Support in drafting ADA policies and legislation ❖ Partnership in implementing National ADA policies ❖ Information sharing	❖ Enhanced Partnerships and information sharing ❖ Collaboration in undertaking ADA activities.
National Treasury	❖ Provide resources for programme implementation.	❖ Implementation of ADA programs	❖ Provision of financial resources
Parliament	❖ Legislate and appropriate funds for programme implementation.	❖ Enactment & amendment of ADA legislation	❖ Bi-annual reporting of the status of ADA in the Country ❖ Implement parliamentary recommendations
Ministry of Interior and National Administration	❖ Approve budget, policies, and legislation ❖ Provide technical support for programme implementation.	❖ Ratification of ADA Global protocols ❖ Facilitate approval of ADA policies, legislation, and regulations	❖ Facilitate adequate funding for the campaign ❖ Timely release of budgetary allocation;

NACADA Stakeholders	Role	Expectation of stakeholder(s) from NACADA	NACADAs Expectation of Stakeholder(s)
Judiciary	❖ Administration of justice	<ul style="list-style-type: none"> ❖ Technical assistance and training required by magistrates on ADA issues. ❖ Judicial frameworks on ADA adopted by other countries 	<ul style="list-style-type: none"> ❖ Speedy conclusion of ADA-related cases ❖ strategies/programs for strengthening the capacity of the Judiciary in the area of international treaties and conventions on ADA
Ministry of Education, Science & Technology	❖ Implement ADA programmes in learning institutions	<ul style="list-style-type: none"> ❖ Capacity building ❖ To develop a youth-friendly intervention program for schools ❖ To address emerging ADA and related issues in learning institutions 	<ul style="list-style-type: none"> ❖ Implementation of survey recommendations ❖ Collaboration in research activities ❖ Recommend areas of curriculum modifications to address the needs of the youth in schools
Ministry of Health	❖ Provide technical support on the treatment of substance use disorders (SUDs).	<ul style="list-style-type: none"> ❖ Make prior arrangements with Insurers to address medical insurance supplementation such as NHIF for SUDs. ❖ Lobby for inclusion of accreditation for Hospitals to support SUDs. ❖ Collaboration to address early interventions to SUD's. 	<ul style="list-style-type: none"> ❖ Treatment of SUD's ❖ Capacity building ❖ To develop a youth-friendly intervention program. ❖ Collaborate for medical cost supplementation. ❖ To address emerging ADA treatment
Ministry of Youth Affairs, Sports and The Arts	❖ Implementation of ADA programmes targeting the youth	<ul style="list-style-type: none"> ❖ To ensure structured programmes to accommodate the youth and young people. ❖ To provide targeted support to the youth who are already affected 	<ul style="list-style-type: none"> ❖ Sustained involvement in the ministry activities. ❖ To build synergy with NACADA in the campaign and the fight against ADA.

NACADA Stakeholders	Role	Expectation of stakeholder(s) from NACADA	NACADAs Expectation of Stakeholder(s)
County Government	<ul style="list-style-type: none"> ❖ Licensing of alcoholic outlets. ❖ Establish and operationalize county-based rehabilitation facilities. ❖ Implement ADA programmes 	<ul style="list-style-type: none"> ❖ Capacity building ❖ To develop guidelines, policies, and standards in the fight against drug abuse ❖ To support and coordinate the establishment of county rehabs ❖ Support NACADA in the prevention and control of alcohol and drug abuse at the county level 	<ul style="list-style-type: none"> ❖ To establish and run county treatment and rehabilitation centers ❖ To provide a model design for a treatment and rehabilitation center. ❖ To operationalize the directorate of Alcoholic control ❖ Collaboration in re-search activities ❖ Enhance enforcement activities ❖ Streamline licensing of alcoholic drink outlets.
Non-State Actors	<ul style="list-style-type: none"> ❖ Support prevention and management of ADA. 	<ul style="list-style-type: none"> ❖ Support NACADA in the prevention and control of alcohol and drug abuse at all levels ❖ Identify areas of concentration 	<ul style="list-style-type: none"> ❖ Participate in NACADA programs. ❖ Collaboration in re-search activities ❖ Write proposals on ADA
Special Interest groups	<ul style="list-style-type: none"> ❖ Support prevention and management of ADA. 	<ul style="list-style-type: none"> ❖ Support NACADA in the prevention and control of alcohol and drug abuse at all levels 	<ul style="list-style-type: none"> ❖ Participate in NACADA programs ❖ Collaboration in re-search activities ❖ Write proposals on ADA
Public and private universities, KIPPRA, IPAR,	<ul style="list-style-type: none"> ❖ Undertake and support research on ADA. ❖ Mainstream prevention and management of ADA. 	<ul style="list-style-type: none"> ❖ Research alcohol and drug abuse-related issues Support NACADA ❖ In implementing strategic and operational policies on ADA 	<ul style="list-style-type: none"> ❖ Disseminate research findings on ADA. ❖ Fund ADA-related research. ❖ Involve institutions of higher learning in ADA research. ❖ Identify emerging areas on ADA to attract research

NACADA Stakeholders	Role	Expectation of stakeholder(s) from NACADA	NACADAs Expectation of Stakeholder(s)
<p>The United Nations Office on Drugs and Crime (UNODC),</p> <p>The World Health Organization (WHO); Africa Union Commission (AUC);</p> <p>East African Community (EAC) and other international Agencies.</p>	<ul style="list-style-type: none"> ❖ Provide regional and international guidelines on the prevention and management of ADA. ❖ Support programme implementation. ❖ Capacity build and accreditation of prevention and treatment professionals ❖ Strengthening the National Drug Observatory 	<ul style="list-style-type: none"> ❖ Adoption of Global policy direction ❖ Offers leadership on demand reduction and supply reduction initiatives ❖ Develop and operationalize alcohol and drug abuse observatory ❖ Generate and share data ❖ Domesticate policies and conventions ❖ Enhance the capacity of addiction professionals ❖ Collaboration with other countries in Demand reduction and supply reduction. 	<ul style="list-style-type: none"> ❖ Development of international guidelines on the prevention and management of ADA ❖ Development of evidence-based practices. ❖ Funding of the Authority's programmes. ❖ Share emerging trends on substance use. ❖ Enhance Capacity of NACADA staff and partners ❖ Collaboration in research and other activities ❖ Provision of training manuals ❖ Provide forums for sharing experiences

CHAPTER FOUR: STRATEGIC ISSUES, GOALS AND KEY RESULT AREAS

4.1 Overview

This chapter provides the organization's strategic issues, and the overall goal as well as the key result areas that the Authority will focus on arising from the analysis of the situation.

These strategies focus on enabling the Authority to position itself to address the challenges of ADA in the realization of Vision 2030 and its Fourth MTP 2023-27 as well as the Bottom-Up Economic Transformation Agenda (BETA) as guided by the Country's development focus. The Plan also draws heavily from the Africa Agenda 2063, the Sustainable Development Goals, East Africa Vision 2050, and other international treaties and country obligations.

4.2 Strategic Issues

Over the plan period, the Authority will mainly focus on areas that will strengthen the realization of its mandate. This will mainly focus on formulating projects and programmes that strengthen the organization, core areas, establishing reliable enablers, and robust foundations.

The section provides fundamental policy choices, critical challenges opportunities that must be addressed or tapped for the institution to achieve its vision and mission. The details are summarized in Table 4-1.

Table 4-1 Strategic Issues and Directions

Strategic Issue	Strategic Direction
Demand reduction and supply reduction	Demand reduction and supply reduction interventions
Weak data management systems and reporting at the County level.	Strengthen data management and Reporting framework at the County and National Level
	Develop M&E system and National Drug Observatory (NDO)
	Collaborate with KNBS and other research institutions on data collection, collation, analysis, dissemination, and storage.
Changing patterns in consumption and sale of alcohol and drugs; and New and Emerging Drugs.	Strengthen research and collaboration efforts with other government and partner agencies in addressing new and emerging issues in ADA.
Low compliance levels to policies, legislations, and standards on ADA	Enhance enforcement of ADA-related policies, standards, and legislation
	Periodic crackdowns
Weak legal and planning framework to address existing and emerging ADA Issues	Review of the existing legislation, policies, and regulations to address implementation gaps.

Strategic Issue	Strategic Direction
Weak partnerships and non-commitments from partners on programme funding	Build Stronger partnerships and enhance stakeholder collaborations
Low visibility	Enhanced campaigns to improve brand visibility
Inadequate budgetary provisions for critical programmes	Innovative and dynamic resource mobilization and optimal utilization of exchequer allocations.
Inadequate ICT infrastructure (internet, computers and software)	Acquire optimal ICT infrastructure and systems to support operations at all levels.
	Full operationalization of ERP to support real-time data and timely reporting
Underutilization of the existing digital media platforms	Implement a Corporate Communication Strategy
Quality accessibility and affordability of rehabilitation programmes.	Development of guidelines and standards for the establishment of community-based rehabilitation programmes
	Engage County governments and other partners in the establishment of rehabilitation facilities.

Strategic Goals

The Authority will focus on the following strategic goals over the plan period:

- i. To enhance demand reduction interventions;
- ii. To provide Evidence to inform standards development and licensing;
- iii. To enhance controls on the production, sale, and consumption of alcoholic drinks;
- iv. To coordinate Planning and legal frameworks in ADA programming;
- v. To enhance stakeholder engagements and collaboration to provide leverage for programme implementation;
- vi. To enhance corporate image, reputation, and brand visibility;
- vii. To attain high institutional capacity and excellent support services; and
- viii. To inculcate best governance practices.

Key Result Areas

During the plan period 2023-2027, the Authority seeks to focus on the following Key Result Areas (Strategic focus Areas) for implementation:

Pillars

- i. Public Education and Advocacy;
- ii. Research, Standards, and Licensing; and
- iii. Compliance and Enforcement.

Enablers

- i. Legal and Planning Frameworks;
- ii. Partnerships, Collaborations and Stakeholder Coordination;
- iii. Corporate Communication; and
- iv. Institutional Strengthening.

Foundations

- i. Leadership and Integrity.

CHAPTER FIVE: STRATEGIC OBJECTIVES AND STRATEGIES

5.1 Overview

This chapter briefly highlights the strategic approach towards the implementation of the Strategic Plan over its period. This constitutes the visualized Strategy House, the strategic objectives, and the strategies as well as the Key result areas of focus that must be implemented to realize the Authority as well as the government aspirations.

5.2 Strategic Objective

5.2.1 Strategic objectives

The strategic objectives of the Authority during the plan period as conceptualized during the development process will be:

- i. To enhance public education through drug demand reduction initiatives and advocacy campaigns;
- ii. To enhance compliance and enforcement of alcohol and drug control laws, regulations and standards;
- iii. To conduct research, develop standards, and undertake licensing;
- iv. To provide leadership in corporate planning, risk, and quality management;
- v. To strengthen partnerships and stakeholder collaboration for effective delivery of the Authority's mandate;
- vi. To enhance brand visibility;
- vii. To build quality and robust support services for the Authority; and
- viii. To enhance the standards of leadership and integrity in the operations of the Authority.

5.2.2 The Strategy House

The Authority's strategy is depicted in the form of a Strategy House as shown in Figure 1. The strategy is founded on its core values and the integrity of its leaders who provide an enabling environment upon which its core mandate which is implemented through three key pillars. The authority will ride on its mission to arrive at its destination as envisioned in the plan.

Figure 5- 1 : The Strategy House.

