

Samburu Aid in Africa

SAIDIA

Providing assistance towards integrated community development

SAMBURU AID IN AFRICA (SAIDIA)

STRATEGIC PLAN – 2008-11

**NANYUKI/MARALAL/NAIROBI
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EXECUTIVE SUMMARY

Samburu Aid in Africa (SAIDIA), a community-based non-governmental organization (NGO), has been operating in Samburu District in northern Kenya since 1986. It delivers health and other services to local communities with a view to creating a self-sustaining organization that will be managed solely by those communities. It would like to see communities use their own resources to raise health-care, education and living standards.

SAIDIA's Strategic Plan 2008-11 for development emphasises community empowerment. The plan was formulated with the full participation of communities, SAIDIA board members, SAIDIA staff and other NGOs. This in-depth process took place over two years. Consultations focused on whether or not SAIDIA's activities and services meet the existing needs and expectations. The meetings, workshops, seminars and staff retreat also provided a platform for sharing information and ideas that can be used to improve SAIDIA's work.

The principle challenges to development were found to be:

- Inadequate access to food, water, clothing, shelter
- Poor access to health services
- Poor access to education
- High dependency on handouts and relief interventions

A SWOT analysis showed that SAIDIA faces several operational challenges. Interventions have addressed the effect rather than the cause of problems. Community capacity building must be expanded for sustained development. SAIDIA's health facilities are no longer cost-effective. The funding base is too narrow. Insecurity curtails operations. Programme design is governed by funding availability rather than long-term programmatic objectives. Poverty, cyclical drought and epidemics of diseases are chronic.

The Strategic Plan 2008-11 intends to raise health and education standards, improve local resource use and develop community self-reliance. It also intends to design and implement integrated programmes, and to hand over the health facilities to the Ministry of Health. SAIDIA will train staff and communities and work closely with local development partners to achieve this.

INTRODUCTION

1. Background

SAIDIA is a community-based non-governmental organization working in Samburu District in northern Kenya. The organization began operations in 1986 at Lesirikan, a village near Baragoi. People's livelihoods and health had deteriorated sharply in the wake of the severe drought of 1984-85.

The organization's ethos is founded on a firm belief in integrated and sustainable development. SAIDIA's direction and focus has been dictated consistently by the needs and requests of the communities themselves. Ultimately, only they can shape the development of the area in which they live. Thus SAIDIA's methodology revolves around

the adaptation of traditional practices coupled with the careful introduction of appropriate technology.

SAIDIA's long-term objective is to establish a self-sustaining organization that will ultimately be managed solely by the people of Samburu District.

2. The process

The process of strategic planning for SAIDIA evolved from a management decision to build an efficient and effective initiative for community development to provide quality and timely services to the target beneficiaries on a sustained basis. The organization made a deliberate and conscious decision to carry out an internal analysis and environmental scan to assess the dynamics of internal strengths and weaknesses, opportunities and threats in relation to the challenges they posed to SAIDIA's mission statement and goals. This process involved the following six steps.

i) Review of the past strategic plans

SAIDIA developed two previous 5-year strategic plans. The review of the plans showed that some of the proposed activities were implemented. However, the communities' needs have increased over time. This prompted the SAIDIA management to rethink its approach to community development. A 3-year strategic plan was deemed appropriate.

ii) Community consultations workshops

The review of SAIDIA's past performance showed that, while the 5-year strategic plans were well developed, their overall implementation has been disappointing. This can be attributed to low grassroots involvement in the preparation and implementation. In view of this, SAIDIA revised its approach and held community consultations at the SAIDIA seminar hall in Maralal. Community representatives from Lesirikan, Latakweny, Sererit and Ngilai participated. They voiced their communities' needs and aspirations and proposed solutions that could be effected under the prevailing circumstances. The process highlighted the health, social and economic problems affecting communities.

The workshop had five objectives.

