



AFRICAN INSTITUTE FOR HEALTH & DEVELOPMENT

"Working with communities for better lives through evidence-based programming"

STRATEGIC PLAN 2010 -2015

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ABBREVIATIONS AND ACRONYMS

AIDS	-	Acquired Immuno-deficiency Syndrome
AIHD	-	African Institute for Health & Development
APOC	-	African Programme for Onchocerciasis Control
AU	-	African Union
CBMS	-	Community-Based Monitoring Systems
CDC	-	Centres for Disease Control and Prevention
CMA	-	Christian Missions Association
CNCD	-	Consortium for NCD Prevention and Control
CSO	-	Civil Society Organization
EAC	-	East African Community
ED	-	Executive Director
FHI	-	Family Health International
HIV	-	Human Immuno-deficiency Syndrome
ICRW	-	International Centre for Research on Women
ICT	-	Information Communication Technology
IUHPE	-	International Union for Health Promotion & Education
LA	-	Local Authority
MAP	-	Medical Assistance Program
MDGs	-	Millennium Development Goals
NCDs	-	Non-Communicable Diseases
NEPAD	-	New Partnership for Africa's Development
NGO	-	Non-Governmental Organization
NTDs	-	Neglected Tropical Diseases
SWOT	-	Strengths, Weaknesses, Opportunities and Threats
TA	-	Technical Assistance
TB	-	Tuberculosis
UNICEF	-	United Nations Children's Fund
WHO	-	World Health Organization

A WORD FROM THE BOARD CHAIRMAN



Achieving the Millennium Development Goals (MDGs) remains a distant accomplishment for most African governments. Yet, Africa is well endowed with resources and the capacity to make these goals achievable within the given timeframe. Nonetheless, emerging evidence from notable successful countries indicate that the concerted efforts of governments, development partners, civil society organizations (CSOs) and communities can generate the resources and momentum required to accelerate the attainment of these goals. The existing obstacles can be systematically removed when all key players plan with commitment to a shared vision and invest in priority goals that have the potential to generate the desired improvements.

The burden of HIV and AIDS continues to be one of Africa's most challenging realities. With most resources for health still consumed by HIV and AIDS programmes and the continuing neglect of other diseases, new concerns are emerging that could complicate African governments' capacity to improve health. The emergence of non-communicable diseases has complicated Africa's response to bridging the gap in health equity. Furthermore, neglected tropical diseases, reproductive health issues such as family planning and sexually transmitted infections, as well as other infectious diseases continue to challenge many countries in the region. The AIHD strategic plan takes its bearing from the understanding of the complexities that intertwine health and development in Africa and the commitment to work within the framework of the national guidelines to make significant changes in the health of communities in the region.

AIHD has registered tremendous growth in programming and capacity since its founding in June 2004. This Strategic Plan will serve to inform future growth, helping to achieve a focus on its strategic goals and the delivery of quality programmes. Understanding that this growth is likely to be even greater over the next five years, AIHD has placed exceptional priority on the development of its staff at every level of its management structure to respond to the anticipated growth.

The Plan provides a framework for AIHD to utilize its current potential and work collaboratively with others to make health improvement a practical reality for communities in the region. The AIHD Board of Directors and the entire management are upbeat about the new plan, the opportunities to engage with others in development and the enthusiasm espoused by communities that want to create change. AIHD will proactively take advantage of these and other opportunities to bring new energy to the field of health and development in the region.

A handwritten signature in blue ink, appearing to read 'Samson M. Radeny'.

Samson M. Radeny, PhD
Chairman, Board of Directors

A WORD FROM THE EXECUTIVE DIRECTOR

The AIHD was established in Nairobi, Kenya by a group of African researchers and academicians. The National NGO Coordination Bureau registered the Institute as a non-governmental organization in June of 2004. The Institute's main focus is on implementing evidence-based programmes and conducting research, training and advocacy on health and development issues that are contextually relevant to Kenya and other African countries. The Institute is also involved in policy dialogue and formulation on key development issues.



Over the past six years, AIHD has carved a niche in research, policy analysis and health promotion advancement. The Institute is well positioned to sustain this leadership and to become a cutting-edge front-runner in health and development nationally and regionally. This Plan is designed to re-align AIHD's contributions to health and development in line with constantly changing trends.

This Plan places significant emphasis on health and development concerns and envisions a platform for strategic partnerships that will facilitate a renewed focus over the next five years. AIHD will advocate not only for recognition of these issues, but also for the development of clear policies and implementation of practical actions to address them. In recognition of the important role of communities in the management of health and the sustenance of development, AIHD plans to work closely with both urban and rural communities to ensure that they are empowered to take the lead in creating the conditions that foster health improvement and development in general. This document presents the first Strategic Plan for the Institute, which is prepared with the view to guiding its activities for the next five years (2010 – 2014). The plan sets out AIHD's mission, vision, values, and strategic goals for the five-year period. It then provides an analysis of the context that has shaped, and is likely to continue shaping, AIHD's activities during the Plan period. It details the Institute's strategic goals, objectives and outcomes and provides a set of strategies that will be adopted to accomplish its objectives.