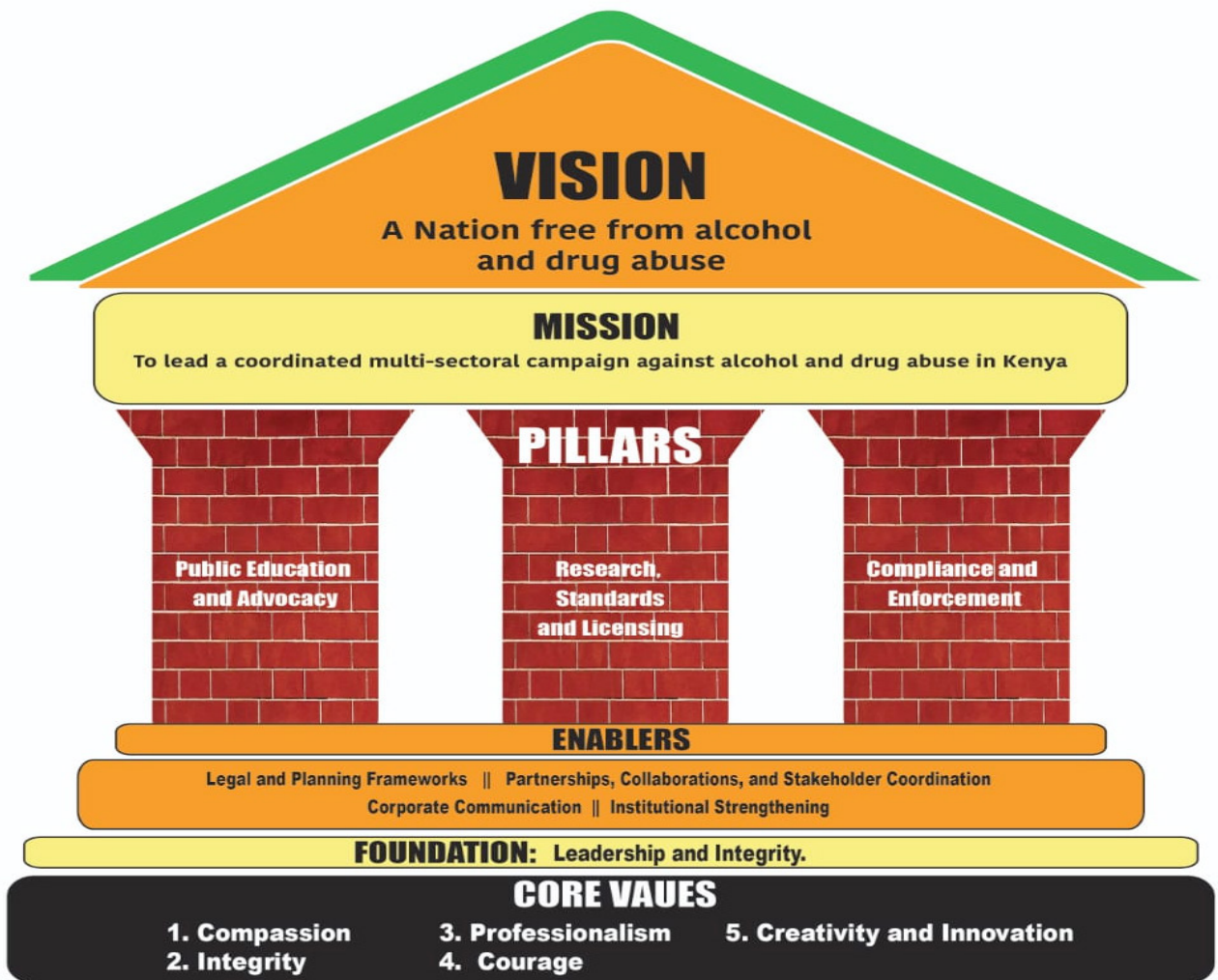


Table 5-1 Outcome Annual Projections

Strategic Objective	Outcome	Outcome Indicator	Baseline	Projections				
			2022	2023/24	2024/25	2025/26	2026/27	2027/28
KRA 1: Public Education and Advocacy								
SO1.1: To enhance public education through drug demand reduction initiatives and advocacy campaign	Reduce ADA Prevalence	% Prevalence	17.5	16.5	15.5	14.5	13.5	12.5
KRA 2: Research, Standards and Licensing								
S.O.2 To conduct research, develop standards, and undertake licensing;	Improved adherence to standards and licensing	% Adherence to the issuance of licenses	-	50	100	100	100	100
	Programs and policies informed by research outcome	% of programs and policies informed by research outcomes	100	100	100	100	100	100
KRA 3: Compliance and Enforcement								
SO1 To enhance compliance and enforcement of alcohol and drug control laws, regulations, and standards	Enhanced compliance with applicable laws, regulations, and standards	% Level of compliance	100%	100%	100%	100%	100%	100%
KRA 4: Legal and Planning Frameworks								
S.O. To provide leadership in planning and legal frameworks on Alcohol and Drug Abuse.	Improved coordination frameworks for the development and implementation of evidence-informed programmes.	% Implementation of the Authority's Strategic Plan	70%	-	-	100	-	100
	Enhanced regulatory environment on ADA	Proportion of legislations, regulations, and MoUs developed, reviewed, and passed	100	100	100	100	100	100
KRA 5: Partnerships, Collaborations, and Stakeholder Coordination								
S.O. To strengthen partnerships and stakeholder collaboration for effective delivery of the Authority's mandate	Increased partnerships and collaborations supporting the Authority programmes.	Increased technical and financial support to the campaign	16	20	25	30	35	40
KRA 6: Corporate Communication								
S.O. To enhance strategic corporate communications that enhance the brand and visibility of the Authority	Enhanced corporate image and brand visibility	% growth in corporate image and brand visibility	0 (Baseline to be computed later	25%	25%	25%	25%	25%
KRA 7: Institutional Strengthening								
S.O. To build high-quality and robust support services for the Authority	Improved financial management	Type of audit opinion	Un-qualified report	Un-qualified report	Un-qualified report	Un-qualified report	Un-qualified report	Un-qualified report
	Enhanced staff competence	Proportionate staff capacity built	100%	100%	100%	100%	100%	100%

5.3 Strategic Choices

The Key Results Areas (KRAs), strategic objectives, and strategies that will deliver The 2023-2027 Strategic Plan are outlined in Table 5-2.

5.3.1 Key Result Areas

Table 5-2 Key Result Areas, Strategic Objectives and Strategies

Key Result Area	Strategic Objective	Strategic Goal	Strategies
Public Education and Advocacy	1.0 To enhance public education through drug demand reduction initiatives and advocacy campaigns	Enhance demand reduction interventions	1.1 Promote skills and opportunities for children and youth to choose healthy lifestyles
			1.2 Develop supportive parenting and healthy social environments
			1.3 Promote community-driven initiatives
			1.4 Promote workplace prevention and management initiatives
			1.5 Promote the use of prevention standards and systems
			1.6 Increase public awareness through advocacy campaigns
			1.7 Undertake capacity building programs
Research, Standards and Licensing	2.0 To conduct research, develop standards, and undertake licensing;	Provide Evidence to inform standards development and licensing	2.1 Increase access to quality treatment and rehabilitation services for persons with SUDs
			2.2 Ensure compliance with the national standards of treatment and rehabilitation
			2.3 Licensing of Importers and Exporters of Alcoholic Drinks
			2.4. Streamline Clearance of manufacturers of alcoholic drinks in the Country
			2.5. Enhance Surveillance for regular testing and conformity checks on alcoholic drinks
			2.6 To provide accurate and timely data on the status of alcohol and drug abuse to inform policy and programs
			2.7 Strengthen the National Drug Observatory
			2.8 Coordinate and facilitate the formulation, review, and implementation of ADA-related programmes & plans of action at the national and county levels.
Compliance and Enforcement	3.0 To enhance compliance and enforcement of ADA control laws, regulations, rules, and Standards	Enhanced controls on the production, sale, and consumption of alcoholic drinks	3.1 Enforce compliance with alcohol and drug abuse control laws, regulations, and standards
			3.2 Counter illicit drug trafficking, and alcohol by enhancing law enforcement and promoting judicial cooperation
			3.3 Strengthen multi-agency linkages on combating ADA in the Country
			3.4 Enhance compliance with rehabilitation standards and regulations

Strategic Objective	Outcome	Outcome indicator	Baseline	Projections				
			2022	2023/24	2024/25	2025/26	2026/27	2027/28
S.O. To build high-quality and robust support services for the Authority	Improved financial management	Type of audit opinion	Un-qualified report	Un-qualified report	Un-qualified report	Un-qualified report	Un-qualified report	Un-qualified report
	Enhanced staff competence	Proportionate staff capacity built	100%	100%	100%	100%	100%	100%
	Improved automation of services	Percentage services automated	25	50	75	100	-	-
	Improved compliance with PPADA 2015 and regulation thereof	Compliance with PPADA 2015 and regulation thereof	75%	100	100	100	100	100
	ISO Certification	% Level of ISO Certification attained	20	35	50	60	80	100
K.R.A 8: Leadership and Integrity								
	Improved automation of services	Percentage services automated	25	50	75	100	-	-
	Improved compliance with PPADA 2015 and regulation thereof	Compliance with PPADA 2015 and regulation thereof	75%	100	100	100	100	100
	ISO Certification	% Level of ISO Certification attained	20	35	50	60	80	100
K.R.A 8: Leadership and Integrity								
S.O. To enhance the highest standards of leadership and integrity in the operations of the Authority	Increased compliance with values and principles of governance	% Level of compliance to Governance Audit Reports	0	100%	100%	100%	100%	100%

5.3.2 The Enablers

Table 5-3 details the identified Strategic Enablers for the Plan.

Table 5-3 Enablers

Key Result Area	Strategic Objective	Strategic Goals	Strategies
Legal and Planning Frameworks	4.0 To provide leadership in planning and legal frameworks on Alcohol and Drug Abuse.	Coordinate Planning and legal frameworks in ADA programming	4.1 Implement the NACADA Risk Management Policy
			4.2 Enhance Quality Assurance for the Authority's programmes and services
			4.3 Coordinate planning, monitoring, evaluation, and reporting on the implementation of ADA interventions and programs.
			4.4 Coordinate the formulation, review, and implementation of ADA laws & regulations at the National and County levels.
Partnerships, Collaborations, and Stakeholder Coordination	5.0 To strengthen partnerships and stakeholder collaboration for effective delivery of the Authority's mandate	Enhanced stakeholder engagements and collaboration to provide leverage for programme implementation	5.1 Mapping of the Authority's strategic partners.
			5.2 Strengthen collaboration with state and non-state actors at all levels.
			5.3 Implementation of the Authority's resource mobilization framework.

Key Result Area	Strategic Objective	Strategic Goals	Strategies
Corporate Communication	6.0 To enhance strategic corporate communications that enhance the brand and visibility of the Authority	Enhanced corporate image, reputation, and brand visibility.	6.1 Strengthen Behavior Change Communication
			6.2 Improve media relations
			6.3 Strengthen corporate brand visibility
Institutional Strengthening	7.0 To build high-quality and robust support services for the Authority	Attain high institutional capacity and excellent support services	7.1 Prudent utilization of funds
			7.2 Compliance with financial reporting
			7.3 Compliance with PPADA 2015
			7.4 Effective recruitment and retention
			7.5 Strengthen staff competencies
			7.6 Strengthen performance management
			7.7 Enhanced work environment
			7.8 Strengthen the Administration function
			7.9 Enhance automation
			7.10 Strengthen the security of ICT infrastructure

5.3.3 Foundations

Table 5-4 Foundations, Strategic Objectives and Strategies

Key Result Area	Strategic Objective	Strategic Goal	Strategies
Leadership and Integrity	8.0 To enhance the highest standards of leadership and integrity in the operations of the Authority	Inculcate best governance practices	8.1 Undertake periodic public perception survey of the Authority
			8.2 Ensure compliance with National Values and Principles of Governance
			8.3 Establish and Strengthen anti-corruption system
			8.4 Enhance compliance with corporate governance guidelines

CHAPTER SIX: IMPLEMENTATION & COORDINATION FRAMEWORK

6.1 Overview

This section provides a framework for the coordination and implementation of the NACADA Strategic Plan over the period 2023-2027. It defines the human and financial resources required for the implementation of the plan. It highlights the organisational structure, the human resource development strategies, resource allocation mechanisms, identifying the gaps that may be filled by the Authority's development partners, and dynamic resource mobilization strategies. It further highlights the inherent risks and their mitigation measures.

6.2 Implementation Plan

Successful implementation of this Strategic Plan will depend on the coordination of multi-sectoral players in the regulation and control of alcohol and drugs-of-abuse. The Authority will pursue several interventions to ensure that the plan is implemented seamlessly. This may include the official launch of the Strategic Plan; Stakeholder sensitization and dissemination of the plan continuously facilitated through the stakeholder forums in conjunction with the County Coordination Services Unit; Development of dissemination materials such as diagrams, PowerPoint presentations, and infographics that enable simplified communication with stakeholders at different levels; and arranging dissemination forums through pre-arranged forums and meetings to raise awareness about the strategic plan to all the Authority stakeholders.

