



MUTHAA COMMUNITY DEVELOPMENT FOUNDATION

STRATEGIC PLAN 2014-2017

Background

Muthaa Community Development Foundation (MCDF) is a Kenyan Foundation founded in 2005 with its headquarters in Nairobi registered under Societies Act Cap 61. The Foundation is a benovolent organization that believes and works for community partnership to impact society for a better today and tomorrow.

MCDF support community driven development initiatives through the use of innovative technology for social investment, resource mobilization and capacity building.

Vision

Sustainable development for the people of Africa.

Mission

We use innovative technologies that are relevant in Africa to empower and facilitate positive change in the community.

Core values

Our vision, mission and work are underpinned by *five core values*:

- Innovation
- Empowerment
- Accountability
- Impartiality
- Empathy

Innovation is the bedrock of all MCDF activities. MCDF recognizes the importance of technology in sustainable development. As such innovative approaches are promoted to ensure that the needs of our beneficiaries are met in the most relevant and practical way.

Empowerment is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. We will build community capacity to determine their development agenda and equip them with the skills necessary to meet their felt needs

Accountability requires, among other things, honesty, transparency and integrity. This is core to our relationships with the communities we serve, the partners we work with, those who support and fund our activities and colleagues who work with us.

Impartiality is promoted in all our programmes. We believe that all human beings are created equal and we will deliver our projects without prejudice regardless of gender, race, religion or ethnicity. We will respect people and their culture and their right to chart their own development agenda to improve their long-term wellbeing.

Empathy requires that we recognize that the communities we serve have an understanding of how best to meet their needs. As such, we will use a bottom-up approach and the appropriate community participatory approaches in all our programmes as well as facilitate a process where beneficiaries, partners and stakeholders can voice their concerns. This will result in programmes that have community-buy in because they include the voices of all the affected.

MCDF History

Muthaa Community Development Foundation (MCDF) was established in 2005 and is registered in line with the laws of Kenya. To date, the foundation has contributed significantly to community development in Kenya/Africa through the use of innovative locally available and cultural appropriate technologies, to empower and facilitate positive change in the community.

Previous and Current Projects of MCDF

In the aim of addressing today's interrelated development challenges, MCDF has been implementing different human development programs including Health, social economic empowerment and private public partnerships (PPP) programs:

Some of the areas of intervention include but not limited to:

1. Reproductive health including family planning and HIV prevention.

MCDF has vast experience in the area of family planning and STI/HIV prevention through promotion of the female condom. This is implemented through a programme called FC2. Along with promotion MCDF also conducts trainings on the use of female condoms MCDF is a key female condom champion in Kenya and works with a United States based partners called SUPPORT. This is division of The Female Health Company that provide support for training and promotion of the female condom in Kenya. This has led to the nomination and appointment of MCDF to represent Kenya both nationally and internationally.

At the International Level, MCDF is a member of the International Platform for Universal Access for Female Condom while at the National Level MCDF is an active member of the National Condom Technical Working Group, a committee that is chaired by the Ministry of Health through National AIDS Control Council (NACC) and Kenya National AIDS and STI Control Programme (NAS COP) with the members including but not limited to USAID, UNFPA, PS Kenya, MSH among others.

MCDF has also been able to participate at both International and National advocacy platforms that have attracted key stakeholders including policy makers, governments, development partners and other implementing partners. MCDF participated and contributed in one of the major international events - 'A Female Condom Fashion show' held during the International AIDS Conference in July 2012 in Washington DC, USA. This event attracted the Health Ministers including Kenya's then Minister for Special Programs.

At National level, MCDF has promoted the female condom through organizing road shows, camps on World AIDS Days and Global Female Condom Days in 2012 and 2013. MCDF events have been highlighted both by the local and the international media. From her work, MCDF has won National Awards; the MDGs (Millennium Development Goals) Awards 5, 6 and 8 given by UNDP and MDG Trust Fund.

2. Water Sanitation and Hygiene (WASH)

MCDF worked closely with the Ministry of Water through the Coast Water Service Board, Ministry of Health, and Student Movement for Real Change currently known as Think Impact and a community at the Kenyan Coast in Kayafungo. MCDF has been able to train Community Health Workers, construct latrines and engage the community in hygiene promotion activities.