AIHD is grateful to its partners for standing by it since its establishment. This Plan provides an opportunity to strengthen the existing partnerships while creating new ones. The Institute is committed to ensuring that this Plan is successfully implemented through the efforts of the management and the Board of Directors.

A handwritten signature in blue ink, appearing to read 'Mary Amuyunzu-Nyamongo'.

Mary Amuyunzu-Nyamongo, PhD
Executive Director and Founder Member

EXECUTIVE SUMMARY

This Strategic Plan covers the period 2010 to 2015. The Institute envisages substantial growth in its programme and technical areas within this Plan period. AIHD was established and registered as a non-governmental organization (NGO) in Kenya in June 2004 with the main aim of empowering communities through building their capacity to effectively manage and deal with the conditions that determine health. Our mission is **to empower communities for better lives while the vision is to be a lead agency dedicated to the improvement of people's health and social well-being**. The Institute has four main objectives: (i) empower communities to develop sustainable home-grown solutions to their needs; (ii) bridge the gap between research and programming; (iii) build the capacity of young professionals to engage in community development; and (iv) engage in the formulation and implementation of health and development policies.

In the last four years, the Institute has implemented a range of programme and research activities, some of which are outlined below.

- 1. Community-Based Monitoring System (CBMS):** The project activities are funded by the CBMS Network and the Ministry of State for Planning, National Development and Vision 2030. It is currently being implemented in Tana River District, Murang'a, Kisumu and Kilifi Local Authorities (LAs).
- 2. Non-communicable diseases (NCDs):** This has been the focus for AIHD since 2006. The project activities have since expanded and led to the establishment of a Consortium for NCD Prevention and Control in sub-Saharan Africa (CNCD-Africa), which is hosted by the Institute.
- 3. Prevention of crime and violence:** AIHD is undertaking an action research project on prevention of crime and violence in Korogocho informal settlement of Nairobi. This project, which is funded by the World Bank, in collaboration with the City Council of Nairobi and other partners.
- 4. Kangundo water and sanitation:** This is a project funded through the efforts of a philanthropist in New York, USA with the aim of improving water and sanitation conditions in Maiuni. The Institute has facilitated the construction of a borehole with outlets to serve about 800 households. The next phase is the inclusion of an income-generation component.
- 5. Community action project:** This project emerged out of a social determinants study conducted by AIHD in Mitumba informal settlement of Nairobi with funding from Centers for Disease Control and Prevention (CDC) Atlanta through the International Union for Health Promotion and Education (IUHPE). The

Institute, in partnership with the community, has initiated a recycling project to address three needs: environmental cleanliness; health improvement; and poverty alleviation. In addition, an ablution block and a daycare center have been established in response to community needs through funding from UN one-percent fund.

The Institute has provided technical assistance to various organizations including African Medical and Research Foundation (AMREF), Family Health International (FHI), United Nations Children's Fund (UNICEF), MAP International, I Choose Life (ICL) Africa, among others. It has also established formal collaboration with the University of Nairobi and University of Bergen, Norway.

Over the next five years, AIHD will focus on three main programme areas:

- 1. Facilitate health improvement through health promotion interventions** - the Institute intends to use the health promotion approach to address factors that determine health with a focus on NCDs, water and sanitation and some key communicable diseases, including HIV/AIDS, malaria and tuberculosis;
- 2. Social empowerment of communities through evidence-based** programming to meet the health needs and influence stakeholders' input at the community level. This programme area will focus on CBMS, crime and violence, social protection and income generation (recycling); and
- 3. Strengthen capacity building at programmatic levels** - ensuring the availability of human capacity through offering internships for young professionals, exchange visits and conducting strategic training seminars and workshops.

This Plan is guided and informed by recent transformations in the organization and by the need to stay relevant in an ever-changing world. AIHD plans to use and build its expertise to undertake evidence-based programming, research (responding to identified knowledge gaps) and policy dialogue. It intends to achieve this through strengthening its current partnerships and entering into new strategic partnerships. This will be achieved through enhancing interactions with local, national, regional and international civil society organizations (CSOs) in research and programming; collaborating with LAs and government departments in Kenya and in the region; developing a communication framework that engages the media in disseminating

research and programme experiences; and forging linkages with regional blocs such as the East African Community (EAC), African Union (AU) and United Nations (UN) agencies, among others.

AIHD will strive to strengthen its management and decision-making functions to ensure efficient, effective and sustainable delivery of this Strategy. The Board of Directors will continue to provide oversight over the Institute's activities. It will undertake annual audits to ensure accountability of the management and good practice. The management will be strengthened through increasing the number and capacity of staff. This Strategy will drive the formulation of annual performance goals for individuals and the organization, and will be used for implementing changes in the Strategic Plan as and when necessary.

AIHD will continue to be pro-active in resource mobilization and diversification of funding through creativity and innovation in identifying the best strategies to generate resources needed to carry out its work. In the next five years, AIHD will use the available resources efficiently and increase its funding through various strategies including: strengthening relations with the current funders and attracting new ones through quality deliverables; response to requests for applications/proposals issued by donors in health and development areas – including strategic partnerships with other organizations to submit applications for new programmes; increasing the visibility of the Institute nationally, regionally and globally; raising funds through organizational self-financing (e.g. published books; recycling project); and paying emphasis to excellence, responsiveness and accountability to stakeholders.