6.2.1 Action Plan

The NACADA strategic Plan implementation will entail a collaborative, multi-sectoral approach with the participation of stakeholders from public and private sectors, across all levels of national and county administration. The public sector at both national and devolved levels will play a key role in the stewardship guided by the roles assigned by the Constitution of Kenya, 2010 as well as the presidential orders from time to time. The Authority, in collaboration with the Ministry of Interior and National Administration, will coordinate the provision of technical backstopping to the county governments, in addition to leading in setting policies and standards towards ensuring full implementation of the Plan. These will be supplemented by development and implementation partner interventions, especially in bridging the resources and technical capacity gaps that might exist from time to time. This strategy envisages that technical working groups and inter-agency forums for coordination will be revitalized to better serve as platforms for engagement to support joint planning, implementation, reporting and monitoring, evaluation as well as the learning events.

It is anticipated that the overarching challenge of inadequate resources, (financial, human, and technical), will continue to affect the smooth implementation of the plan. For this reason, strategic interventions need to be pre-adopted. This can be viewed from the recent decline in

external resources with the country's attainment of lower middle-income status, and pressure from other national competing priorities. The implementation framework, therefore, embeds innovative strategies to mobilize and sustain dynamic resources, while working towards sustaining the best value for money from current and future commitments of the Authority's domestic and external partners.

The NACADA strategies as detailed in the implementation plan are aligned to the legal, policy, and regulatory frameworks including the national development priorities as well as regional and international commitments for which Kenya is a signatory. The plan provides for revisions where necessary, in the strategic direction which have been mapped accordingly in the implementation plan.

The Authority's implementation framework includes detailed strategies, strategic objectives, annual targets, and responsibilities for implementation in each segment as indicated in Table 6-1.

Table 6-1 Pillars Implementation Plan

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)						Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total	
K.R.A 1: Public Education and Advocacy and Advocacy															
Strategic Issue: Demand reduction and supply reduction															
Strategic Goal: Enhance demand reduction interventions															
Strategic Objective 1: To enhance Public Education through drug demand reduction initiatives and advocacy campaigns.															
Expected Outcome: Reduced ADA prevalence by 5% during the plan period															
1.1 Promote skills and opportunities for children and youth to choose healthy lifestyles	1.1.1 Facilitate the implementation of evidence-informed school programs in primary and secondary schools	Evidence-based programs implemented in primary schools	No. of teachers trained as ToTs	460	460	460	460	460	60	60	60	60	60	300	DPEA
	Evidence-based programs implemented in secondary schools	No. of implementing schools	6,478	6,478	6,478	6,478	6,478	6,478	0	0	0	0	0	0	
				156	156	156	156	156	20	20	20	20	20	100	
1.1.2 Facilitate implementation of National School Guidelines by sensitizing teaching staff, learners, and parents	Teaching staff, learners, and parents sensitized to national school guidelines	No. of implementing schools	2,096	2,096	2,096	2,096	2,096	2,096	0	0	0	0	0		
	Teaching staff, learners, and parents sensitized to national school guidelines	No. of teaching staff, learners, and parents sensitized to national school guidelines	30,000	30,000	30,000	30,000	30,000	30,000	40	40	40	40	40	200	DPEA
1.1.3 Production and dissemination of age-appropriate booklets for children (6-8; 9-12; 13-15; 16-18yrs)	Children's Booklets on ADA awareness produced and disseminated	No. of Children's Booklets on ADA awareness produced and disseminated	100,000	100,000	100,000	100,000	100,000	100,000	20	20	20	20	20	100	DPEA
				4000	4000	4000	4000	4000	0	0	0	0	0		

Strategies	Activities	Expected output	Output Indicators	Performance Target					Indicative Budget (in millions)					Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total	
	1.1.4 Training student champions on ADA prevention	Student champions trained in ADA prevention	No. of Student champions trained on ADA prevention	8,600	8,600	8,600	8,600	8,600	5	5	5	5	5	25	DPEA
	1.1.5 Participate in County/ National calendar primary and secondary schools' heads associations meetings and annual co-curricular activities	Forums for School heads on ADA conducted	No. Forums for School heads on ADA conducted	96	96	96	96	96	60	60	60	60	60	300	DPEA
		Forums for annual co-curricular activities	No. of annual co-curricular activities												
1.2 Develop supportive parenting and healthy social environments	1.2.1 Produce and disseminate parents' booklets and create awareness of positive parenting campaigns targeting parents/ caregivers of children and youth through media, CBOs, and other stakeholders	Positive Parenting booklets produced Dissemination forums held (National and regional)	No. of positive Parenting booklets produced No. of dissemination forums held (National and regional)	200,000	0	100,000	0	100,000	5	0	2.5	0	2.5	10	DPEA
				48	0	48	0	48	21	0	21	0	21	63	
		Parents reached on Positive Parenting	Number of Parents reached on Positive parenting	100,000	150,000	150,000	200,000	200,000	30	40	40	45	45	200	

Strategies	Activities	Expected output	Output indicators	Performance Target					Indicative Budget (in millions)					Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total	
1.3 Promote community-driven initiatives	1.3.1 conduct awareness campaigns on ADA prevention through religious institutions (Christians, Muslims, Hindus, etc)	Sensitization forums of religious institutions held	No. of Sensitization forums of religious institutions held	160	160	160	160	160	10	10	10	10	10	50	DPEA
	1.3.2 Conduct public awareness campaigns for out-of-school youth through organized youth groups	Out-of-school youth sensitized on ADA	No. of out-of-school youth sensitized on ADA	50,000	50,000	50,000	50,000	50,000	20	20	20	20	20	100	DPEA
	1.3.3 Facilitate the establishment of county-level community workgroups	Working groups at the County level established	No. of work-groups at the County level established	47	47	47	47	47	5	5	5	5	5	25	DPEA
	1.3.4 Build the capacity of community workgroups to address local risk factors, and champion enforcement of ADA policies at the local level	working groups at the County level trained	No. of Working Groups at the County level trained	47	47	47	47	47	10	10	10	10	10	50	DPEA
	1.3.5 Conduct sensitizations to outlet operators/ bar owners' associations to address underage drinking and other ADCA components	Outlet operators/ bar owners' associations sensitized	No. of outlet operators/ bar owners' associations sensitized	200	200	200	200	200	5	5	5	5	5	25	DPEA

Strategies	Activities	Expected output	Output Indicators	Performance Target						Indicative Budget (in millions)						Re-sponsi-bility
				23/24	24/25	25/26	26/27	27/28		23/24	24/25	25/26	26/27	27/28	Total	
1.4 Promote workplace prevention and management initiatives	1.4.1 Conduct awareness campaigns for formal and informal sector workplaces through their associations (boda boda, matatu, jua kali, etc)	Formal workplaces sensitized on ADA	No. of formal workplaces sensitized on ADA.	400	400	400	400	400		3	3	3	3	3	15	DPEA
		Training on ADA for informal sector associations conducted	No. of Training on ADA for informal sector associations conducted	100	100	100	100	100		10	10	10	10	10	50	
1.5 Promote the use of prevention standards and systems	1.5.1 Conduct dissemination of national prevention standards, code of practice, and drug prevention system	Prevention professionals sensitized to National prevention standards and code of practice	No. of prevention professionals sensitized on National prevention standards and code of practice	400	400	400	400	400		3	3	3	3	3	15	DPEA
1.6 Increase public awareness through advocacy campaigns	1.6.1 Conduct advocacy campaigns targeting the wider community through National Alcohol and Drug Prevention Week.	Stakeholders in the national alcohol and drug prevention system sensitized	No. of Stakeholders in the national alcohol and drug prevention system sensitized	100	100	100	100	100		2	2	2	2	2	10	DPEA
		Annual best practice workshop on prevention of alcohol and drug use held	No. of Annual best practice workshop on prevention of alcohol and drug use held	1	1	1	1	1		5	5	5	5	5	25	DPEA
	1.6.2 Support community sports tournaments	Advocacy campaigns undertaken on ADA	No. of advocacy campaigns on ADA	47	47	47	47	47		15	15	15	15	15	75	
		Awareness events on ADA through sports tournaments	No. of Awareness events on ADA through sports tournaments conducted	48	48	48	48	48		10	10	10	10	10	50	DPEA
	1.6.3 Participate in commemorative days relevant to ADA	Commemorative days on ADA held	No. of commemorative days on ADA held	3	3	3	3	3		10	10	10	10	10	50	DPEA

Strategies	Activities	Expected output	Output indicators	Performance Target					Indicative Budget (in millions)					Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28		Total
1.7 Undertake capacity building programs	1.7.1 Conduct training on ADA prevention and management	ToTs professionals trained on the WISE curriculum	No. of ToTs professionals trained on the WISE curriculum	470	0	470	0	470	4	0	4	0	4	12	DPEA
		Recovery coaches, allies, and peers trained	No. of Recovery coaches, allies, and peers trained	800	800	800	800	800	5	5	5	5	5	25	DPEA
		Treatment professionals on Universal treatment curriculum trained	No. of treatment professionals on Universal treatment curriculum trained	100	100	100	100	100	1	1	1	1	1	5	DPEA
	1.7.2 Build the capacity of prevention professionals on universal prevention curriculum	ToTs professionals on CHILD trained	Number of ToTs professionals on CHILD trained	90	90	90	90	90	1	1	1	1	1	5	DPEA
		Prevention professionals on Universal prevention curricula trained	No. of prevention professionals on Universal prevention curriculum trained	100	100	100	100	100	2	2	2	2	2	10	DPEA
	1.7.3 Conduct family-based prevention intervention training for parents	ToTs trained on Family-based ADA Prevention	No. of ToTs trained on Family-based ADA Prevention	500	500	500	500	500	12	12	12	12	12	60	DPEA

STRATEGIC PLAN (2023-2027)

Strategies	Activities	Expected output	Output indicators	Performance Target						Indicative Budget (in millions)						Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28		23/24	24/25	25/26	26/27	27/28	Total		
	1.7.4 Facilitate ToT on Work-place-Based Prevention Interventions	ToTs trained on formal work-place-based prevention interventions	No. of ToTs trained on formal work-place-based prevention interventions	100	0	100	0	100		10	0	10	0	10	30		DPEA
	1.7.5 Under-take training for Law enforcement officers (Security Sector) and the criminal justice system on ADA prevention and management	Trainings for law enforcement and the criminal justice system conducted	No. of trainings for law enforcement and criminal justice system conducted	2	2	2	2	2		12	12	12	12	12	60		DPEA
	1.7.6 Under-take training for County ADCA committees	Training sessions for ADCA committees conducted	No. of training sessions for ADCA committees conducted	9	9	9	10	10		2	2	2	2	2	10		DPEA
	1.7.7 Under-take media training	Training sessions for media practitioners conducted	No. of training sessions for media practitioners conducted	1	1	1	1	1		5	5	5	5	5	25		DPEA
	Total									423	393	430.5	398	435.5	2080		
K.R.A 2: Research, Standards and Licensing																	
Strategic Issue: Weak data management systems and reporting at the County level.																	
Strategic Goal: Provide Evidence to inform standards development and licensing																	
Strategic Objective 2: To conduct research, develop standards, and undertake licensing;																	
Expected Outcome: Programs and policies informed by research outcomes																	
2.1 Increase access to affordable and quality treatment and rehabilitation centers for persons with SUDs	2.1.1 Facilitate the establishment of Model treatment and rehabilitation centers	Miritini Treatment and Rehabilitation Center (MTRC) established	Percentage level of completion of Miritini Rehabilitation Center	25	40	60	80	100		190	190	190	190	190	950		DRSL