1. To familiarize participants with SAIDIA's internal operations
2. To assess contemporary, medium-term and long-term needs as expressed by community representatives
3. To assess whether SAIDIA's current activities and services meet existing needs
4. To assess whether SAIDIA's service provision meets community expectations
5. To create a platform for sharing information, ideas, opinions and experience and recording recommendations to improve SAIDIA's work

iii) Board member questionnaire

To help draft the framework of the strategic review process, SAIDIA distributed a questionnaire to its board members to include their knowledge and ideas. There was a reasonably good response from the board members.

iv) Stakeholder analysis

SAIDIA recognizes the role other partners play in community development. With this in mind the process of developing a strategic plan for SAIDIA involved carrying out a stakeholders' analysis. SAIDIA consulted with Samburu Wings of Mercy (SWOM), Community Organization for Development Support (CODES), Samburu Integrated Development - Programme (SIDAI-P), Christian Children's Fund (CCF) and Resource

Project of Kenya (RPK). This was done to gain an understanding of how their work is relevant to SAIDIA's activities and whether it had a positive or negative influence on SAIDIA's programme objectives.

v) Staff retreat

SAIDIA held a two-day staff retreat at its Maralal office to put the strategic framework into context. There were two objectives. Staff brainstormed the outcomes of community consultation meetings, seminars and the stakeholders' feedback analysis.

The retreat drafted vision and mission statements and SAIDIA's core values. It fine-tuned the needs and aspirations of different segments of communities and agreed on the SWOT analysis as well as a summary of the PESTE analysis.

vi) Board meeting

A board meeting was held at the Nanyuki Sports Club to discuss the development of SAIDIA's Strategic Plan 2008-2011. The topics that were tabled had evolved from a series of community participatory meetings, seminars and workshops attended by community representatives, local leaders and NGO and local administration personnel as well as from stakeholder consultative meetings and the Maralal staff retreat.

Points of discussion

- Issues identified in the prior meetings, workshops, seminars and staff retreat
- A SWOT analysis
- A summary of PESTE analysis

The objective of the meeting was for the board to reach consensus on SAIDIA's vision, mission, organizational values and objectives; and to discuss the draft 3 yr strategy and the feedback from the community and staff workshops. The board divided into three groups. Each group was assigned a programmatic theme and given the task of defining the problems, putting forward solutions and developing strategic choices. The outcome provided the matrix for SAIDIA's Strategic Plan 2007-2011.

THE CONTEXT

3. Development trends

This strategic path was developed taking into account the various stages of development in Samburu District. It also took into consideration pastoral development trends in Kenya as well as national development trends. The strategic plan will conform to targets set in the district and national development plans. These documents include, but are not limited to, the District Development Plan, the Local Authorities Transfer Fund (LATIF), the Constituency Development Funds (CDF), Poverty Reduction Strategy Papers (PRSPs), the National Strategy for Arid and Semi-arid Lands (NSASAL), the Constituency AIDS Control Committees (CACCs) and SAIDIA's previous strategic plans.

For more than two decades SAIDIA has been providing essential health services to remote parts of Samburu District through its two health facilities at Lesirikan and Ngilai, its mobile-clinic outreach and preventive health care education. The objectives of SAIDIA's health care programme are to reduce morbidity and infant mortality rates in its areas of coverage; to reduce malnutrition; and to empower communities to meet their health needs in a responsible and sustainable manner.

SAIDIA also runs other programmes to help local people to exit from poverty. These programmes tackle pervasive problems in the district such as low incomes, poor nutrition because of household food deficits, unsafe water supplies, high rates of illiteracy and inadequate life skills among young men and women. SAIDIA has helped to build community awareness and abilities by putting in place community-based structures and through training and educational visits to other successful community projects. This has enhanced community participation in development programmes from initiation and implementation to governance and monitoring and evaluation. Community empowerment took cognizance of the role played by women in development work. SAIDIA has deliberately initiated programmes that include women and youth in governance and decision-making.

4. Situation analysis

Kenya's 30.8 million population has a growth rate of 1.5%. More than half are under 18 years of age while 42% are under 16. 83% of Kenyans live in sparsely populated arid or semi-arid areas with scarce natural resources. Of these, 56% live below the poverty line of \$1 a day. Samburu District has a total population of 189,000, and SAIDIA serves about 50,000 of these people.