A monitoring framework will be put in place to ensure that the Institute meets the goals set in this Plan. The management will monitor the workplan every six months while the Board of Directors will conduct annual reviews. The Institute will utilise its website (www.aihdint.org) and other means of communication to keep its stakeholders informed on the progress within the Plan period.

AIHD acknowledges the support received from the communities where it currently works and the donors who have supported its work since 2004.

1.0 INTRODUCTION

AIHD's overall objective is to empower communities through building their capacity to effectively manage and deal with the conditions that determine health. The Institute recognizes that the changing socio-economic conditions of Kenya, and Africa in general, present new challenges to the way individuals manage their health. While Africa is still encumbered by challenges posed by communicable diseases, devastating chronic conditions have crept up on unsuspecting communities. Non-communicable diseases (NCDs), mainly cardiovascular diseases, diabetes, cancers and chronic lung diseases, have been on the increase with few organizations providing a coordinated response. In addition, mental health problems and injuries are on the rise.

Efforts to address the multiple problems facing the sub-Saharan African region are often limited by inadequate human and infrastructural capacity, political will and weak evidence-based strategies that can be up-scaled to alleviate suffering especially among the poor and vulnerable. It is therefore imperative for multiple sectors to develop strategies through which they can support governments in the region to address the barriers that limit people's ability to enjoy good quality of life.

Since its inception in 2004, AIHD has undertaken various programme interventions and research studies as summarized below.

1. **Community-Based Monitoring System (CBMS):** The project activities are funded by the CBMS Network and the Ministry of State for Planning, National Development and Vision 2030. It is being implemented in Tana River District, Murang'a, Kisumu and Kilifi Local Authorities. The main aim of CBMS is to empower communities to plan, implement, monitor and evaluate poverty alleviation initiatives.
2. **Non-communicable diseases (NCDs):** This has been the focus for AIHD since 2006. The project activities have since expanded and have led to the establishment of a Consortium for NCD Prevention and Control in sub-Saharan Africa (CNCD-Africa), which is hosted by the Institute. A major focus

for the Institute is on capacity building for effective prevention, control and management of NCDs more so in poor settings.

3. **Prevention of crime and violence:** AIHD is undertaking an action research project on prevention of crime and violence in Korogocho informal settlement of Nairobi. This project, which is funded by the World Bank, is in collaboration with the City Council of Nairobi and other partners. It is anticipated that this project will provide the experience necessary for AIHD to integrate crime and violence in the health and other programme areas.
4. **Kangundo water and sanitation:** This is a project funded by a philanthropist in New York, USA with the aim of improving water and sanitation conditions in Maiuni. The Institute has facilitated the construction of a borehole with outlets to serve about 800 households. The next phase is the inclusion of an income-generation component.
5. **Community action project:** This project emerged out of a social determinants study conducted by AIHD in Mitumba informal settlement of Nairobi with funding from Centers for Disease Control and Prevention (CDC) Atlanta through the International Union for Health Promotion and Education (IUHPE). The Institute, in partnership with the community, has initiated a recycling project to address three needs: environmental cleanliness; health improvement; and poverty alleviation. In addition, an ablution block and a daycare center have been established in response to community needs through funding from UN one-percent fund.

This Strategic Plan aims to strengthen the Institute's capacity to effectively address emerging health and development issues as well as existing ones. The process of developing this Strategy involved a deep evaluation through strengths, weaknesses, opportunities and threats (SWOT) analysis by staff and in-depth discussions by AIHD's Board of Directors in view of the Institute's competitiveness in the crowded NGO arena while exploring opportunities that could help AIHD build its capacity and reputation as an authority on health and development in the region. This is will to be done through creating linkages and partnerships between various stakeholders and development of strong human resource capacity.

1.1 Vision, Mission, Objectives and Values

Our Vision

To be a lead agency dedicated to the improvement of people's health and social well-being.

Our Mission

Empowering communities for better lives.

Our objectives

- (1) Empower communities to develop sustainable home-grown solutions to their needs;
- (2) Bridge the gap between research and programming;
- (3) Build the capacity of young professionals to engage in community development; and
- (4) Engage in the formulation, implementation, monitoring, evaluation and dissemination of health and development policies.

Our Core Values

Excellence and professionalism: Maintain the highest standards in all we do.

Integrity: Honesty and trust as our pillars of integrity.