Strategies	Activities	Expected output	Output Indicators	Performance Target					Indicative Budget (in millions)					Re-sponsibility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total	
			Number of in-patient clients treated	200	200	200	200	200	73	73	73	73	73	365	
			No. of outpatient clients treated	400	400	400	400	400	14.2	14.2	14.2	14.2	14.2	71	
		A Second Model Rehabilitation Center established	Percentage level of completion of a second Model Rehabilitation Center	5	30	60	80	100	50	300	300	300	250	1,200	
	2.1.2 Establish a model helpline	Clients reached via Model Helpline	No. of clients reached via Model Helpline	20,000	20,000	20,000	20,000	20,000	3	3	3	3	3	15	
	2.1.3 Partner with County Governments in the expansion of County hospital & FBO-based treatment and rehabilitation centers	Hospital/ FBO-based treatment and rehabilitation centers established	Number of Hospital/ FBO-based treatment and rehabilitation centers established	-	5	5	5	5	-	10	10	10	10	40	
	2.1.4 Support the establishment of community-based treatment and rehabilitation programs for outpatient persons with SUDs at the County level	Community-based outpatient centers established	Number of community-based outpatient centers established	-	1	1	1	1	-	5	5	5	5	20	
		Community-based framework developed and disseminated	Number of community-based rehabilitation frameworks developed and disseminated	1	0	0	0	0	2	0	0	0	0	2	
			Number of persons with SUDs reached	0	47,000	47,000	47,000	47,000	0	23.5	23.5	23.5	23.5	94	

Strategies	Activities	Expected output	Output indicators	Performance Target						Indicative Budget (in millions)						Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28		23/24	24/25	25/26	26/27	27/28	Total		
2.2 Ensure compliance with the national standards of treatment and rehabilitation		Community-based framework implemented	Level (%) Community-based framework implemented	0	100	100	100	100									
	2.1.5	Outreach programmes implemented	No. of outreach programmes implemented	10	10	10	10	10		5	5	5	5	5	25		
	2.2.1 Quarterly inspection and accreditation for rehabilitation centers	Rehabilitation centers inspected	Number of rehabilitation centers inspected	190	190	190	190	190		7	7	7	7	7	35		DRSL
	2.2.2 Hold an annual forum with rehabilitation owners	Annual forum with rehabilitation owners held	Number of Annual forums with rehabilitation owners held	1	1	1	1	1		2	2	2	2	2	10		
	2.2.3 Produce dissemination and monitoring of implementation of aftercare guidelines	Copies of the treatment Guidelines produced and disseminated to stakeholders in the field	No. of Copies of the treatment Guidelines produced and disseminated to stakeholders in the field	1,000	0	0	0	0		2	0	0	0	0	2		
2.3 Licensing of Importers and Exporters of Alcoholic Drinks		Service providers trained	No. of service providers trained	190	0	0	0	0		3	0	0	0	0	3		
		Monitoring framework for relapse cases developed	Monitoring framework for relapse cases developed	0	0	1	0	1		0	0	1	0	1	2		
	2.3.1 Under-take mapping of all alcoholic drink importers and Exporters in the Country	Database of importers and Exporters of alcoholic drinks developed and updated	Database of importers and Exporters of alcoholic drinks developed and updated	1	1	1	1	1		6	6	6	6	6	30		DRSL

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)						Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28		Total
2.4 Stream-line Clear-ance of man-ufacturers of alcoholic drinks in the Country	2.3.2 Under-take Licensing of importers and exporters of alcoholic drinks	Licensing meetings for importers and exporters of alcoholic drinks held	Number of licensing meetings for import and exporters of alcoholic drinks held	12	12	12	12	12	1	1	1	1	1	5	DRSL
	2.3.3 Mapping of all the alcoholic drink outlets in the Country	Reports on Mapping of all the alcoholic drink outlets in the Country prepared	Number of reports on Mapping of all the alcoholic drink outlets in the Country prepared	47	47	47	47	47	1	1	1	1	1	5	DRSL
	2.4.1 Review the compliance checklist to accommodate emerging issues e.g., opaque beer, banana beer, and powdered beer	A checklist to capture emerging issues developed	A checklist to capture emerging issues developed	1	0	0	0	0	1	0	0	0	0	1	DRSL
2.5 Enhance surveillance for regular testing and conformity checks on alcoholic drinks	2.4.2 Under-take mapping of manufacturers and distributors of alcoholic drinks in the Country	Database of manufacturers and distributors of alcoholic drinks in the Country developed	Database of manufacturers and distributors of alcoholic drinks in the Country developed	1	1	1	1	1	7	2	2	2	2	15	DRSL
	2.5.1 Under-take regular surveillance and random collection of alcoholic drink samples for conformity testing	Surveillance of alcoholic drinks for conformity testing undertaken	No. of surveillance of alcoholic drinks for conformity testing undertaken	0	1	1	1	1	0	3.5	3.5	3.5	3.5	14	DRSL
	2.5.2 Under-take regular assessments on conformity to labeling, promotion, and packaging of alcoholic drinks	Assessment on conformity to labeling, promotion, and packaging of alcoholic drinks conducted	No. of Assessment on conformity to labeling, promotion, and packaging of alcoholic drinks conducted	0	1	0	1	0	0	3.5	0	3.5	0	7	DRSL

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)						Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28		Total
	2.5.3 Develop and implement standard reporting tools for manufacturers, importers, and exporters of alcoholic drinks	Standard reporting tools developed	Reporting tools for manufacturers, importers exporters developed	0	1	0	0	0	0	2	0	0	0	2	DRSL
			Training sessions for manufacturers, importers & exporters undertaken	0	0	1	0	0	0	0	4	0	0	4	DRSL
	2.5.4 Prescribe the forms of applications, notices, licenses, and standards	Forms of applications, notices, and standards prescribed	Number of forms of applications, notices, licenses, and standards prescribed	0	1	0	0	0	0	3.5	0	0	0	3.5	DRSL
	2.5.5 Analyze, Prescribe, and recommend the fees payable for licenses, standards, and other reports to CS	Reports on Fees payable for licenses, standards, and other reports to CS generated	No of Reports on Fees payable for licenses, standards, and other reports to CS generated	0	1	0	0	0	0	3.5	0	0	0	3.5	DRSL
	2.6.1 Conduct a national survey on the status of drugs and substance use in Kenya with county-based data.	National survey on the status of drugs and substance use in Kenya conducted	A National survey on the status of drugs and substance use in Kenya survey conducted	0	1	1	0	1	0	34	100	0	0	134	DRSL
2.6 To provide accurate and timely data on the status of alcohol and drug abuse in Kenya to inform policy and program															

Strategies	Activities	Expected output	Output indicators	Performance Target						Indicative Budget (in millions)						Re-sponsi-bility
				23/24	24/25	25/26	26/27	27/28		23/24	24/25	25/26	26/27	27/28	Total	
2.7 Strengthen the National Drug Observatory	2.6.2 Conduct ADA-related research to fill existing and emerging data needs to inform policy and programs	ADA-related research to fill existing and emerging data needs conducted	No. of ADA-related research to fill existing and emerging data needs conducted	1	1	1	1	0		20	20	20	20	0	80	DRSL
	2.6.3 Dissemination of ADA research findings through relevant platforms	Dissemination platforms held	No. of dissemination platforms held	2	2	2	2	2		5	5	5	5	5	25	DRSL
	2.6.4 ADA baseline and follow-up surveys in the workplace public and private sector workplace for evidence-based programming	ADA Baseline /follow-up surveys in the workplace conducted	No. of ADA Baseline / follow-up surveys in the workplace conducted	1	1	1	1	1		1.5	1.5	1.5	1.5	1.5	7.5	DRSL
	2.7.1 Compile and submit a bi-annual report on alcohol and drug control in Kenya to Parliament	Bi-annual reports on alcohol and drug control in Kenya submitted to Parliament	No. of Bi-annual reports on alcohol and drug control in Kenya submitted to Parliament	2	2	2	2	2		1	1	1	1	1	5	DRSL
	2.7.2 Compliance with regional and international reporting obligations	Obligatory Regional and international reports submitted	No. of Obligatory Regional and international reports submitted	2	2	2	2	2		2.5	2.5	2.5	2.5	2.5	12.5	DRSL
	2.7.3 Undertake capacity building of the NDO committee	Agency focal persons trained in National Drug Observatory (NDO) reporting	Number of Agency focal persons trained on National Drug Observatory (NDO) reporting	0	13	0	0	0		0	3.5	0	0	0	3.5	DRSL

STRATEGIC PLAN (2023-2027)

Strategies	Activities	Expected output	Output Indicators	Performance Target					Indicative Budget (in millions)					Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28		Total
	2.7.4 Under-take periodic assessment of emerging drugs of abuse in the country	Periodic assessment of emerging drugs of abuse in the country undertaken	No. of Periodic assessment of emerging drugs of abuse in the country undertaken	0	0	1	0	0	0	0	6	0	0	6	DRSL
	2.7.5 Sensitization of Staff on Knowledge Management	Staff sensitized on Knowledge management	No. of staff sensitized on Knowledge management		40	40	37	0	0	3.5	3.5	3.5		10.5	DRSL
	2.7.6 Establish an institutional knowledge management repository of ADA information	Institutional repository of ADA information established	An institutional repository established	0	0	1	0	0	0	0	2	0.5	0.5	3	DRSL
	2.7.7 Promote the publication of knowledge resources, best practices, and lessons learnt reports	Reports published on best practices and lessons learnt	No. of reports published on best practices and lessons learnt	1	1	1	1	1	0.5	0.5	0.5	0.5	0.5	2.5	DRSL
	2.7.8 Coordinate development and continuous publishing of the AJADA journal	Published issues/volumes of AJADA	Number of Published issues/volumes of AJADA	2	2	2	2	2	1.4	1.4	1.4	1.4	1.4	7	DRSL
	2.8.1 Stock the resource center with relevant books/resources annually	Books borrowed circulation and utilization of library resources	No. of books borrowed circulation and utilization of library resources	50	50	50	50	50	1	1	1	1	1	5	DRSL
2.8 Coordinate and facilitate the formulation, review, and implementation of ADA-related programmes & plans of action at national and county levels.															

Strategies	Activities	Expected output	Output Indicators	Performance Target					Indicative Budget (in millions)						Re-sponsi-bility
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total	
	2.8.2 Sub- scription to library informa- tion services, journals, and e-book databases.	e-books/ electronic resources subscribed to	No. of e-books/ electronic resources subscribed to	15	15	15	15	15	0.5	0.5	0.5	0.5	0.5	2.5	DRSL
	2.8.3 Auto- mation of key library services	Library services automated	No. of Library services automated	0	3	0	0	0	0	1	0	0	0	1	DRSL
	2.8.4 Provide technical Support in the review and implemen- tation of internal policies	Reviewed policies	Number of policies reviewed	0	10	0	0	10	0	0	0	0	0	0	DRSL
	2.8.5 Facilitate the review and implemen- tation of the National Policy on Alcohol and Drug Abuse	Stakeholder validation forums held (National and Regional Levels) and implemen- tation of ADA	Number of stakeholder validation forums held (National and Regional Levels)	12	0	0	0	0	0	0	0	0	0	0	DRSL
	2.8.6 Develop and disseminate policy briefs on emerging trends in alcohol and drug matters at national and county levels	Policy briefs developed on ADA and disseminated in the country	No. of Policy briefs developed on ADA and disseminated in the country	1	1	1	1	1	2.5	2.5	2.5	2.5	2.5	12.5	DRSL
	Sub -Total								403.1	736.6	798.6	689.6	613.6	3241.5	

K.R. 3: Compliance and Enforcement

Strategies	Activities	Expected output	Output Indicators	Performance Target					Indicative Budget (in millions)					Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total	
Strategic Issue: Low compliance levels to policies, legislations, and standards on ADA															
Strategic Goal: Enhanced controls on the production, sale, and consumption of alcoholic drinks															
Strategic Objective 3: To enhance compliance and enforcement of alcohol and drug control laws and legislation;															
Expected Outcome: Enhanced compliance with applicable laws, regulations, and standards.															
3.1 Enforce compliance with alcohol and drug control laws, regulations, and standards	3.1.1 Undertake crackdowns to enforce compliance with Alcohol and Drug Control legislation	Crackdowns to enforce compliance with alcohol and drug control legislation undertaken	Number of Crackdowns to enforce compliance with alcohol and drug control legislation undertaken	188	188	188	188	188	80	80	80	80	80	400	DC&E
	3.1.2 Undertake Snap Crackdowns against Shisha dens and none compliant alcoholic outlets	Snap Crackdowns against shisha dens and none compliant alcoholic outlets undertaken	No. of Snap Crackdowns against shisha dens and none compliant alcoholic outlets	141	141	141	141	141							
	3.1.3 Undertake intelligence-led and rapid response crackdowns.	Intelligence-led and rapid response crackdowns undertaken	% of intelligence-led and rapid response crackdowns undertaken	100	100	100	100	100	10	10	10	10	10	50	
	3.1.4 Set up a 24-hour reporting mechanism for relay of information on ADA complaints	Reporting mechanism established	Reporting mechanism established	1	O	O	O	O	1	O	O	O	O	1	
	3.1.5 Undertake crackdowns on Complaints raised on ADA	Complaints raised on ADA addressed	% of complaints received.	100	100	100	100	100	1	2	2	2	2	9	