Cyclical drought impoverishes the people of Samburu District. It causes food scarcity and malnutrition and leads to low retention rates at school and a deterioration of children's wellbeing. The situation is exacerbated by chronic livestock rustling. Poverty deprives a growing number of people of basic needs such as food, shelter, health, education and social security. In these households children under five years are poorly nourished while general health in communities deteriorates.

Food insecurity in Samburu District is directly linked to very low agricultural potential and a harsh climate. However, there is potential for job opportunities in eco-tourism.

Free primary education was introduced in Kenya in 2003. While this has raised enrolment rates, it has also put pressure on facilities. In 2008 secondary school fees were also abolished. However, uptake has not been uniform across the country. Samburu District continues to have a low enrolment rate compared to the rest of Kenya.

Retention and completion rates also pose a challenge. Boys tend to leave school to tend livestock and pass through initiations into a fourteen-year period of warriorhood. A high premium is placed on girls who, as teenage brides, fetch sizeable dowries. Heightened insecurity also erodes performance.

In the past some NGOs have tried to resolve low retention through out-of-school evening classes for school drop-outs and children who had not been enrolled in the first place. The objective was to equip these children with life skills and to get them back into the formal education system. However, the response was poor.

Water supply is another major challenge for pastoralists. An estimated 60% of rural Kenyans are faced with acute water shortages for domestic and livestock consumption. The government goal of universal access to water by 2000 has not been achieved. Water shortages in Samburu District lower the school retention rate, increase water-related illness, cause migration and the loss of livestock which in turn leads to food deficit and child malnutrition.

Up until the mid nineties, Kenya's infant and child mortality rate was slowly declining, and its people's life expectancy was rising. However, these gains have been eroded in the last 10 years due to demographic, social and economic factors – related to both the AIDS and Tuberculosis epidemics and to poverty which has enormously strained government delivery of quality health care services.

Health services are delivered in the more remote areas of Samburu District by a few ill-equipped government dispensaries, faith-based organizations and SAIDIA. The cost of delivering health services has almost doubled in the last 5 years, due to increases in fuel, medicines, and salaries. The new government strategy of transferring a percentage of its national revenue to the grassroots through Community Development Funds has increased the number of rural dispensaries. However, this has been done without the benefit of the sustainable provision of drugs and medical personnel.

Sharply deteriorating security is a major barrier to development. Highway banditry, carjacking, burglary, wanton killings by marauding 'sects', livestock rustling and election-related violence affect all regions to varying degrees and continue to mar Kenya's reputation.

Samburu District suffers from intermittent social conflict. As a result, schools have been closed and villages abandoned. Lives and livelihoods have been lost and property destroyed. Access routes to the district and roads within the district are periodically unsafe for travel.

5. SWOT analysis:

The following SWOT analysis is a summary of the environmental scan carried out during the strategic framework process. It gives a snapshot of the strengths and weakness within SAIDIA as well as opportunities and threats presented to the organization.

Internal strengths	Internal weaknesses
<ul style="list-style-type: none"> • Long history of health service provision and implementation of community development activities resulting in community recognition and ownership • Appropriate and timely interventions (male circumcision) • Some excellent and committed staff • Fundraising successes in UK and USA • Commitment to board development through new members including community representatives • Improved programme implementation • Good programme results • Good track record with some donors • Absence of corruption within SAIDIA • Small and focused organization • Ability to survive crisis • Policies, systems and procedures in place 	<ul style="list-style-type: none"> • Follow up of training activities • Communication with community (notice too short to allow them to prepare for activities) • Financial vulnerability as almost no untied funds for reserves and narrow donor base • Staff attitude - not productive, not positive, discontented, big expectations • Leadership – needs to be more grounded in community and the district • Lack of real community ownership • Loss of focus on community development activities • Running on the spot • Lack of manpower • Lack of capability and expertise in some areas • Staff turnover due to misconduct, poor conditions and insufficient allowances • Lack of good managers who are team leaders • Conflict and poor cooperation within and between teams • Too few active board members • Poor public relations and documentation • Policies and systems not followed by staff and managers • Low involvement of staff and community in planning