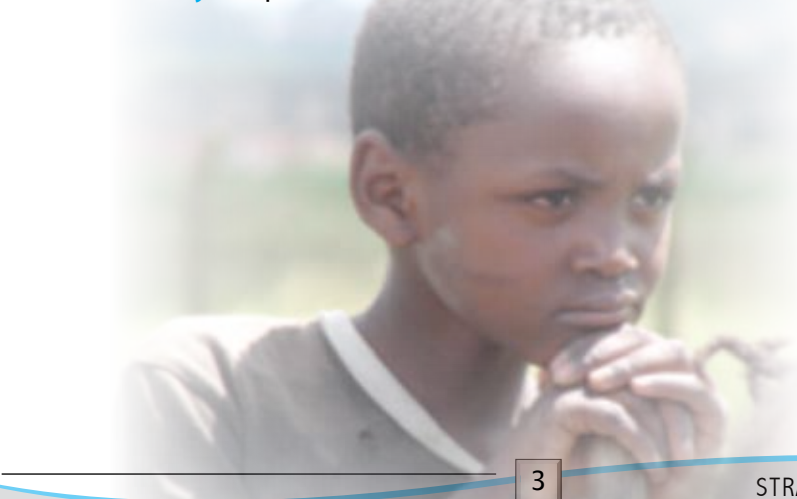
Commitment: Service to our constituents with passion and diligence.

Respect: Respect for others and for ourselves.

Team spirit: Foster team spirit within AIHD and with all our stakeholders.

Servitude: Service to our constituents in humility, friendliness, courtesy, sensitivity to diversity, open-mindedness and love.

Accountability: Be prudent in the use of institutional resources.



1.2 The context

The Institute's growth and future prospects rely on its quality of work and on its ability to adapt to the changing environment locally, regionally and globally. The Institute will continuously monitor and respond to emerging issues that could potentially influence health and development to ensure that it remains relevant.

1.2.1 Local development context

The sub-Saharan region is currently facing a myriad of problems that limit its capacity to meet development commitments and goals, including those defined under the MDG framework. Furthermore, there is increased recognition that conditions, such as NCDs and NTDs, are a major drain on the already stretched resource base in the region. The main barriers to addressing these conditions include the weak health systems, inadequate political will, evidence-based programming, human capacity and policies to facilitate appropriate interventions. AIHD will endeavour to work with communities, governments and other organizations in Kenya and in the region to address these conditions through multi-pronged interventions.

1.2.2 International context

International development is increasingly being directed to actions that have far reaching impacts on the lives of disadvantaged people and vulnerable groups in both rural and urban settings. AIHD will take advantage of the evolving approaches in health and development to entrench its relevance in the country, regionally and globally. The combined effects of climate change and natural disasters continue to plague global health. AIHD recognizes the interplay between these factors and will build alliances to support practical solutions that work for local communities.

1.2.3 Funding context

AIHD is also challenged in this context to be relevant and to focus on areas that would be of interest to mainstream development partners. Expanding the funding base will therefore remain a major focus for the Institute.

1.3 Strategic Programme Areas

Programme Area 1: Facilitate health improvements through health promotion interventions: The Institute intends to use the health promotion approach to address factors that determine health with a focus on NCDs, water and sanitation and some key communicable conditions (e.g. HIV/AIDS, malaria and tuberculosis).

The four key areas are described below:

- o Interventions addressing a range of NCD risk factors in different settings including training of primary health care providers, implementation of health promotion interventions, policy research and dialogue. AIHD will continue to support the growth of the Consortium for NCD Prevention and Control in sub-Saharan Africa (CNCD-Africa).
- o Social determinants of health addressed through research and evidence-based interventions in line with addressing the health equity gap.
- o Scale-up of water and sanitation programmes in both poor urban and rural areas through collaboration with partners.
- o Increased engagement in interventions addressing communicable diseases, including HIV/AIDS, TB and malaria in synergy with like-minded institutions and agencies.

Programme Area 2: Social empowerment of communities through evidence-based programming to meet the health needs and influence stakeholders' input at the community levels:

This programme area will focus on working with communities to plan, implement, monitor and evaluate progress towards improving their health and well-being. In the next five years the focus will be on:

- o The empowerment of communities and LAs to monitor community-based trends through the use of the Community Based Monitoring System (CBMS) approach.
- o Increased awareness and interventions on crime and violence through community-based programmes in informal and other forms of settlements.
- o Support communities to generate income (e.g. through recycling plastic bags) to address poverty in informal and other settlements.
- o Enhanced training and research support to social protection initiatives in Kenya and in the sub-Saharan region.

Programme Area 3: Strengthen capacity building at programmatic levels:

Ensuring the availability of human capacity to implement community level programmes will be a major focus in the next five years. This will be achieved through some of the following activities:

- o Conduct training, workshops and seminars as part of programming to ensure sound management, efficiency and sustainability of AIHD work.
- o Provide opportunities for young graduates to get field experience and enhance their skills in community programming and research.
- o Increase the Institute's ability to offer an exchange programme for students, graduates and fellows from external institutions and to send its staff to other institutions for learning exchange.

1.4 Potential Risks

1.4.1 Geopolitical environment: The potential for political and ethnic conflict is a major risk for the activities of the Institute in Kenya and in the region, more generally. There will be general elections in the middle of this Strategy (December 2012), whose outcomes may have an impact on the outcome of this Strategic Plan.