Strategies	Activities	Expected output	Output indicators	Performance Target						Indicative Budget (in millions)						Re-sponsi-bility	
				23/24	24/25	25/26	26/27	27/28		23/24	24/25	25/26	26/27	27/28	Total		
	3.1.6 Under-take comprehensive restrictions on exposure to alcohol advertising across multiple sources of media	Comprehensive restrictions on exposure to alcohol advertising across multiple sources of media undertaken	% of billboards conforming to the set standards.	100	100	100	100	100		10	10	10	10	10	50		DRSL
	3.1.7 Along with collaboration with relevant agencies, Mount intelligence-led roadblocks targeting illicit drug and alcohol	Actionable intelligence-led roadblocks targeting illicit drug and alcohol mounted	% of actionable intelligence-led roadblocks targeting illicit drug and alcohol mounted	100	100	100	100	100		10	10	10	10	10	50		
	3.1.8 Undertake compliance checks on manufacturers and producers of alcoholic drinks	Inspections of compliance checks on manufacturers and producers of alcoholic drinks facilities conducted	Number of inspections of compliance checks on manufacturers and producers of alcoholic drinks facilities conducted	100	100	100	100	100		6	6	6	6	6	30		DC&E
3.2 Counter illicit drug trafficking, and alcohol by enhancing law enforcement and promoting judicial cooperation	3.2.1 In collaboration with stakeholders, sensitize officers in law enforcement agencies at entry and exit points to detect illicit drugs/products	Officers in Law enforcement agencies at entry and exit points sensitized to detect illicit drugs/products	Number of officers in law enforcement agencies at entry and exit points sensitized to detect illicit drugs/products	105	105	105	105	105		10	10	10	10	10	50		DC&E
	3.2.2 Undertake Monitoring and Evaluation of ADA activities at the border points	Monitoring and Evaluation of ADA activities at the border points taken	Number Monitoring and Evaluation of ADA activities at the border points under-taken	70	70	70	70	70		10	10	10	10	10	50		

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)							Re-sponsi-bility
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total	
3.3 Strengthen multi-agency linkages on combating ADA in the Country	3.3.1 Holding County bi-annual multi-agency forums for Alcohol and Drug Control	County multi-agency forums for alcohol and drug control held	No. of County Multi-Agency forums held	94	94	94	94	94	15	15	15	15	15	75	DC&E
	3.3.2 Holding one annual national multi-agency forum on ADA	Annual national multi-agency forum on ADA held	Annual national multi-agency forum on ADA held	0	1	0	1	0	0	20	0	20	0	40	
	3.3.3 Follow-up on court cases on ADA-related matters	Cases on ADA-related matters followed up	% of cases on ADA-related matters followed up	100	100	100	100	100	5	5	5	5	5	25	
3.4 Enhance compliance with rehabilitation standards and regulations	3.4.1 Undertake Impromptu inspections for treatment and rehabilitation facilities for compliance	Impromptu inspections for treatment and rehabilitation facilities conducted	Number of Impromptu inspections for treatment and rehabilitation facilities conducted	300	300	300	300	300	50	50	50	50	50	250	DC&E
	Sub -Total								208	228	208	228	208	1080	
	Sub -Total								1040	1340.5	1443.5	1302	1263.5	6390	

Table 6-2 Strategic Enablers

Strategies	Activities	Expected output	Output indicators	Performance Target		Indicative Budget (in millions)					Responsibility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25		25/26
Strategic Enabler 1: Legal and Planning Frameworks;												
Strategic Issue: Weak legal and planning framework to address existing and emerging ADA Issues												
Strategic Goal: Coordinate Planning and legal frameworks in ADA programming												
Strategic Objective: To provide leadership in corporate planning, risk and quality management;												
Expected outcome: Improved coordination frameworks for the development and implementation of evidence-informed programmes.												

Strategies	Activities	Expected output	Output indicators	Performance Target					Indicative Budget (in millions)					Total	Responsi- bility
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28		
4.1 Co-ordinate planning, monitoring, evaluation, and reporting on the implementation of NACADA interventions and programs	4.1.1 Monitor the implementation of the NACADAs Strategic Plan (2023-2027)	Strategic Plan 2023-2027 implementation Reports prepared.	No. of Strategic Plan 2023-2027 implementation Reports prepared.	4	4	4	4	4	5.2	5.2	7	5.2	5.2	27.8	DCPR&QM
	4.1.2 Undertake the Mid-Term review of the NACADAs Strategic Plan (2023-2027)	NACADA Strategic Plan 2023-2027 Mid-Term Review Reports prepared.	A NACADA Strategic Plan 2023-2027 Mid-Term Review Reports prepared.	0	0	1	0	0							
	4.1.3 Coordinate the development and implementation of the Authority's PCs.	Quarterly, mid and end-term review forums held	No. of Quarterly, mid, and end-term review forums held	4	4	4	4	4	1	1	1	1	1	5	
	4.1.4 Develop NACADAs Strategic Plan (2028-2032)	NACADA Strategic Plan 2028-2032 developed	A NACADA Strategic Plan 2028-2032 developed	0	0	0	0	1	0	0	0	0	7	7	
	4.1.5 Undertake impact assessment of the Authority's programs	Impact assessment of the Authority's programs undertaken	No. of Impact assessment of the Authority's programs undertaken	0	1	0	1	0	0	3.5	0	3.5	0	7	
4.2 Implement the NACADA Risk Management Policy	4.1.6 Monitor and Evaluate the implementation of the Authority's Policies, Plans and Strategies	Authority's Policies, Plans and Strategies Monitored and Evaluated	Number of Authority's Policies, Plans, and Strategies Monitored and Evaluated	1	1	1	1	1	5	5	5	5	5	25	
	4.2.1 Review the NACADA Risk Management Policy	NACADA Risk Management Policy reviewed	A NACADA Risk Management Policy reviewed	1	0	0	0	0	6	0	0	0	0	6.0	DCPR&QM

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Total		Responsi- bility		
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28				
	4.2.2 Sen- sitize Board members on NACADA Risk management policy	Sensitization forums on NACADA Risk management policy for Board Mem- bers held	Number of sensitization forums on NACA- DA Risk management policy for Board Mem- bers held	1	0	0	0	0	0	0	0	3	0	0	3.0	DCPR&QM	
	4.2.3 Training of Risk Cham- pions and Risk Management Committee Members on risk manage- ment	Training of Risk Cham- pions and Risk Management Committee Members on risk manage- ment undertaken	Number of Training ses- sions of Risk Champions and Risk Management Committee Members on risk management undertaken		14	0	0	0	0	0	0	0	2	0	4.0	DCPR&QM	
			Number of Risk Management Committee members trained on NACA- DA Risk management policy	0	12	0	0	0	0	0	0	0	2	0	0	4.0	DCPR&QM
		4.2.4 Hold Quarterly Risk Champion and Risk Management Committee meetings	Quarterly Risk Champion and Risk Management Committee meetings held	Number of Quarterly Risk Cham- pion meet- ings held	4	4	4	4	4	1	1	1	1	1	1	5.0	DCPR&QM
4.3 Enhance Quality Assurance for the Authority's programmes and services			Number of Quarter- ly Risk Management Committee meetings held	4	4	4	4	4	1	1	1	1	1	1	5.0	DCPR&QM	
	4.3.1 Initiate ISO 9001: 2015 Quality Management System (QMS) certification	ISO 9001: 2015 Quality Management System (QMS) certification realized	% level of ISO 9001: 2015 Quality Management System (QMS) certification realized.	10	30	60	80	100	5	5	5	5	1	1	21.0	DCPR&QM	

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Total	Responsibility		
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27			27/28	
4.4 Coordinate the formulation, review, and implementation of ADA laws & regulations at national and county levels	4.4.1 Formulate amendments to the Alcoholic Drinks Control Act, 2010, and the Narcotic and Psychotropic Act of 1994/ Amendment 2022 and Regulations 2006	Consultative meetings held	No. of consultative meetings held on ADCA 2010 amendment.	4	2	2	0	0	10	5	0	0	0	15	Corporation Secretary/Legal Manager	
			Number of Parliamentary Committee sessions on ADCA convened	3	1	0	0	0	10	5	0	0	0	15		
		Parliamentary Committee sessions on ADCA convened	0	3	1	0	0	0	10	5	0	0	0	15		
	4.4.2 Develop and disseminate guidelines on alcohol outlet density	Alcohol Outlets Density Guidelines developed	The Alcohol Outlets Density Guidelines developed	1	0	0	0	0	6	0	0	0	0	6		
			Number of validation forums held	0	8	0	0	0	0	12	0	0	0	0	12	
			Number of dissemination forums held	0	4	4	4	4	0	9.6	9.6	9.6	9.6	38.4		
4.4.3 Develop a position paper on the need to re-position liquor licensing function in the constitution	Forums attended to submit views for review of the constitution	No. of forums attended to submit views for review of the constitution	4	4	4	0	0	1	2	2	0	0	5			
Total									54.2	69.3	36.6	31.3	34.8	226.2		

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsi- bility		
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total	
Strategic Enabler 2: Partnerships, Collaborations and Stakeholder Coordination															
Strategic Issue: Weak partnerships and non-commitments from partners on programme funding															
Strategic Goal: To enhance stakeholder engagements and collaboration to provide leverage for programme implementation															
coordinate Planning and legal frameworks in ADA programming															
Strategic Objective: To strengthen partnerships and stakeholder collaboration for effective delivery of the Authority's mandate;															
Expected outcome: Increased partnerships and collaborations supporting the Authority programmes.															
5.1 Mapping of the Authority's strategic partners	5.1.1 Identify partners at the national, regional, and international level	Database on relevant partners established	A Database of relevant partners established	1	0	0	0	0	3	0	0	0	0	3	CEOs office
	5.2.1 Hold regular meetings with Key partners and undertake Joint activities including Community Forums	Regular meetings and Joint activities undertaken	Number of Regular meetings and Joint activities undertaken	20	20	20	20	20	20	20	20	20	20	100	CEOs office
5.2 Strengthen collaboration with state and non-state actors at all levels	5.2.2 Organize annual stakeholders' forums for state and non-state actors to assess national response efforts on ADA	Annual stakeholders' forums for state and non-state actors to assess national response efforts on ADA held	No. of Annual stakeholders' forums for state and non-state actors to assess national response efforts on ADA held	1	1	1	1	1	20	20	20	20	20	100	
	5.3.1 Identify areas for support and possible partners by all Directorates	Proposals submitted	No. of proposals submitted	2	2	2	2	2	0.5	0.5	0.5	0.5	0.5	2.5	CEOs office
5.3 Implementation of the Authority's resource mobilization framework		MOUs/SLA with strategic partners signed	Number of MOUs/SLAs with strategic partners signed	2	2	2	2	2	0.5	0.5	0.5	0.5	0.5	2.5	
									44	41	41	41	41	208	
Sub-total															

Strategies	Activities	Expected output	Output indicators	Performance Target			Indicative Budget (in millions)						Responsibility			
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total		
Strategic Enabler 3: Corporate Communication																
Strategic Issue: Low brand visibility																
Strategic Goal: Enhanced corporate image, reputation, and brand visibility.																
Strategic Objective: To enhance brand visibility;																
Outcome: Enhanced corporate image and brand visibility																
6.1 Strengthen Behavior Change Communication	6.1.1 Develop crisis communication policy	Crisis communications policy developed and disseminated	A Crisis communications policy developed	1	0	0	0	0	0	3	0	0	0	0	3	Corporate Communications
			A Crisis communications policy disseminated	1	0	0	0	0	0	0	0	0	0	0	0	
	6.1.2 Conduct Mass media campaigns on strategic areas of interest	Mass media campaigns conducted	No. of Mass media campaigns conducted	4	4	4	4	4	30	30	30	30	30	150		
	6.1.3 Carry out social media influencing	Heightened social media dialog influencing	No. of Heightened social media dialog influencing	4	4	4	4	4	8	8	8	8	8	40		
6.2 Improve media relations	6.2.1 Undertake strategic media engagement	Strategic media engagement undertaken	Number of Strategic media engagements undertaken	1	1	1	1	1	5	5	5	5	5	25	Corporate Communications	
	6.2.2 Carry out media tours	Media tours carried out	Number of media tours carried out	4	4	4	4	4	8	8	8	8	8	40		
	6.2.3 Sponsor essay writing competitions in learning institutions	Essay writing competitions sponsored	Number of essay writing competitions sponsored	2	2	2	2	2	5	5	5	5	5	25		