3. Social Empowerment

MCDF works in the area of Social Empowerment with a view of engaging women and youth in activities that would enable them meet their basic needs as well as equip them with skills for entrepreneurship and development.

Private public partnerships (PPP)

MCDF works with the Government and the Private Sector in Corporate Social Responsibility (CSR) to engage them in public-private partnerships that contributes to development at community level

An overview of key developmental challenges in Kenya

Health

Kenya is a low income country in Eastern Africa, has an estimated population of about 38 million, of which 75–80% lives in rural areas. Poverty levels are very high, with 46.6% of the population living on less than US\$1 a day, and the gross national income (GNI) per capita is just \$680¹

According to WHO, the country's burden of communicable diseases remains high. HIV/AIDS is responsible for up to 29.3% of all deaths, and 24.2% of all disability in the country. Other causes of death include conditions during and just afterbirth (9% of deaths), respiratory (chest) infections including tuberculosis (14.4% of deaths), diarrhoeal diseases (6%of deaths), malaria (5.8% of deaths), stroke (3.3% of deaths), heart attacks (2.8% of deaths), road traffic accidents (1.9% of deaths), and violence (1.6% of deaths).

Maternal mortality in rural Kenya is very high due to lack of access to skilled attendance at birth, high burden of HIV/AIDS and a huge unmet need for family planning. According to UNFPA, 90% of women in rural Kenya seek antenatal care but most limit their visits to the second or third trimester limiting the potential benefits from ANC. Additionally most rural women give birth at home and this increases the risk for maternal deaths.

Clean water is critical to the overall health of the community. A dependable supply of water will improve sanitation and hygiene and can also be harnessed for agricultural purposes which will improve nutrition status of the population. Access to safe water also ensures that girls and young women who normally find and transport water will have the time to attend school. Research has shown that school attendance improves when girls have access to adequate sanitation (toilets).

In summary, the main challenges facing the Kenyan health sector are (i) a high burden of communicable disease and a growing challenge of non-communicable diseases, (ii) a weak health system with inadequate infrastructure and human resources for health, (iii) un-coordinated approach to decentralization of health services which is entrenched in the constitution. However there are many opportunities that can be harnessed to meet this challenges, these include a rights based constitution that elevates health provision to a human rights issue, a robust private sector that can support the health sector empowered civil society and strong health partnerships with global partners such as World Health Organization (WHO), UNICEF, Global Alliance for Vaccines Initiative (GAVI) and others.

¹ Wamai R (2009), The Kenya Health System—Analysis of the situation and enduring challenges

In the health sector, Kenya will continue to use the Primary Health Care (PHC) approach as the mechanism for provision of quality health services to all citizens as human rights issue. Resources will be mobilized both at national and regional level towards achieving this goal.

Youth and women

Kenya is currently faced with serious social and economic challenges. Of the nearly 38 million Kenyans, 32% of them are youth who provide up to two-thirds of the total labour force. 82% of these youth in the labour force lack employable skills². There are an estimated 12.4 million people searching for work.

In Kenya, a mismatch exists between the aspirations of young people and the opportunities available to them. In response to this, some of these youths turn to criminal behaviour, violence, substance abuse, and commercial sex work. These activities have negative repercussions on the young people themselves and contribute to growing physical insecurity for society as a whole. The communities within which young people live can also be either a source of both risk or protection. This includes negative attitudes towards young people (for example, the opinion that “young people are immature and irresponsible”) and harmful rites of passage such as female circumcision.

In summary, the challenges facing the youth include (i) unemployment and underemployment, (ii) health particularly adolescent health, STIs/HIV, (iii) high rate of school dropout, (iv) crime and deviant behaviour, (v) limited recreational facilities and (vi) abuse and exploitation through child labour, commercial sex work and economic exploitation.

Throughout Kenya's history, women have been subjugated to consistent rights abuses while shouldering an overwhelming amount of responsibilities. For instance, in the agricultural sector which provides about 80 Kenya's jobs, the vast majority of the labour in the sector is done by women; yet they earn only a fraction of the income generated and own a nominal percentage of assets. Only 29% of formal wage laborers are women, leaving a huge percentage of women to work in the informal sector.