1.4.2 Resource base: Although the Institute has managed to conduct its business for the last six years, there is a need to develop innovative mechanisms to establish a strong financial base. This could be through the proposed endowment fund and strengthening of the technical assistance directorate. Continued reliance on programme funding for core activities should gradually reduce during the Plan period.

1.5 Our advantage

AIHD has several characteristics that make it best suited to achieve the goals set forth in this Strategy:

- Founded by Africans with wide-ranging professional experience and with the interest of the African people at heart;
- It has an African oriented leadership, which engenders it to decision makers and the local people;
- Extensive practical experience in programming that enables the translation of evidence into practice;
- Consistent involvement in national policy formulation and advice, and representation on international bodies and networks;
- Ability to recruit and retain multi-disciplinary staff who bear the Institute's ethos; and
- Committed leadership that understands the organizational philosophy.



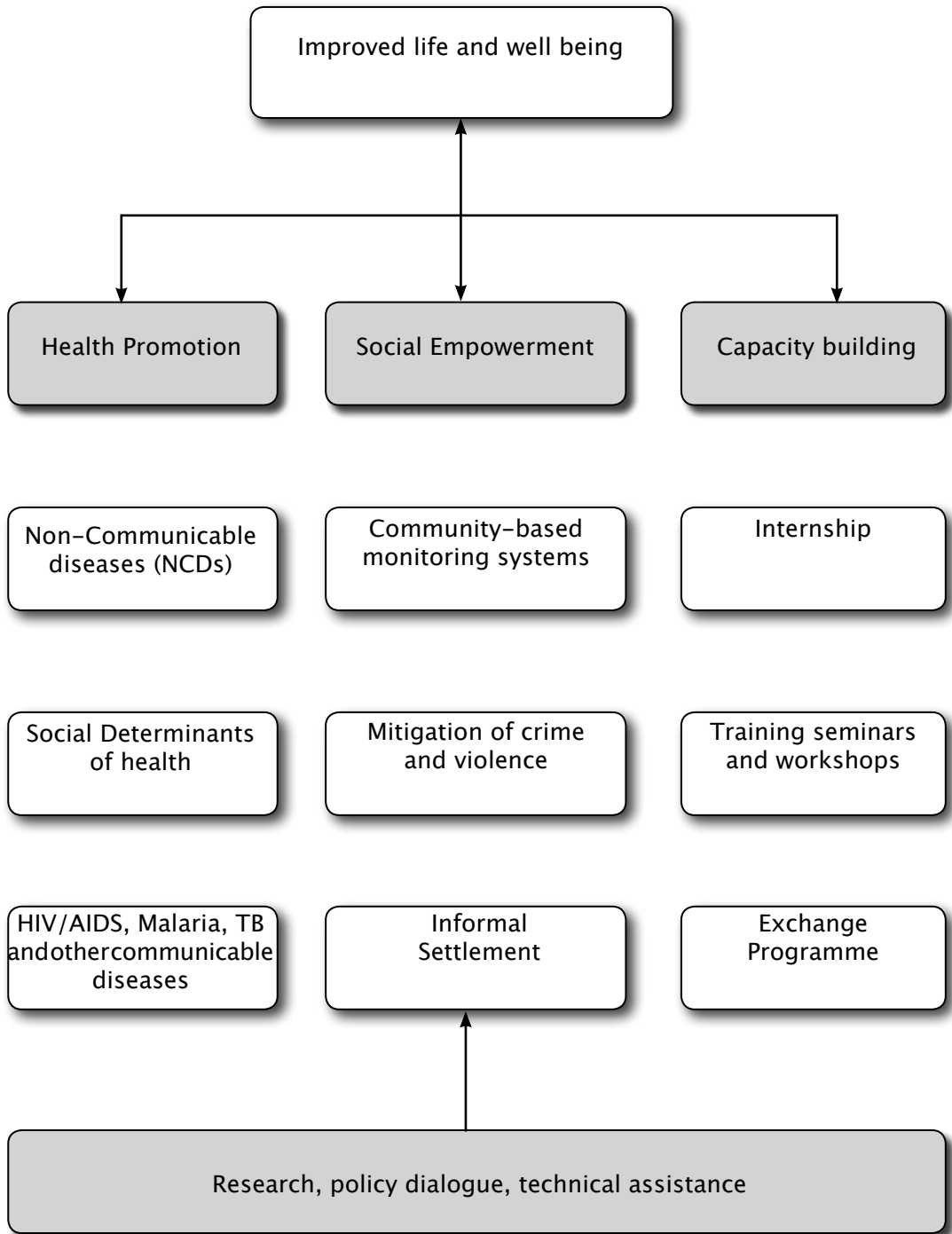
2.0 AIHD STRATEGY

Over the next five years, AIHD will continue to focus its work on three pillars: development programming; research; and capacity building. Technical Assistance (TA) will be a crosscutting activity in all programme areas. To ensure that AIHD's work makes a difference to the target populations, the Institute will continue to engage with communities, practitioners and policy-makers at the local, national, regional and global levels. The Institute will actively engage in research and capacity building activities outside Kenya to build its regional presence and expand its scope. Through its local and international partners, AIHD will continue its engagement in policy formulation and dialogue on health and development issues on various platforms. It is anticipated that through these interactions, the Institute will continue to review its programme and research activities to ensure that it remains relevant to the needs of the people in the country and the sub-Saharan African region in general. Through its capacity building activities, AIHD intends to strengthen the capacity of diverse cadres of practitioners to implement sound evidence-based programmes in line with the ethos and philosophies espoused in this Plan.