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility		
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27		27/28	Total
6.3 Strengthen corporate brand visibility	6.2.4 Sponsor media awards on ADA	Media awards on ADA sponsored	Media awards on ADA sponsored	1	1	1	1	1	5	5	5	5	5	25	
	6.2.5 Produce and air relevant documentaries	Documentaries produced and aired	Number of documentaries produced and aired	2	2	2	2	2	5	5	5	5	5	25	
	6.3.1 Brand Authority activities and events	Activities and events branded	Number of activities and events branded	8	8	8	8	8	10	10	10	10	10	50	Corporate Communications
	6.3.2 Depict murals on ADA in learning institutions	Murals in learning institutions drawn	Number of murals in learning institutions drawn	4	4	4	4	4	8	8	8	8	8	40	
	6.3.3 Carry out CSR activities	CSR activities carried out	Number of CSR activities carried out	2	2	2	2	2	10	10	10	10	10	50	
	6.3.4 Acquire publicity materials	Publicity materials acquired	Number of publicity materials acquired	30,000	30,000	30,000	30,000	30,000	10	10	10	10	10	50	
	6.3.5 Undertake publicity activities (fairs, exhibitions, etc.)	Publicity activities undertaken	Number of publicity activities undertaken	4	4	4	4	4	10	10	10	10	10	50	
	6.3.6 Commemoration of national and international events (Customer Service Week, Public Service Week.	Increased global profile	Number of national and international events commemorated	3	3	3	3	3	10	10	10	10	10	50	
Sub-Total									127	124	124	124	124	623	

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Total	Responsi- bility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28		
Strategic Enabler 4: Institutional Strengthening															
Strategic Issue: Inadequate budgetary provisions for critical programmes															
Strategic Goal: Attain high institutional capacity and excellent support services															
Strategic Objective: To build high-quality and Robust support services for the Authority.															
Expected Outcome: Strengthened institutional capacity and excellent support services															
7.1 Prudent utilization of funds	7.1.1 Development of the institutional budget	Budget developed	A budget developed	1	1	1	1	1	3	3	3	3	3	15	DCS
	7.1.2 Adherence to budgetary controls	Audits conducted	Number of Audits conducted	4	4	4	4	4	0.6	0.6	0.6	0.6	0.6	3.0	
	7.1.3 Monitoring Implementation	Implementation report developed	Number of implementation reports developed	4	4	4	4	4	0	0	0	0	0	0.0	
7.2 Compliance with financial reporting	7.2.1 External audits	External Audits facilitated	External Audits facilitated	1	1	1	1	1	0.6	0.6	0.6	0.6	0.6	3.0	
	7.2.2. Prepare quarterly financial reports to the National Treasury	Quarterly financial reports prepared	Number of Quarterly financial reports prepared	4	4	4	4	4	0	0	0	0	0	0.0	
	7.3.1 Award 30% procurement opportunities to special groups	Preference and reservation quarterly report	Number of Preference and reservation quarterly reports prepared	4	4	4	4	4	0	0	0	0	0	0.0	DCS
7.3 Compliance with PPADA 2015	7.3.2 Publish all procurement contracts to the National procurement portal and the authority's website	Procurement Contracts Published on the PPADA Portal	% Procurement Contracts Published on PPADA Portal	100	100	100	100	100	0	0	0	0	0	0.0	

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)						Responsibility	
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28		Total
7.4 Effective recruitment and retention	7.3.3 Conduct an annual review of the procurement plan	Annual review of the Procurement plan undertaken	Annual review of the Procurement plan undertaken	1	1	1	1	1	0.5	0.5	0.5	0.5	0.5	2.5	
	7.3.4 Analyze procurement actual expenditure against the approved budget	Procurement analysis report prepared	A Procurement analysis report prepared	1	1	1	1	1	0.2	0.2	0.2	0.2	0.2	1.0	
	7.4.1 Draw annual human resource management plan	Human resource plan developed	Annual Human resource plan	1	1	1	1	1	0	0	0	0	0	0.0	DCS
	7.4.2 Observe compliance with the human resource management plan	Staff recruited	Number of staff recruited	0	87	80	0	0	54	109	152	0	0	315.0	
7.5 Strengthen staff competencies	7.4.3 Undertake workload analysis	Workload analysis undertaken	Workload analysis Report	0	1	0	0	0	0	5	0	0	0	5.0	
	7.4.4 Compensate and enhance staff welfare	Staff compensated and enhanced	Number of staff compensated.	118	118	118	118	118	307	353	406	467	537	2070	
	7.5.1 Implement recommendations of the Staff Training Needs Assessment	Staff trained	Number of staff trained	120	120	120	120	120	20	20	20	20	20	100.0	DCS
	7.5.2 Employee mentorship undertaken	Mentorship and Attachments	Number of interns	25	25	25	25	25	0	0	0	0	0	0.0	
			Number of students on attachment	15	15	15	15	15	2	2	2	2	2	10.0	

Strategies	Activities	Expected output	Output indicators	Performance Target		Indicative Budget (in millions)					Responsibility			
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total
7.6 Strengthen performance management	7.6.1 Review Performance Appraisal Tool	Reviewed performance appraisal tool	A Performance appraisal tool reviewed	1	1	1	1	1	0	0	0	0	0.0	DCS
	7.6.2 Undertake annual performance appraisal	Performance appraisal reports prepared	Number of Performance appraisal reports prepared	1	1	1	1	1	2.5	2.5	2.5	2.5	12.5	
	7.6.3 Reward and Sanction	Undertake rewards and sanctions	Number of rewards and sanctions undertaken	1	1	1	1	1	0.1	0.1	0.1	0.1	0.5	
7.7 Enhanced work environment	7.7.1 Provide working tools to employees	Staff provided with working tools	Number of Staff provided with working tools	20	20	20	20	20	3	3	3	3	15.0	DCS
	7.7.2 Enhancing Authority's operations	Authority's operations Enhanced	Level of Authority's operations Enhanced (%)	100	100	100	100	100	250	288	331	380	437	1685.6
	7.7.3 Undertake Compliance with OSHA	OSHA Compliance Audits undertaken	Number of OSHA Compliance Audits undertaken	1	1	1	1	1	1	1	1	1	5.0	
	7.7.4 Implement Employee Assisted Programme (EAP)	Employees accessing Employee Assisted Programme (EAP)	Percentage of the identified Employees accessing Employee Assisted Programme (EAP)	100	100	100	100	100	10	3.6	3.6	3.6	24.4	

Strategies	Activities	Expected output	Output indicators	Performance Target				Indicative Budget (in millions)					Responsibility		
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27		27/28	Total
7.8 Strengthen on the Administration function	7.7.5 Conduct work and employee satisfaction surveys.	Work and employee satisfaction survey.	Number of Work and employee satisfaction surveys.	1	1	1	1	1	2	2	2	2	2	10.0	
	7.8.1 Source and open County offices	County offices opened	Number of County offices opened	0	38	0	0	0	0	0	0	0	0	0.0	DCS
	7.8.2 Establishment County offices	County offices Established	Number of county offices established	0	38	0	0	0	5.3	24.1	0	0	0	29.4	
	7.8.3 Acquire motor vehicles for County offices	Motor vehicles for County offices acquired	Number of motor vehicles acquired	0	10	10	10	8	36	44	80	80	64	304.0	
7.9 Enhance automation	7.9.1 Automate key Authority services	Authority Services identified and automated	Percentage Authority Services identified and automated	100	100	100	100	100	0	15	17	12	12	56.	DCS
	7.9.2 Upgrading of ICT Infrastructure	Identified ICT Infrastructure upgraded	Percentage of the Identified ICT Infrastructure upgraded	100	100	100	100	100	10	10	10	10	10	50.0	
7.10 Strengthen the security of ICT infrastructure	7.10.1 Undertake system vulnerability audit.	System Vulnerability assessment reports prepared	Number System Vulnerability assessment reports prepared	1	1	1	1	1	1	1	1	1	1	5.0	DCS
	7.10.1 Develop DRP	Disaster Recovery Plan developed and implemented	A Disaster Recovery Plan developed and Implemented	0	1	1	1	1	0	2	0.5	0.5	0	3.0	
	7.10.2 Insure all ICT equipment	Losses and business interruptions minimized	Percentage of the Authority Assets Insured	100	100	100	100	100	1	1	1	1	1	5.0	
Sub-total									709.8	891.2	1037.6	990.6	1101.1	4730.3	
Total									935	1125.5	1239.2	1186.9	1300.9	5787.5	

Table 6-3 Strategic Foundations

Strategies	Activities	Expected output	Output indicators	Performance Target			Indicative Budget (in millions)					Responsibility			
				23/24	24/25	25/26	26/27	27/28	23/24	24/25	25/26	26/27	27/28	Total	
Foundation: Leadership and Integrity															
Strategic Issue: Values and Principles of Governance															
Strategic Goal: To inculcate best governance practices.															
Strategic Objective: To enhance the standards of leadership and integrity in the operations of the Authority															
Expected Outcome: Increased compliance with values and principles of governance															
8.1 Undertake periodic public perception survey of the Authority	8.1.1 Create awareness of national values and principles of Governance	Training sessions on national values and principles undertaken	Number of Training sessions on national values and principles undertaken	1	1	1	1	1	0.5	0.5	0.5	0.5	0.5	2.5	Director Corporate Services
	8.1.2 Undertaking biennial compliance survey	Biennial compliance surveys undertaken	Number of Biennial compliance surveys undertaken	2	2	2	2	2	1.5	1.5	1.5	1.5	1.5	7.5	
8.2 Ensure compliance with National Values and Principles of Governance	8.2.1 Operationalizing the registration of conflict of interest and gifts	Gift register developed and maintained	Gift register developed and maintained	1	1	1	1	1	0.1	0.1	0.1	0.1	0.1	0.5	Director Corporate Services
		Conflict of interest register developed and maintained	Conflict of interest register developed and maintained	1	1	1	1	1	0.1	0.1	0.1	0.1	0.1	0.5	
	8.2.2 Develop a corruption risk assessment and mitigation plan	Risk assessment and mitigation plan developed	Number of risk assessment and mitigation plans developed	4	4	4	4	4	1	1	1	1	1	5	
8.3 Establishing and strengthening the anti-corruption system	8.3.1 Carry out legal and governance audits	Legal audit reports and implementation	Number of audit reports implemented	1	0	1	0	1	1.5	1.5	1.5	0	1.5	4.5	Director Corporate Services
		Governance audit reports and implementation	Number of audit reports implemented	1	0	1		1	2		1.5	0	1.5	5	
8.4 Enhance compliance with corporate governance guidelines	8.4.1 Undertake training sessions	Training reports prepared	Number of training reports prepared	1	1	1	1	1	2	2	2	2	2	10	Director Corporate Services
Total									8.7	5.2	8.2	5.2	8.2	35.5	
Total									8.7	5.2	8.2	5.2	8.2	35.5	

Table 6-4 Summary of resource requirements per Strategic Focus Category over the plan period

KRA	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Pillars	1,040	1,340.5	1,443.5	1,302	1,263.5	6,390
Enablers	935	1,125.5	1,239.2	1,186.9	1,300.9	5,787.5
Foundations	8.7	5.2	8.2	5.2	8.2	35.5
Totals	1,983.7	2,471.2	2,690.9	2,494.1	2,572.6	12,213

6.2.2 Annual Work Plan and Budget

Over the Plan period, NACADA will focus on Key Result Areas whose realization will depend on the strategies and activities in this Plan. To ensure that this is seamlessly undertaken, the Authority will prepare and implement Annual Work Plans and Budgets drawn from the activities in this Strategic Plan. The annual Work Plan and budget will follow the template standard Annual Work Plan Format as provided in Annex 4.