External opportunities	External threats
<ul style="list-style-type: none"> • National financial resources for development programmes • Good relations with Ministry of Health and donors • Advocacy network for pastoralist communities • Local support for communities through private sector initiatives • Government and donors aware that security is a major issue • Diverse funding is available • Lack of other creditable NGOs in the district 	<ul style="list-style-type: none"> • Infrastructure • Lack of political will • Insecurity • Lack of finance • Community politics • Bad governance • Donor demands • Marginalization of district • Deepening poverty • High dependency of community

6. Problem analysis

The main challenge in Samburu District is to alleviate a poverty that is rooted in the harsh environment and traditional customs. Nearly 70% of the population lives below the poverty line. Erratic rainfall undermines livestock rearing, which is the main economic stay of the Samburu people. The district has been marginalized from government social services since colonial times. Education, health, livestock development, agriculture and the road network have all been neglected.

This has resulted in a high illiteracy rate and outbreaks of easily preventable disease in both humans and their livestock. Large areas of the district are hard to reach, have poor access to livestock markets and have no agricultural production. Traditional culture also promotes gender inequity. The scorecard for the district continues to be below the benchmark for national development indices.

These and other factors mean that nearly one out of three people has inadequate access to health, water and education services as well as livelihood opportunities. The continuous presence of the World Food Program (WFP) and the School Feeding Program (SFP) in the district testifies to the chronic food deficit situation. The inability of communities to provide children, women and youth with the most basic of needs – food – continues to undermine development.

This scenario has been broadly summarized into four problems as a result of community workshops, community focus groups, staff workshops and meetings with other stakeholders in Samburu District. They are listed in order of importance.

- Inadequate access to food, water, clothing, shelter
- Poor access to health services
- Poor access to education
- High dependency on handouts and relief interventions instead of being self-reliant

7. Key stakeholders

There are two groups of SAIDIA stakeholders. There are those who are key stakeholders and those who are referred to as secondary stakeholders. The primary stakeholders are SAIDIA's board members, its staff, various sectoral committees and the population which SAIDIA serves (the community, youth and children). These constitute the core group that is involved in the decisions and activities that affect the organization's daily operations. The secondary stakeholders are organizations and individuals that either influence or are influenced by SAIDIA directly or indirectly.

Primary stakeholders

1. Board of directors
2. SAIDIA staff
3. Sectoral committees
4. Communities

Secondary stakeholders

1. Development agencies – NGOs, FBOs,
2. Government agencies – Ministry of Health, Ministry of Education, ALRMP, district development organizations
3. Donors – Bernard Van Leer Foundation, CORDAID, Family Health International, United Nations Population Fund
4. Individual donors

SAIDIA is clear on its mandate which is to fulfill the pledges made in this strategic plan. Meeting the expectations of the primary stakeholders is at the top of its agenda for the next three years. This is because the greatest demands and threats to SAIDIA come from these primary stakeholders. To meet these demands SAIDIA will be required to work efficiently and effectively within the parameters of this strategic plan.

During the development process of this strategic framework SAIDIA talked to a number of secondary stakeholders. They expressed their willingness to partner with SAIDIA by sharing training facilities and expertise and pooling development resources.

Secondary stakeholders consulted

1. Samburu Integrated Development Awareness Initiative – Programme (SIDAI-P)
2. Samburu Wings of Mercy (SWOM)
3. Community Development Services (CODES)
4. Resource Project Kenya (RPK)

Secondary stakeholder expectations of SAIDIA

- To cover the entire district
- To enhance its partnerships with other development organizations in the district
- To undertake community development activities beyond health service delivery

THE STRATEGIC FRAMEWORK

8. Vision

SAIDIA envisages communities that use their own resources to improve health care and raise education and living standards.