The AIHD will focus on three programme areas based on its expertise **(see Figure 1)**.



Figure 1: AIHD's Programme Areas





2.1 Evidence-based programming

Health will remain an important area of research and programming for the Institute. AIHD will endeavour to focus on areas of need and build expertise around them. For instance, NCDs are becoming a major concern in the region, therefore, the Institute will foster partnerships, build capacity of its own staff and of practitioners, and provide evidence for programming in this emerging health issue. This approach will be used in all the key areas identified further below. AIHD will also continue its work among rural poor populations and in urban poor areas. The Institute has established a base in three informal settlements in Nairobi – Mitumba, Mukuru and Korogocho, and it will endeavour to expand to other areas within Nairobi and in other towns. Through the Community-Based Monitoring System’s (CBMS) work, AIHD intends to make inroads into LAs with a focus on health, community development and MDGs.

2.2 Research activities

Based on our assessment of current knowledge gaps, our key strengths and core values in research, focus over the next five years will be aligned to the programme areas identified under sub-section 2.1. For instance, there are knowledge gaps on



NCDs and its impacts on the continent. Questions remain regarding the prevalence of the risk factors, the social and cultural contexts, care and support at the household level, among other issues that AIHD is best placed to address. Other areas of research will be on social empowerment such as CBMS, gender-based violence, intergenerational violence, etc.

The following questions will be considered in conducting research:

- What are the knowledge gaps?
- How will the results be translated into practice? By whom?
- What is the policy relevance of the research and how will the results influence policy?
- How will the communities benefit from the study?

Answering these questions will ensure that the research results advance the ideal of evidence-based programming and proffer benefits to the target populations.

2.3 Policy dialogue

Engagement in policy dialogue has been one of the aims of the Institute since its establishment. Although this component has not been well accomplished in the last six years, there are opportunities for the Institute to influence policy at various levels – locally, nationally, regionally and internationally:

- the CBMS work with the LAs in collaboration with the Ministry of State for Planning, National Development and Vision 2030 provides an opportunity for the Institute to influence planning at the local and national levels;
- through CNCD-Africa, the Institute has a great opportunity of working with the membership to influence NCD policies in the region – the Institute is currently collaborating with the Ministry of Public Health and Sanitation on NCDs in Kenya; and
- the established partnerships with the WHO (headquarters, regional and country offices), IUHPE, CDC-Atlanta and other international partners places AIHD in a position to influence policy decisions.

In addition, AIHD will develop a comprehensive communication strategy and work



closely with the media to disseminate research results and programme outcomes as a way of influencing public opinion. It will also hold workshops that will bring together policy makers, the media, CSOs and other interest groups to discuss issues of national and regional importance. Working with international networks such as IUHPE, Health Promotion Foundations, etc, the Institute will be in a position to influence policy and action within and outside the countries in which the operations are conducted through leveraging on the networks.

2.4 Technical assistance (TA)

AIHD has for the past six years provided technical assistance (TA) to several local and international organizations in the area of baseline, mid-term and evaluation studies. It has collaborated with the African Medical and Research Foundation (AMREF), Medical Assistance Program (MAP) International, World Bank, Family Health International (FHI), International Centre for Research on Women (ICRW), United Nations Children's Fund (UNICEF), Christian Missions Association (CMA) and African Programme for Onchocerciasis Control (APOC). These studies have helped build capacity at the Institute while at the same time providing vital contributions to resources for core-funding. In the next five years, AIHD plans to develop a directorate to handle TA. This directorate will work with research associates who will be called upon on a need-basis. The criterion for selection of TA activities will be based on those that support and are in line with the Institute's mission and that contribute to its capacity building objectives. Resources generated from TA will be utilized to explore new areas of focus for the Institute and/or sustain programmes whenever there is a funding gap.

AIHD will utilize existing and new opportunities within national and regional blocs such as the African union (AU), East African Community (EAC) and The New Partnership for Africa's Development (NEPAD) to provide technical support in research, advocacy and policy development to promote health and development in the region.

3.0 PARTNERSHIPS & NETWORKING



Partnerships are critical to the achievement of the goals set in this Strategy. This is mainly due to the fact that health outcomes are a result of multiple factors that require multiple players to address. For instance, addressing NCDs comprehensively and sustainably would require partnerships with governments, research institutions, CSOs, institutions of higher learning, communities and development partners, among others. Therefore, the Institute will strengthen existing partnerships and build new ones with the multiple partners outlined above. Partnerships will continue to be based on mutual respect, trust and equity. The Institute will strengthen its partnership with and participation in regional and international networks such as IUHPE and Health Promotion Foundations, with a view to expanding its capacity to share and acquire new knowledge.