6.2.3 Performance Contracting

As part of the wide Public Service reforms introduced in 2004 and reinforced in 2008 and 2012, performance management becomes very critical in the realization of planned programmes, projects, and activities. The Authority has aligned its management framework to the Performance contracting requirements as provided by the Public Service Commission (Performance Management) Regulations, 2021. The Corporate Strategy and Planning Directorate will be tasked with the responsibility of undertaking organizational annual Performance Contracts in line with targets spelt out in this Plan.

6.3 COORDINATION FRAMEWORK

6.3.1 Overall Management

The success of the implementation of this Plan will heavily depend on the strength and operational efficiency of its management structures. The Authority comprises of the following functional structures:

6.3.2 The Board

This is the apex body of the Authority that is responsible to the Cabinet Secretary in the coordination of the Authority's development strategy, policy development, oversight for financial prudence, and accountability in the execution of the Authority's mandate. The Board oversees the overall operations of the Authority through regular reports provided by management.



Photo 5: The Chairperson NACADA Board of Directors Rev. Dr. Stephen Mairori (Seated Centre), and other Members of the Board during the Strategic Plan Development Review Workshop.

6.3.3 Office of the Chief Executive Officer

The office of the Chief Executive Officer is responsible to the Board of Directors for the day-to-day running of the Authority's operations and provides strategic leadership as well as direction in the execution of the mandate. He is also responsible for the overall Plan implementation coordination.

6.3.3.1 Directorate of Research, Standards and Licensing

The Directorate of Research, Standards, and Licensing is charged with research, standards formulation, licensing, and policy advisory on Alcohol and Drug Abuse issues. The Directorate comprises three departments to support the implementation of its mandate namely;

- i. Research;
- ii. Standards and Licensing; and
- iii. Policy Advisory.

6.3.3.2 Directorate of Public Education and Advocacy

The Directorate of Public Education and Advocacy is responsible for the implementation of public education programmes, capacity building, public awareness, and advocacy initiatives on alcohol and drug abuse. The directorate comprises two departments namely:

- i. Public Education and Capacity Development; and
- ii. Public Awareness and Advocacy Development.

6.3.3.3 Directorate Compliance and Enforcement

The Directorate is responsible for compliance and enforcement of laws, regulations, and standards on alcohol and drug abuse. It comprises of ;

- i. Compliance; and
- ii. Enforcement and Surveillance.

6.3.3.4 Directorate Corporate Planning and Risk Management

The Directorate of Corporate Planning and Risk Management is responsible for overall supervision in planning, strategy formulation, implementation, performance, and risk management. It comprises of;

- i. Planning and Performance Management; and
- ii. Quality and Risk Management Coordination.

6.3.3.5 Directorate of Corporate Services

The Corporate Services Directorate supports the implementation of the Authority's mandate and programs. It has the following departments and divisions:

- i. Finance and Accounts Department;
- ii. Human Resource and Administration Department;
- iii. Information and Communication Technology Division; and
- iv. Corporate Communications.

6.3.3.6 Corporation Secretary and Legal Services Directorate

The Directorate is responsible for the overall coordination in the provision of legal services. It also performs the function of the Corporation Secretary for the Authority. It comprises of;

- i. Legal Services Department; and
- ii. Board Secretary Section.

6.3.3.7 Directorate of Internal Audit and Risk Assurance

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

6.3.3.8 Supply Chain Management Department

The department ensures the implementation of effective strategies for sourcing and procuring goods and services while adhering to public procurement laws and corresponding regulations.

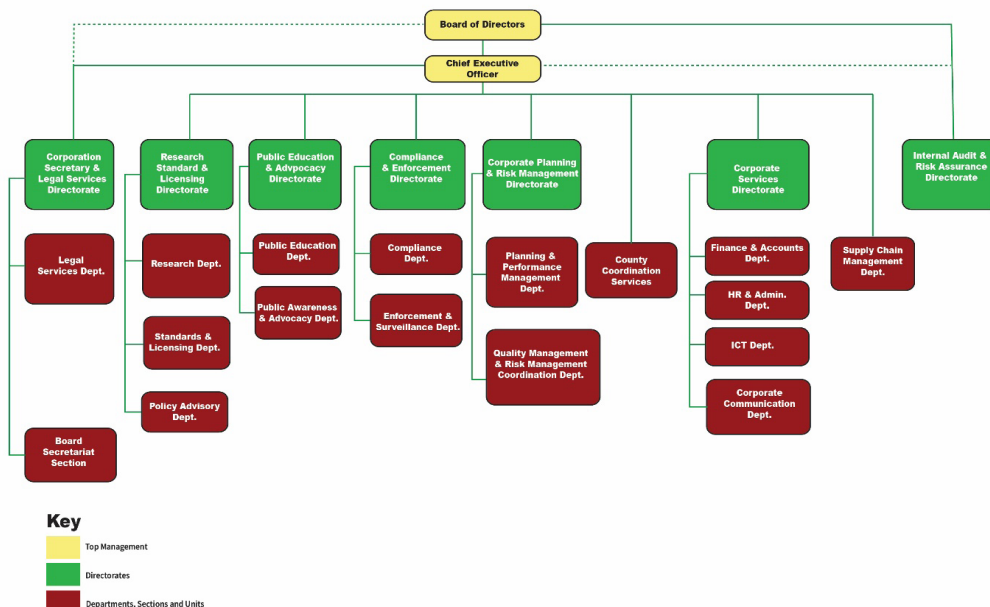
6.3.3.9 County Coordination Services

The department is responsible for coordinating the following functions: Administration; Public Awareness and Advocacy; Standards and Licensing; Research; and Compliance and Enforcement.

6.4.1 Organizational structure

Figure 6-1 shows the approved NACADA organization structure;

Figure 6- 1: NACADA Organizational Structure



Source: NACADA , 2023

6.4.2 Staff Establishment

The Authority's approved staff establishment is 287 employees. However, currently, NACADA has an existing staff level of 116 with a variance of 171 which presents a huge gap in human resources. Human resources is the driving wheel of any organization. Optimal usage will be crucial in the delivery of the aspirations of this plan. The Authority will lay strategies to develop, strengthen, and retain critical human resources for the success of its programs as articulated in this plan and highlighted in Table 6-5.

Table 6-5 Staff Establishment

Source: NACADA 2023

S/No.	Designation	Approved Establishment	In post	Variance
1	CEO	1	1	0
2	Director	7	3	4
3	Deputy Director	33	11	22
4	Principal Officer	33	6	27
5	Officers/Senior	177	62	115
6	Assistant Officer/Senior	16	16	0
7	Driver	16	14	2
8	Office Assistant/Senior	4	3	1
	TOTAL	287	116	171

Table 6-6 Skills Set and Competence Development

Cadre	Skill Set	Skill Gap	Competence Development
Supply Chain Management Officers	<ul style="list-style-type: none"> Report writing Project Management Logistics 	<ul style="list-style-type: none"> Analysing procurement processes and preparing reports on the same Monitoring and evaluation of procurement projects for the Authority Assessing and planning for logistics in procurement 	<ul style="list-style-type: none"> Provide for refresher and short courses Recruit officers with requisite skills On-job training and outsourcing

Cadre	Skill Set	Skill Gap	Competence Development
Human Resource Officers	<ul style="list-style-type: none"> Conflict management skills Communication Skills 	<ul style="list-style-type: none"> In the management of employee grievances and conflicts In administering human resource policies and procedures to staff and new employees 	<ul style="list-style-type: none"> Provision of short courses On-job training and mentoring
Support Staff	<ul style="list-style-type: none"> Teamwork Communication Defensive driving 	<ul style="list-style-type: none"> Enhancing team synergy among the team members In the implementation of key activities and responsibilities Increased safety in driving 	<ul style="list-style-type: none"> Short courses Team building activities Provision of professional training
Counsellors	<ul style="list-style-type: none"> Problem-solving Analytical skills 	<ul style="list-style-type: none"> Handling and management of client's issues Analysis of client problems and situations 	<ul style="list-style-type: none"> On job training Mentorship Short courses
Communication officers	<ul style="list-style-type: none"> Analytical and critical thinking Emotional intelligence 	<ul style="list-style-type: none"> Assessment of situations and issues in the public arena In interpretation and publication of media articles and management of press publications 	<ul style="list-style-type: none"> On job training Short courses on the skills set requirements
Accountants/ Auditors	<ul style="list-style-type: none"> Financial reporting Reporting writing 	<ul style="list-style-type: none"> Preparation and reporting on budget implementation Updating utilization of budgets and expenditure reports 	<ul style="list-style-type: none"> Short courses On job training

Cadre	Skill Set	Skill Gap	Competence Development
All Staff	<ul style="list-style-type: none"> Emerging trends in technology 	<ul style="list-style-type: none"> Emerging trends in evolving technology Virtual meetings management and E-Board utilization. Adoption E-library services 	<ul style="list-style-type: none"> Short courses and on-job training in ICT Refresher Courses in ICT Training on virtual meetings management and E-Board. E-library services

6.4.3 Leadership

The overall implementation shall be spearheaded by the Board of Directors. The Board may delegate this function to strategic theme teams according to the strategic issues. The Strategic Plan focuses on seven Key Result Areas (KRAs) namely: Public Education and Advocacy which will be spearheaded by the Director of Public Education and Advocacy; Research, Standards, and Licensing guided by the Director of Research, Standards, and Licensing; Compliance and Enforcement will be under the leadership of the Director of Compliance and Enforcement; Legal and Planning Frameworks will be supported by the Director of Legal Services and the Director of Corporate Planning and Risk Management respectively. Partnerships, Collaborations, and Stakeholder Coordination will be supported by the CEO's office, while Institutional Strengthening as well as Leadership and Integrity will be supported by the Director of Corporate Services. The respective Directors shall be responsible for tracking the implementation of activities as documented in the plan. For efficiency and effectiveness in implementation, monitoring, evaluation, reporting, and dissemination of the plan will be spearheaded by the Director of Corporate Planning and Risk Management.

6.4.4 Systems and Procedures

The Authority has robust systems and models through which it implements its programmes and interventions. These have been analysed and summarised in the seven implementation themes classified as Key Result Areas. For effective implementation of this Plan, the Authority will heavily rely on its core human resource in addition to the advancement in service delivery channels such as automation of key services like licensing, training sessions, and media campaigns in addition to periodic reviews and upgrades to attain the highest standards in all delivered services. In addition to these measures, there is a need to acquire additional hybrid systems, recruit competent staff as identified in the skills set assessment as well as address any other shortcomings to ensure the realization of the objectives of the plan.

6.5 Risk Analysis and Mitigation Measures

The Authority's Strategic Plan identifies the following risks that can hinder its successful implementation. To reduce the impact of the risks the Authority has put in place mechanisms against the anticipated risks as detailed in Table 6-6.