9. Mission

SAIDIA is an NGO working with the pastoralist communities of Samburu District in northern Kenya. It aims to improve the living standards of the local population by helping communities to exploit their resources to improve access to health care, education and livelihoods.

10. Core values

SAIDIA recognizes that organizations work well then when founded on basic values that keep the organization on course. These values guide and give momentum to SAIDIA staff in realizing the vision and mission of the organization. They are the working principles that enable SAIDIA to remain true to the issues that the organization believes in and stands for.

SAIDIA believes in and stands for:

- **Honesty** - with the organization, the donors and the community in all that SAIDIA does
- **Commitment** - to SAIDIA's mission in ensuring that the poor benefit from its work
- **Equality** - without segregation of any one individual either by gender, race, creed or otherwise within and beyond the organization
- **Professionalism**: in all undertakings within the organization and in the delivery of services to the community
- **Cooperation** - of all, at all levels within the organization and with the development partners with whom it serves the communities
- **People-centred** - approaches to development and their intrinsic contribution to the process of development
- **Impact and results** - through community-based programmes that are holistic, impact-driven and result-oriented
- **Respect** - for the inherent worth of all irrespective of their social status by treating everyone with equal respect and dignity

11. Long-term goal

SAIDIA's long-term goal is to contribute to raising the living standards of the people of Samburu District.

12. Immediate objective

In the medium term, SAIDIA will ensure the provision of basic services in health, education, livelihoods and water to everyone with a focus on women, youth and children.

13. Critical issues

The critical issues arising from the assessment of SAIDIA's historical path are many and complex. SAIDIA is clear about the problems affecting communities. It must address certain critical issues efficiently and effectively and in a sustainable manner. These issues were identified during a 2-year process of consultations, seminars and interviews with communities, leaders, government and civil society bodies, SAIDIA staff and the SAIDIA board.

a. Inadequate sustainability and capacity building mechanisms

Planning and programming constitute short-term measures rather than long-term interventions. Interventions address the effect rather than the cause of problems.

Community empowerment is dependent on external funding. Capacity building of beneficiaries is critical to the sustainability of development initiatives. In this strategic plan SAIDIA will implement a thoughtfully formulated policy for a systematic and coordinated community empowerment process.

b. High costs of management of SAIDIA health facilities

SAIDIA built and equipped two health facilities at Lesirikan and Ngilai and has run them for over two decades. Running costs have escalated and are no longer cost effective in relation to output. SAIDIA is considering handing over the facilities to the Ministry of Health to manage and equip.

c. Inadequate documentation and dissemination

Over the last decade SAIDIA has done tremendous work in Samburu District, but except for annual highlights little has been done to document the impact of SAIDIA's activities and the successful aspects of its programming. A strategy for disseminating SAIDIA's past and contemporary successes has yet to be formulated.

d. Inadequate diversification of funding base

SAIDIA has experienced funding highs and low. Funding from UNFPA, a longstanding donor, has been diminishing over the years. SAIDIA needs to formulate a strategy for the long-term diversification of its funding base to ensure the sustainability of programmes.

e. Inadequate human resource development

Human capital is critical to the successful development of an organization. SAIDIA must expand its human resource capacity to enable it to implement the new strategic plan to its full potential.

f. High insecurity

Highway banditry, burglary and ethnic conflict such as livestock rustling are commonplace in Kenya. The staff and property of SAIDIA are exposed to internal and external insecurity. This has adversely affected SAIDIA's operations.

g. Inadequate automation and adaptation to technological changes

The field offices at Lesirikan and Ngilai are not equipped with up-to-date technology. The staff need training in computer skills so that they can be abreast of cutting edge technology which in turn will allow them to be effective and accountable.

h. Improving SAIDIA's image and identity in Samburu District

SAIDIA is the only longstanding NGO operating in the most extreme terrain of the district. Its coverage has been restricted to Baragoi and Wamba Divisions. It should expand its coverage to the whole district so that it can deliver health care services and development programmes to other deserving communities.