Additionally nearly 40% of households in Kenya are headed by women, and due to the inequalities in distribution of income, these households are at risk for higher levels of poverty. Women continue to be educated at an inferior rate to their counterparts, increasing their reliance upon men. They are also limited from owning, acquiring, and controlling property throughout Kenya, regardless of social class, religion, or ethnic group. If women attempt to assert property rights over men or in-laws, they are often ostracized by their families and communities.

One out of every eight adults in rural Kenya and almost one out of every five adults in urban areas are infected with HIV. The infection rate in girls and young women is exponentially higher than in their male counterparts. Since women are predominantly infected by their husbands, they are essentially left to die when their land, home, and assets are taken from them by their husband's family.

Related to health, but also predominantly a human rights issue is the risk for maternal death for women in Kenya. The maternal mortality ratio in Kenya is estimated at 488 deaths per 100,000 live births (WHO). For every woman who dies in childbirth in Kenya there is at least another 20-30 women who suffer serious injury or disability due to complications related to pregnancy and

² Community Education Services, Canada

delivery. The problem is driven, at least in part, by lack of access to quality maternal health services, including ante-natal, delivery, and post-natal services. This continues to put women at a disadvantage while engaging in development activities in their communities.

Other risks faced by women include female genital cutting, wife inheritance, lower levels of access to education, gender based violence and fewer opportunities for engaging in entrepreneurial activities due to limited access to capital (which is linked to ownership of land and other assets).

In light of the above, MCDF has developed thematic objectives in line with the challenges facing Kenya in bid to ensure that the activities undertaken by MCDF are relevant to the needs of the population she seeks to serve.

Thematic Objectives 2014-2017

MCDF is committed to using innovative technology for facilitating the development process in Kenya and beyond. MCDF has built our experience over the last nine years to meet the felt needs of the people we work with. Our organization will continue to partner with Governments, the community, development partners, private sector and other partners in contributing to sustainable development for the people of Africa as is our vision.

To this end, we have five (5) thematic objectives that we hope to achieve over the next three years.

- 1. Improve health outcomes at community level**
- 2. Education for Sustainable Development**
- 3. Socio-economic Empowerment for women and youth (both male and female)**
- 4. Advocacy**
- 5. Strengthen MCDF capacity as a lead organization for integrating appropriate technology, innovation and development**

1. Improve health outcomes at community level

“Poor health is holding back sustainable development and leaving many communities trapped in poverty.” DFID, 2007

The cyclic relationship between health and poverty is well documented- poor people are more likely to have poor health status which in turn results in poverty. To break this cycle, MCDF will adopt the Alma Ata principles for Primary Health Care (PHC) that will improve access to health care for our beneficiaries, use a multi-sectoral approach in addressing the social determinants of health, promote the use of relevant and practical technology and innovation and promote equity in provision of health services. Within the next three years, MCDF will focus on the following health interventions:

1.1 Reproductive health

- Family planning promotion and commodities
- Antenatal/postnatal care support
- Promoting skilled attendance
- Adolescent friendly health services
- Gender based violence
- Home-based care for HIV patients
- Prevention of HIV/STI infections

1.2 Water and sanitation

- Support the MOH to increase sanitation and hygiene practices uptake – rural? Urban Promote appropriate community based technologies and innovations for improving access to safe water
- Strengthen Community management of installed water systems on the focus project sites

1.3 Child health

- Nutrition
- Support to community level IMCI interventions (ARI, malaria, vaccine preventable diseases, diarrhoea and HIV)

1.4 Health promotion (as a cross cutting issue)

Indicators related to Strategic Objective 1

1. *Number of people reached by MCDF with health programmes focusing on reproductive health, HIV, child health and health promotion*
2. *% increase in the population who report improved health outcomes as a result of MCDF activities*
3. *increase in demand for health related services in areas targeted by MCDF*