AIHD will forge partnerships as follows:

- identify and build partnerships with other organizations to better leverage funding;
- strengthen interactions with local, regional and international CSOs in research and programming;

- collaborate with LAs and government departments in Kenya and in the region on evidence-based programming;
- develop a communication strategy that engages in the media in disseminating research and programme experiences; and
- forge linkages with regional blocs such as the EAC, AU, NEPAD and UN agencies, among others.

AIHD will build on CNCD-Africa platform to expand its scope within the African region. The diverse membership on the Consortium – with representatives from regional and national associations, networks, academic institutions and individual experts, provides opportunities for the Institute to influence policy and achieve its regional focus. The main challenge for the Institute would be to maintain the established partnerships for effectiveness and efficiency.



4.0 GOVERNANCE & RESOURCING

AIHD will strive to strengthen its management and decision-making functions to ensure efficient, effective and sustainable delivery of this Strategy.

4.1 Governance

Board: A Board of Directors with diverse scientific, financial and legal expertise oversee the Institute's activities. The Executive Director (ED) is an ex-officio non-voting member of the Board. The Board advises the Institute's management in the performance of its various mandates. The Institute conducts annual financial audits through reputable certified public accountants.

Management: The ED is the chief executive officer of the Institute. The ED provides strategic direction to the Institute, is accountable for resource utilization, and liaises with partner institutions. As the Institute expands its activities in the country and regionally, it is anticipated that the staffing will also increase to reflect this growth. Ultimately, the Institute will have 3 departments: programmes; TA; and finance and administration. Each department will be headed by a Director. The director of programmes will also deputize the ED. The ED and the directors will form the Senior Management Team for the Institute.

Programmes: All the programmes outlined in section 2 will be managed under this department. The department will have a director who will be supported by four programme officers/managers: NCD; CBMS; social empowerment; and communicable diseases and other conditions. Within each area, the officers will run the programmes with the support of Senior Programme officers, and other technical/non-technical staff.

Technical Assistance: The TA department will operate mainly through providing consultancy services to other organizations. Experience has shown that many organizations are in need of research services, therefore, having a department dedicated to this will provide a reliable service and access to untied funds for the growth of the Institute.

Finance and Administration: This department will be responsible for the Institute's financial and administrative systems, human resource and information technology. The head of this department will be supported by other staff with requisite skills in human resource, accounts and ICT.

4.2 Funding

This remains a major challenge to the Institute, more so given the ambitious plans for growth in this Strategy period. AIHD will continue to be pro-active in seeking funds through creativity and innovation in identifying the best strategies to generate resources needed to carry out its work. Through the next five years, AIHD will use the available resources efficiently and increase its funding through various strategies including:

- strengthening relations with the current funders and attracting new ones through quality deliverables;
- response to requests for applications/proposals issued by donors in health and development areas – including strategic partnerships with other CSOs to submit applications for new programmes;
- increasing the visibility of the Institute nationally, regionally and globally;
- strengthening the TA department to undertake research that is relevant to the Institute's mission;
- Using the available resources prudently;
- Raising funds through organizational self-financing (e.g. published books; recycling project);
- Establishing an endowment fund to cushion the Institute against losses due to currency fluctuations and other eventualities; and
- Pay emphasis to excellence, responsiveness and accountability to stakeholders.