i. Strengthened collaboration, partnering and networking

SAIDIA recognizes the role played by other development partners in the district. Meaningful coordination and networking of both government and civil society efforts is crucial to SAIDIA's operations. It must work closely and with synergy with other development agencies in pursuit of effective programmes and wider coverage.

j. High levels of poverty

The majority of Kenyans live below the poverty line. Pastoral communities are among the poorest because they are trapped in a cycle of drought and cattle banditry with minimum access to basic needs and alternative livelihood opportunities. The Central Bureau of Statistics 2000 report ranks Samburu District as the second poorest district in Kenya.

k. Prevalence of epidemics

HIV and AIDS, TB and malaria are three of the greatest threats to development and child survival in Samburu District. Interventions must be put in place to control and prevent these epidemics.

l. Programming

Programmes are designed on the basis of funding availability without giving consideration to a coordinated approach to the greater programming picture. SAIDIA must redesign its programming in a holistic way to take into account all aspects of community development.

m. Inadequate policy support

Many changes have occurred since the inception of SAIDIA . At this stage of the organization's evolution, it needs to reformulate policy for governance, fundraising, financial control, procurement procedures and programming to reflect contemporary circumstances.

14. Key result areas

SAIDIA must address the following issues if it is to contribute to raising district living standards.

- Inadequate access to education opportunities for school-age children
- A high incidence of illness in the general population
- Poor utilization and management of available resources
- Poor life skills across all sectors of the population

15. Strategic options

If SAIDIA is to address the above issues effectively, it must implement the following interventions during the Strategic Plan 2008-11.

- Formulate a human-resource development policy.
- Design and implement capacity-building and training programmes to identify socio-economic levels of beneficiary communities and gaps in skills endowment of SAIDIA staff.
- Enhance the role of communities and their leadership in the development of education in the district.
- Design a Mentorship Education Programme to introduce career guidance in schools; identify district role models and build the capacity of school management and local leadership to promote education and create professionals in the district.
- Redesign health services to address the causes rather than the effects of ill health. SAIDIA tends also to respond to communities' expressed needs without

reference to existing programming. This will involve investment in research, community-based delivery systems and mechanisms, and community-driven referral systems in order to gain full community support for the health programme.

- SAIDIA must reconsider the management of its static health facilities. The cost of running the two health facilities outweighs the outputs in terms of population coverage. By comparison, the health outreach programme is cost-effective.
- Create community awareness of HIV and AIDS and other health issues. Emphasis should be placed on the preventive health care.
- Develop a conceptual framework for food security and small business initiatives to boost household incomes and food self-sufficiency.
- Reassess security issues within the organization and in the district by reviewing SAIDIA's security policy and making the necessary changes to prevent and mitigate situations likely to affect SAIDIA's staff, property and the community.
- Coordinate networking and partnerships with the relevant development agencies in the district. This calls for identifying key areas of collaboration with each partner and working to develop meaningful partnerships.
- Promote sustainable utilization of natural resources through a deliberate policy to incorporate sustainable resource use in SAIDIA's programming.
- Improve documentation and data management practices. This means real-time documentation of development processes, experiences, lessons learned, challenges and best practices in order to have a database for dissemination to the various stakeholders.

16. Strategic choices

a. Strengthen capacities of development actors

Real development is built through the minds and hearts of people. Sustainable development relies on empowering beneficiary communities. SAIDIA must emphasize community education to empower communities to take charge of their own development.

b. Design and implement integrated programmes

The solution to the core problem – low living standards, is the adoption and implementation of quality, holistic programming. This means designing sustainable programming for health, nutrition, education, early childhood development, food security, micro-enterprise development, water and sanitation and advocacy.

c. Handover of the Lesirikan and Ngilai health facilities to the Ministry of Health