Table 6-7: Risk Analysis and Mitigation Measures

Risk class/ Category	Risk and description	Likelihood (L/H/M)	Impact (L/H/M)	Risk Drivers	Measures to mitigate the effects of the risks	Risk Owner
Strategic Risks	Inadequate internal and external communication structures.	Medium	Medium	Gaps in the existing legal as well as operational framework	Undertake Comprehensive implementation of the Authority's communications Strategy -Regular staff meetings; -Regular updates on programs	Director Corporate Services /Corporation Secretary
	Lack of stakeholders' goodwill.	Medium	High	Inadequate stakeholders' sensitization and engagements	Stakeholders engage in the planning and implementation processes for purposes of buy-in	Executive Office of the CEO
	Non-cascading of the Strategic Plan to lower levels.	High	Medium	Inadequate skills within The Authority in policy and regulatory formulations.	Sensitization and Dissemination of the Strategic Plan to lower cadres and levels	Director of Corporate Planning and Risk Management.
	Changes in the operating environment.	Low	High	Inadequate environmental monitoring	Continuously monitor trends in the external environment and align appropriately.	Director Corporate Services
Organizational Risks	Inadequate awareness of the Strategic Plan.	High	Medium	Poor dissemination strategy	Disseminate and sensitize staff, key clients, and stakeholders on the Strategic Plan.	Director of Corporate Planning and Risk Management.
	Resistance to change.	Medium	Medium	Low morale or teamwork	<ul style="list-style-type: none"> Effective communication of change initiatives; Incentives and sanctions. 	Director Corporate Services
	Inadequate skilled personnel in specialized areas	Medium	Medium	Inadequate skills within the Authority	Recruiting and deploying skilled personnel	
Operational Risks	Inadequate implementation of the Strategic Plan.	Medium	Medium	Weak M&E structures	Strengthen monitoring, evaluation, and reporting of the implementation process.	Director of Corporate Planning and Risk Management.
	High turnover of skilled staff	High	Medium	Low morale, poor terms of service, and an un conducive work environment	Improve working environment	Director Corporate Services
	Loss of institutional memory due to inadequate harnessing of knowledge.	Low	Medium	Weak mentorship and Business Continuity Plan programs.	Strengthen Knowledge Management. Succession planning.	Director of Research, Licensing, and Standards.
	Inadequate staff to effectively implement the Strategic Plan.	Medium	Medium	Inadequate resources	Mobilization of adequate resources	Director Corporate Services

Risk class/ Category	Risk and description	Likelihood (L/H/M)	Impact (L/H/M)	Risk Drivers	Measures to mitigate the effects of the risks	Risk Owner
	Delayed decision-making	Low	Medium	Long bureaucratic procedures	Develop policy-setting clear decision-making timelines Re-engineer the business processes of the Authority	Director Corporate Services
	Weak teamwork.	Medium	Medium	Low engagement of staff	Implement team-building programs	
Financial Risks	Inadequate resources and overreliance on the exchequer for funding.	High	High	Low stakeholder engagements, low levels of AIA generation	Preparation and implementation of a Resource Mobilization Strategy Strengthening linkages with partners.	Director Corporate Services
	Inadequate budgeting.	Low	Medium	Weak departmental participation.	Promote a participatory approach in budgeting.	Director Corporate Services
	Inadequate financial Management controls.	Low	Medium	Delayed and weak execution of standard internal control systems.	Enhance financial monitoring and adherence to International Public Sector Accounting Standards (IPSAS). Automation.	Director Corporate Services
	Wasteful expenditure.	Medium	Medium	Delayed execution of standard internal control systems.	Develop and implement budget controls; Optimal use of resources through cost reduction and prioritization.	Director of Corporate Services
Technological Risks	Rapid changes in technology	High	Medium	Increased incidences of cyber attacks Low level of ICT security awareness	Regular upgrading of technology and skills.	Director of Corporate Services
	Systems and information security.	High	Medium	Terrorism/Insecurity attacks (Hacking) Inadequate maintenance	Improve information security Regular updates of systems' firewalls. Penetration testing	
	Weak Operational Disaster Recovery and Business Continuity Plan	Medium	Medium	Low level of ICT security Awareness. Inadequate support persons on the service provider	Operationalize the Disaster Recovery Plan (DRP). Develop and Operationalize Business Continuity Plan (BCP).	Director Corporate Services

CHAPTER SEVEN: RESOURCE REQUIREMENTS AND MOBILIZATION STRATEGIES

7.1 Overview

This chapter reflects on the resources that will be required to implement this Strategic Plan, the projected resources to be availed by the exchequer, and the resource gaps that partners can complement for the Authority to realize its mandate.

7.2 Financial Requirement

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

7.2.1 Financial Resource Requirements

Table 7-1 outlines the financial resources the Authority will need during the implementation period as prioritized in the respective Strategic Focus Areas.

Table 7- 1: Financial Requirements by Key Result Area

	Projected Resource Requirements (KSh.Mn)					
	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Pillar 1: Public Education and Advocacy and Advocacy	423	393	430.5	398	435.5	2080
Pillar 2: Research, Standards and Licensing	403.1	736.6	798.6	689.6	613.6	3241.5
Pillar 3: Compliance and Enforcement	208	228	208	228	208	1080
Subtotal	1,040	1,340.5	1,443.5	1,302	1,263.5	6,390
Enabler 1: Legal and planning frameworks	54.2	69.3	36.6	31.3	34.8	226.2
Enabler 2: Partnerships, Collaborations, and Stakeholder Coordination	44.00	41.00	41.00	41.00	41.00	208.00
Enabler 3: Corporate Communication	127.00	124.00	124.00	124.00	124.00	623.00
Enabler 4: Institution Strengthening	709.8	891.2	1037.6	990.6	1101.1	4730.3
Sub-Total	935.0	1125.5	1239.2	1186.9	1300.9	5787.5
Foundations: Leadership and Integrity	8.7	5.2	8.2	5.2	8.2	35.5
Sub-Total	8.7	5.2	8.2	5.2	8.2	35.5
Total	1,983.7	2,471.2	2,690.9	2,494.1	2,572.6	12,213

As shown in Table 7-1, the Plan will require a total of KSh. 12.213 billion to implement. The highest amount of KSh. 6.39 billion will go to the Pillars while KSh. 5.787 billion will be required

to implement the enablers. The remaining balance of KSh. 35.50 million will be required for the foundation. Research, Standards, and Licensing will require KSh.3.242 billion while Public Education and Advocacy will require KSh. 2.08 billion. Compliance and Enforcement will need KSh. 1.08 billion over the plan period.

In addition, under the strategic enablers: Institutional Strengthening programmes will require 4.73 billion; Corporate Communication will require KSh.623 million; Legal and Planning frameworks will require 226.2 million; and Partnerships, Collaborations, and Stakeholder coordination will take KSh.208 million. The foundations will require KSh.35.5 million to firm up the institution's strategic leadership.

Figure 7- 1: Resource sharing between KRAs

As can be seen from Figure 3 the pillars as well as the enablers will take the lion's share of the resources being the ones addressing and supporting the critical mandate of the Authority.



Photo 6: The Ag. Chief Executive Officer Professor John Muteti Fourth from left, Members of Staff, and the Stakeholders at the Sarova Panafric Hotel Nairobi during the National Stakeholders Validation of the Strategic Plan 2023-27 on the 2nd October 2023.

Resource Gaps

Table 7- 2: Resource Gaps

Financial Year	Requirement (KSh.Mn)	Estimated Resource Allocations (KSh.Mn)	Variance (KSh.Mn)
Year 2023/24	1,983.70	963.0	1,020.7
Year 2024/25	2,471.20	1,068.9	1,402.3
Year 2025/26	2,690.90	1,186.5	1,504.4

Year 2026/27	2,494.10	1,317.0	1,177.1
Year 2027/28	2,572.60	1,461.9	1,110.7
Total	12,213	5,997.4	6,215.6

The Authority continues to rely on the Government to fund the implementation of its programs in this Plan. As demonstrated from the prioritized programs the Authority anticipates an overall resource gap of KSh 6.22 billion over the five years. The FY 2025/26 is projected to have the highest deficit in funding of KSh 1.5 billion while the FY 2023/24 will have the lowest deficit of KSh 1.02 billion as per the respective strategic areas of focus prioritization. Based on this projection, the anticipated exchequer funding will support only 49.1 percent of the resource requirement. This calls for enhanced resource mobilization to bridge the overall gap.

To bridge the gap between the exchequer funding and resources required, the Authority shall explore additional funding of Kshs 6.215 Billion from development partners by strengthening the existing linkages with its key partners and collaborating with institutions both state and non-state agencies implementing projects and programmes in this field to actualize its objectives. The Authority will continue to use the resources at its disposal prudently.

7.3 Resource Mobilization Strategies

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

7.3.1 Financial Resources Mobilization

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

7.3.2 Stakeholder Mobilization and Collaboration

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

7.3.3 Financial Resources Distribution

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

7.4 Resource Management

7.4.1 Human Resource/Capital Management & Development Strategies

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

7.4.4.1 Staff Recruitment

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

7.4.4.2 Education and Training

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

7.4.4.3 Career Development

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

7.4.4.4 Terms of Service

The Authority shall continually improve the terms of service for all staff commensurate to their skills and facilitate periodic training to retain and attract high-quality human resources.

7.4.4.5 Collaboration with other institutions

The Authority shall benchmark with other institutions to adopt best practices that exist or emerge in the industry to retain and increase the efficiency of its human resources.

7.4.4.6 Coaching and Mentorship

The Authority shall provide a clear Business Continuity Plan (BCP) through coaching and mentorship at all levels by senior and experienced staff to the new and young staff. This is aimed at transferring and retaining knowledge, skills, and institutional memory of the Authority, which can be transferred from generation to generation.

7.4.4.7 Performance Management, Reward, and Sanction

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

CHAPTER EIGHT: MONITORING, EVALUATION AND LEARNING

8.1 Overview

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

The exercise will take into account emerging issues and changes in the environment that affect the implementation of this plan. To take into consideration such issues, Monitoring and Evaluation (M&E) indicators will be developed upon which the implementation will be measured.

8.2 Monitoring Framework

Monitoring the implementation of the Plan will be a continuous process involving collecting and analysing information based on the targets, outputs, outcomes, and performance indicators. Monitoring mechanisms will be institutionalized through the appointment of M&E champions with representatives from all the departments and sections. The champions will be responsible for preparing departmental status reports. The Planning Section will coordinate the collection and analysis of data, preparation of quarterly implementation status reports, and presentation of the reports to the Board.

8.3 Performance Standards

To enhance the implementation of the Plan and achievement of its objective, the Authority's performance contract targets shall be drawn from the Plan and integrated into the Authority's Performance Management System. The targets shall be cascaded to Directors and sections who will ensure their departments and sections deliver expected outputs every year. The Director will ensure an effective Performance Management System is implemented and performance evaluation is conducted at individual levels through the Performance Appraisal System.

8.4 Evaluation Framework

The Authority will conduct annual evaluations to determine the extent to which the Plan met the stated strategies and objectives and to document the lessons learnt. A mid-term evaluation and review will be undertaken after the third financial year to assess the extent

to which the plan is meeting its implementation objectives and timelines. At the end of the plan period, an end-term evaluation will be undertaken to establish the extent to which the outputs and expected outcomes have been achieved. The Planning Department will coordinate the evaluation and review processes. Where need be, an independent team of consultants may be procured to undertake a particular task.

8.5 Monitoring and Evaluation Success Factors

8.5.1 Functional Work plans

The functional work plans shall be developed in line with activities in the Plan. The Work Plan shall provide clear performance indicators, resource requirements, and responsibilities. The Director shall ensure the implementation of performance management, reward, and sanctions in line with the Human Resource Policies and Procedures manual.

8.5.2 Performance Review Meetings

The Director of Research, Policy, and Planning shall ensure coordination of performance meetings to review progress and address issues that may arise in the implementation of the Plan. Quarterly review meetings at the functional, management, and Board levels shall be convened to receive reports on the implementation of the Plan. A strategy implementation review meeting shall be held annually to evaluate the progress made.

8.6 Progress Reporting

Progress reports on the implementation status shall be prepared quarterly and annually. To facilitate reporting on performance, data collection templates shall be developed for use by the heads of departments and sections who will be required to submit the filled templates to the planning section for compilation. The planning section shall prepare quarterly and annual evaluation reports for review by management and the Board.

ANNEX 1: QUARTERLY PROGRESS REPORT QUARTER ENDING

Quarterly Progress Reporting Template

Expected Output	Output Indicator	Annual Target (A)	Quarter for Year			Cumulative to Date			Remarks
			Target (B)	Actual (C)	Variance (C-B)	Target (E)	Actual (F)	Variance (F-E)	

ANNEX 2: ANNUAL PROGRESS REPORTING TEMPLATE

Expected Output	Output Indicator	Annual Target (A)	Quarter for Year			Cumulative to Date			Remarks
			Target (B)	Actual (C)	Variance (C-B)	Target (E)	Actual (F)	Variance (F-E)	

ANNEX 3: EVALUATION REPORTING TEMPLATE

Key Result Area	Out-come	Key Performance Indicator	Baseline		Mid-Term Period Evaluation		End-Term Period Evaluation		Remarks
			Value	Year	Target	Achievement	Target	Achievement	

ANNEX 4: ANNUAL WORK PLAN 2023-2024 FOR STRATEGIC PLAN

Result Area	Activities	Sub-activities	Output	Indicator	Target	Q1	Q2	Q3	Q4	Budget (Kshs)	Responsibility



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**NATIONAL AUTHORITY FOR THE CAMPAIGN
AGAINST ALCOHOL AND DRUG ABUSE**

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