2. Education for Sustainable Development

Education for Sustainable Development allows every human being to acquire the knowledge, skills, attitudes and values necessary to shape a sustainable future (UNESCO). MCDF recognizes that the key to long term development and sustainability of interventions is greatly influenced by the capacity of the local communities to engage in the development process in meaningful ways. One of the main ways to empower people to engage is through improving access to education opportunities (both formal and informal) as well as supporting the education sector to improve the quality of education and skills provided. To this end, MCDF will focus on:

- 2.1 Mentorship for in-school and out of school youth to harness their leadership potential
- 2.2 Work with corporate (and others) in infrastructure development for schools. MCDF will continue to build on its experience on the ‘tree to class’ project that was implemented in Kaloleni District, Kenya.

Indicators related to Strategic Objective 3

1. *Number of youth mentored through MCDF programmes*
2. *Number of schools supported through MCDF programmes*

3. Socio-economic Empowerment for youth and women

MCDF recognizes the challenges facing women and youth in meeting their daily needs as well as their social obligations due to limited opportunities. As such MCDF will harness its prowess as a technology-savvy organization to identify relevant and innovative technologies that women and

youth (both male and female) can apply for social entrepreneurship with the aim of equipping them with skills for pursuing suitable solutions to social problems. Within this thematic objective, focus will be on:

- 3.1 Rites of passage programmes to equip young people with life-skills to cope with a changing environment and to improve their capacity to engage their community in the development agenda. This is an on-going programme dubbed *Nufaisha* which means 'add value'
- 3.2 Establishment of youth centres for out of school youth
- 3.3 Support businesses to harness mobile phone applications relevant to their specific business ideas. This is an on-going programme dubbed *Bizz Tech*.

Indicators related to Strategic Objective 2

1. *Number of youth reached by MCDF programmes*
2. *% increase in number of clients who report satisfaction with business support received from MCDF*
3. *Number of youth who report making informed choices regarding their life decisions*

4. Advocacy

In order to increase the impact of our projects, we must aim to influence others because our direct beneficiaries will always be a tiny proportion of poor and marginalised people. We will continue to partner with government at National and County level and use our experience to influence policy both in terms of legislation but also regulation. This will provide a much needed multiplier effect on our programmes as they result in systemic change for the benefit of the communities we work with. We will lobby policy makers in face to face meetings, stimulate debate by publicising issues in the media and engaging in strategically selected networks, meetings and conferences. Our advocacy work will focus on:

- 4.1 Increase visibility for MCDF
- 4.2 Provide support to policy discussions on integration of technology with community development
- 4.3 Advocacy material production

Indicators related to Strategic Objective 4

1. *Quantity and quality of direct and indirect contact with policy-makers.*
2. *Number of people mobilized to take action through supporting MCDF vision*

5. Strengthen MCDF capacity as a lead organization for integrating technology, innovation and development

Working towards sustainable development for the people of Africa will require strong civil society organizations. It is therefore vital to strengthen them, and build their capacity to engage with and influence government structures and hold them to account. This is a very important step in securing

sustainable improvements to the health of poor and marginalised people. To this end, MCDF a fairly young CSO will require to identify opportunities for capacity building so that it can respond more effectively to community needs and ensure that the projects implemented have a lasting impact.

MCDF is committed to expanding its programme to serve an increasing number of people through an increase in implementation of new projects. These projects will continue to target the poorest and most marginalised in Kaloleni Division of Kilifi County in Kenya. Within the period covered by this strategic plan i.e. 3 years, focus will be on increasing the scale and number of projects in Kenya with a view to expand to other African countries at the end of this strategic plan. MCDF has identified the following gaps that require strengthening to enable it deliver this strategic plan optimally:

5.1 Improve funding streams for MCDF

5.2 Working with groups from abroad (students, tourists etc) to raise funds for MCDF activities.

This is an on-going project within MCDF dubbed *Kaleidoscope*

5.3 Establishing oversight leadership for MCDF

5.4 Staff capacity building

Indicators related to Strategic Objective 4

1. *Number of new programmes established by MCDF in line with this Strategic Plan*
2. *Increase in funding for MCDF*
3. *MCDF Organizational Development plan identified and implemented (based on the SWOT analysis)*