The government is committed to the provision of health care services to its constituents, and over the past 5 years has shown a greater commitment to health in these northern areas. This has manifested itself in greater commitment of resources in the management of the facilities and, we believe, that the MOH is ready to take over the static clinics in Ndoto and Ngilai locations. Due to the high cost of running the whole static and mobile health facilities, SAIDIA will hand over the personnel and drug related costs of running the static health facilities (Lesirikan and Ngilai) and focus on an integrated health outreach programme with emphasis on preventive health care. Outreach health programmes are what SAIDIA does best, and the government does not have the resources to run these services, thus SAIDIA sees its ability to reach these remote communities as a way of maintain a greater coverage for some of the poorest families in the area.

d. Collaborate, partner and network with relevant development agencies

SAIDIA supports meaningful partnerships with other development agencies to share experiences, resources and knowledge-based information. Coordinated planning and pooled resources will boost sustainable district development.

e. Strengthening human capital development

SAIDIA recognizes that leadership development is crucial to building staff capacity to execute their responsibilities effectively. The complexities of the 21st century require regular staff updating on breaking developments in IT and other areas.

f. Enhancing documentation and dissemination of good practices

Accountability to the donors and all other development actors is becoming increasingly more important. SAIDIA will make deliberate efforts to ensure that all processes and outcomes of its development activities are documented in print and electronically for dissemination and use.

17. Strategic objectives

a. Education

To make education a higher priority for communities and leadership

- Increased awareness
- Increased access to education
- Higher education standards
- Expanded bursary scheme

b. Health

To strengthen equitable access to appropriate, quality health promotion and care

- Hand over static facilities to the Ministry of Health and the community
- Strengthen health promotion and prevention activities in the community
- Research and policy advocacy
- Access to adequate safe water
- Improve communication network

c. Resource use

To improve utilization and management of local resources by building common ground between traditional and modern mechanisms

- Implement best practices for the proper utilization of resources
- Diversify livelihoods
- Use indigenous resource utilization and management
- Increase access to safe and clean water

d. Self-reliance

To empower communities to engage in activities which are economically sustainable

- Promote community activities to raise household incomes
- Introduce alternative livelihoods
- Utilize livestock and livestock products to raise household incomes
- Establish market outlets for livestock and livestock products

18. Priority targets

Issues	Strategic Options	Objectives	Outputs	Activities	Indicators	Means of verification
Poor access to education for school-age children	<ul style="list-style-type: none"> Enhance community awareness of its role in promoting education 	<ul style="list-style-type: none"> To make education a higher priority for communities and leadership in the district 	<ul style="list-style-type: none"> High enrolment of school-age children Low drop out rates in primary and secondary schools Adequate educational facilities accessible for all school-age children 	<ul style="list-style-type: none"> Lobbying Hold barazas Form Headteacher associations Training Support greater provision of education facilities 	<ul style="list-style-type: none"> #/% child enrolment % drop outs by gender # barazas held # teachers associations formed # of schools supported with educational facilities 	<ul style="list-style-type: none"> Enrolment charts Reports Minutes of meetings
	<ul style="list-style-type: none"> Enhance career and professional development in the district 	<ul style="list-style-type: none"> To promote career development for school leavers 	<ul style="list-style-type: none"> More children transiting from primary to secondary and to professional colleges More students seeking a diversity of careers Increased number of local professionals in the district 	<ul style="list-style-type: none"> Hold career guidance talks in school Link school leavers to professional colleges Facilitate annual district-wide career guidance talks 	<ul style="list-style-type: none"> # meetings on career development Develop inventory of colleges 	<ul style="list-style-type: none"> Minutes Catalogue