5.0 MONITORING & EVALUATING THE STRATEGIC PLAN

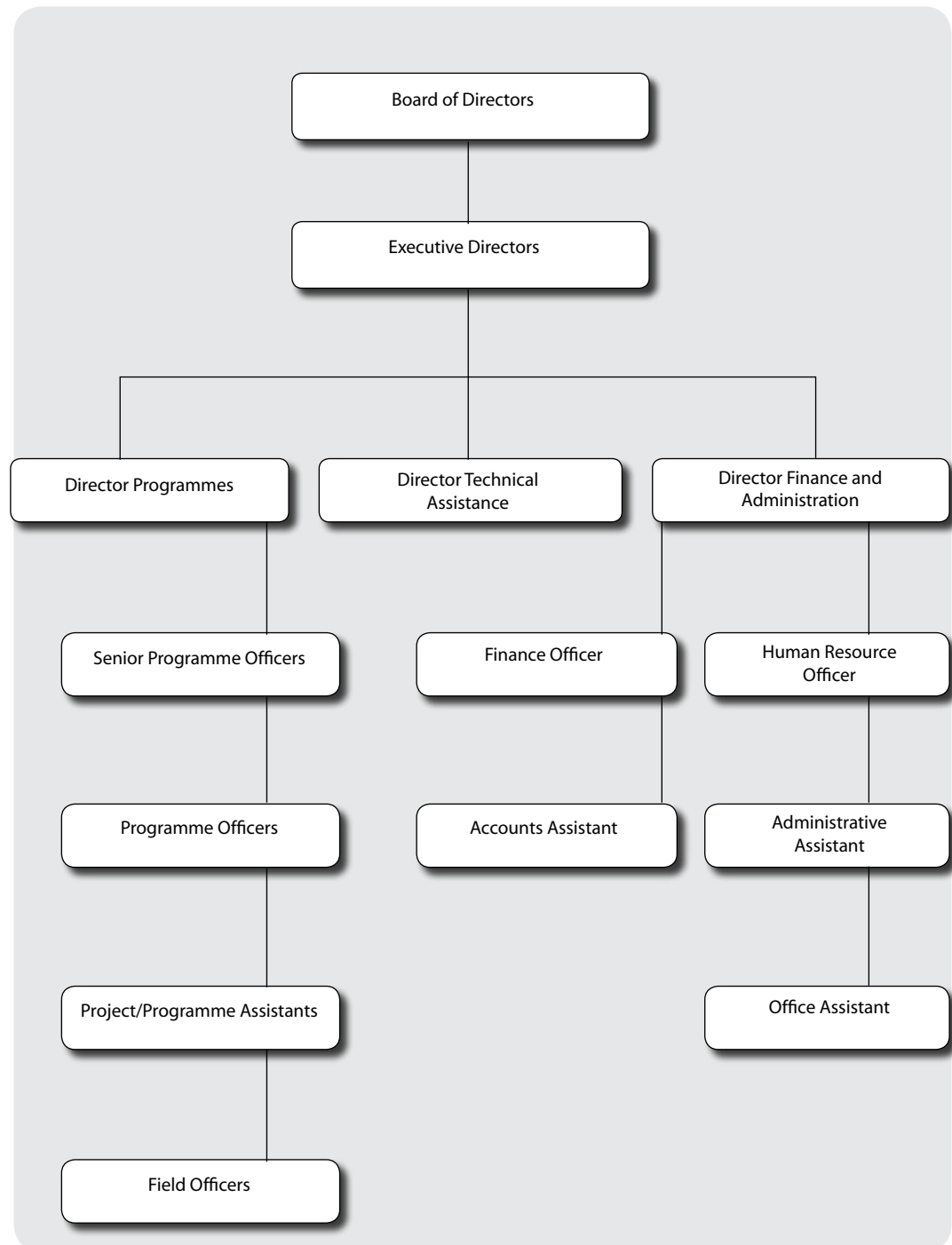
The Board of Directors and Management of AIHD will be responsible for the implementation of this Strategic Plan. The Board of Directors will undertake thorough reviews of the Institute's operations on an annual basis. The Management will review performance of the Institute against the strategic plan half-yearly.

For effective implementation to occur, the Institute's strategies will need to be broken down into individual performance of employees that will be measured through a performance management system. This will ensure that effectiveness is measured down to the employee level, which will collectively contribute to the larger vision of the Institute. The Strategy will drive the formulation of annual performance goals for individuals and the Institute and will also be used for implementing changes in the Strategic Plan as and when necessary.

Some of the key indicators to be monitored at the institutional level are presented in the table below. There will be specific indicators for each programme.

Area	Indicators
Programmes, Research and Policy Dialogue	<ul style="list-style-type: none"> No. of programmes Level of funding for programmes and research No. of programmes completed on time No. of publications (papers, books, etc) No. of staff participating in national, regional and international meetings No. of government departments and agencies collaborating with the Institute No. of media articles produced/level of media presence No. of press briefings/meetings held Involvement of AIHD staff in policy dialogue, development or discussions
Capacity Building	<ul style="list-style-type: none"> No. of interns at the Institute No. of workshops/seminars conducted No. of exchange visitors/visits by staff
Technical Assistance	<ul style="list-style-type: none"> No. of TAs undertaken Amount of funds generated through TA
Partnerships and networking	<ul style="list-style-type: none"> No. of partners Representation of AIHD on local, regional and international networks Representation of AIHD on national, regional and global forums
Governance	<ul style="list-style-type: none"> No. of Board meetings Annual audited reports
Funding base	<ul style="list-style-type: none"> No. of new donors Amount of funds raised Proportion of reports submitted to donors on time Endowment fund in place

Annex 1: AIHD Management Structure



Annex 2: AIHD Partners: 2004-2010 (Alphabetical)

1.	African Medical and Research Foundation (AMREF)
2.	African Programme for Onchocerciasis Control (APOC)
3.	American Women Association (AWA) Kenya
4.	Association for Local Government Authorities in Kenya (ALGAK)
5.	Centres for Disease Prevention and Control (CDC), Atlanta
6.	Christian Missions Association (CMA)
7.	Community-Based Monitoring Systems (CBMS) Network
8.	Department for International Development (DFID), UK
9.	Department of Health, UK
10.	Donner Foundation
11.	Family Health International (FHI)
12.	I Choose Life Africa (ICL-Africa)
13.	International Centre for Research on Women (ICRW)
14.	International Union for Health Promotion and Education (IUHPE)
15.	Lavender Foundation
16.	Medical Assistance Program (MAP) International,
17.	Ministry of Public Health and Sanitation
18.	Ministry of State for Planning, National Development and Vision 2030
19.	PEPSICO Foundation
20.	Poverty and Economic Policy Network (PEP)
21.	The Institute for Social Accountability (TISA)
22.	United Nations Children’s Fund (UNICEF)
23.	World Bank
24.	World Health Organization (national, regional and headquarters)



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