Issues	Strategic Options	Objectives	Outputs	Activities	Indicators	Means of verification
<ul style="list-style-type: none"> • High incidence of illness among all sections of the population 	<ul style="list-style-type: none"> • Redesign health programme to address causes rather than effects of ill health 	<ul style="list-style-type: none"> • To strengthen equitable access to appropriate, quality health promotion and care services • To reduce infant and U5 mortality rates by 10% by Dec. 2011 	<ul style="list-style-type: none"> • Research findings developed • Referral system enhanced 	<ul style="list-style-type: none"> • Conduct baseline survey • Refer critical patients for specialized treatment • Carry out mobile clinic outreach 	<ul style="list-style-type: none"> • # patients referred • # beneficiaries 	<ul style="list-style-type: none"> • Reports • Clinical data
	<ul style="list-style-type: none"> • Ensure smooth transfer of static health facilities at Lesirikan and Ngilai to the management of MOH and community 	<ul style="list-style-type: none"> • To enhance community ownership of health facilities 	<ul style="list-style-type: none"> • Healthy community and children • Well nourished children and pregnant and lactating mothers • Low morbidity and mortality rates among all segments of the community • Low malnutrition rates 	<ul style="list-style-type: none"> • Conduct immunization • Treat patients • Carry out nutritional education 	<ul style="list-style-type: none"> • # of children immunized • # patients treated • # of community trainings 	<ul style="list-style-type: none"> • Immunization records • Treatment records • Training reports

Issues	Strategic Options	Objectives	Outputs	Activities	Indicators	Means of verification
	<ul style="list-style-type: none"> Enhance awareness in the community on HIV&AIDS and other health issues 	<ul style="list-style-type: none"> To enhance community's knowledge of HIV&AIDS and common ailments To reduce prevalence of preventable diseases within the community by 6% by Dec. 2011 		<ul style="list-style-type: none"> Awareness campaigns Provision of drugs Psychosocial sessions Support establishment of community- based support groups 	<ul style="list-style-type: none"> # training sessions 	<ul style="list-style-type: none"> Reports
Poor utilization and management of available resources	<ul style="list-style-type: none"> Enhance proper utilization of natural resources for sustainable development 	<ul style="list-style-type: none"> To improve utilization and management of local resources by building common ground between traditional and modern mechanisms 	<ul style="list-style-type: none"> Promote traditional best practices promoted Diversify livelihoods Utilize indigenous knowledge Enhance access to clean water enhanced 	<ul style="list-style-type: none"> Carry out baseline survey on traditional best practices Form elders' committees Training for good management of resources 	<ul style="list-style-type: none"> Best practices established # committees formed # training on good management of resources 	<ul style="list-style-type: none"> Package of good practices
Poor life skills for all segments of the population	<ul style="list-style-type: none"> Enhance capacity building and identify socio-economic levels of 	<ul style="list-style-type: none"> To empower communities to engage in activities which are economically 	<ul style="list-style-type: none"> Mainstream women in leadership Equip community with the knowledge to make informed decisions Improved infrastructure 	<ul style="list-style-type: none"> Lobby for women in decision making forums Lobby government to improve road network 	<ul style="list-style-type: none"> #/% of women in committees # feeder roads improved or built # households and groups engaged in 	<ul style="list-style-type: none"> Lists Road reports

Issues	Strategic Options	Objectives	Outputs	Activities	Indicators	Means of verification
	beneficiary communities	sustainable <ul style="list-style-type: none"> • To increase the number of households that participate in crop production and poultry keeping from 45 to 450 by Dec. 2011 	and social amenities <ul style="list-style-type: none"> • Raise living standards • Ensure household food security • Raise household incomes • Provide access to clean, safe water for people and livestock • Ensure adequate and appropriate clothing by age • Improve housing and sanitation conditions 	<ul style="list-style-type: none"> • Initiate income generating activities • Educate community on good water preservation methods • Sanitary education 	IGAs <ul style="list-style-type: none"> • # training 	

MONITORING & EVALUATION

This strategic framework will be implemented in a participatory manner. Key stakeholders will be involved in planning, implementation and monitoring as and when appropriate. They will be involved with each stage of the process through sharing of information, periodical meetings, quarterly review workshops and annual review meetings.

From time to time SAIDIA will be required to evaluate the impact of its programmes. The organization will use relevant and feasible indicators to measure the successes and shortfalls of the strategic framework to help realize its goals and objectives.

The strategic framework will be shared widely with all key stakeholders so that as many people as possible are engaged in the implementation process. By sharing the strategic framework with staff, community organizations, board members, other key partners (NGOs, FBOs, etc.) and the community in general, SAIDIA will ensure good feedback and monitoring.