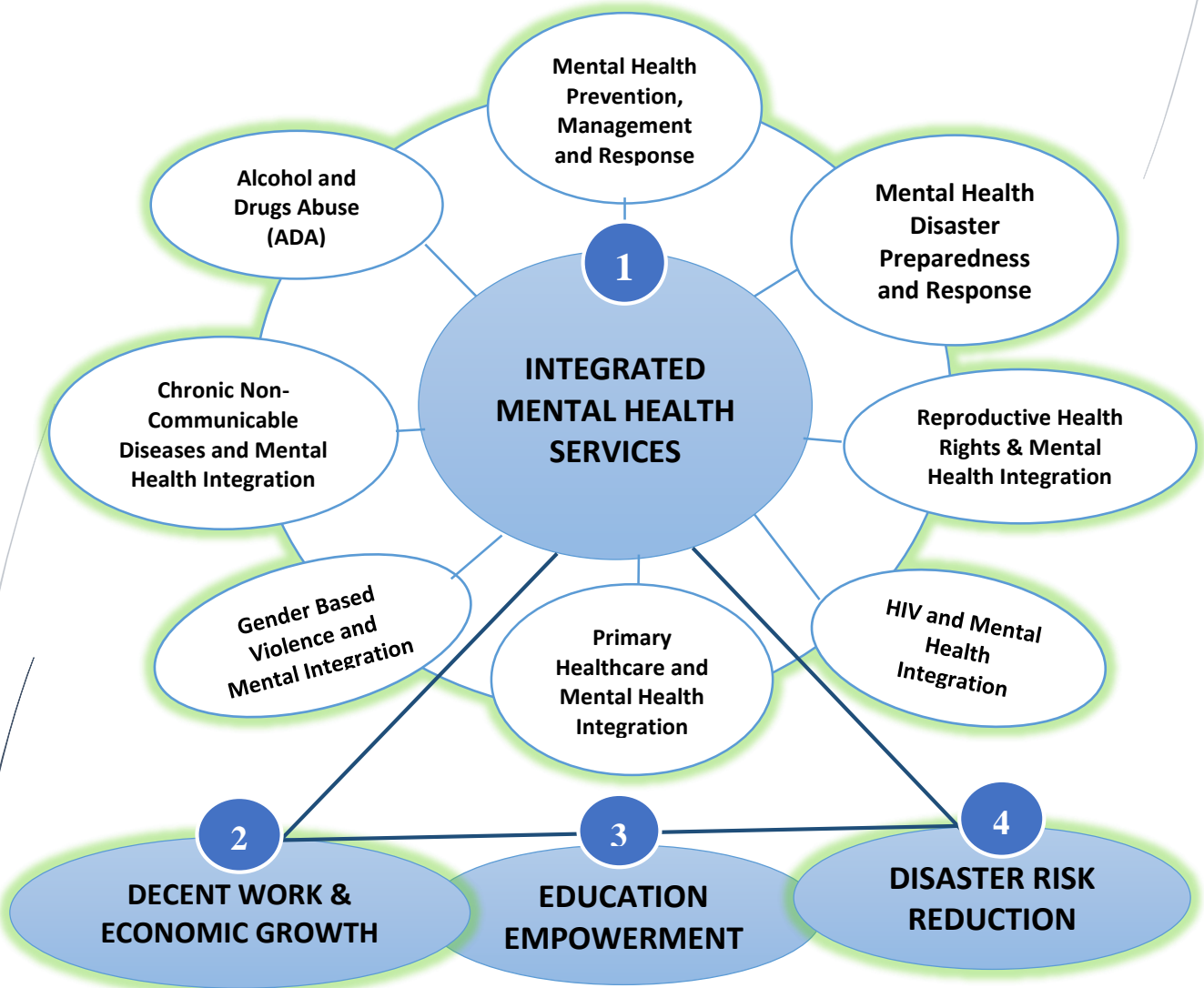




# TINADA YOUTH ORGANIZATION (TiYO)

## STRATEGIC PLAN 2023 - 2028



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## Contents

FORWARD .....	2
ABBREVIATIONS .....	3
Development of a strong financial Resource Base .....	8
The organization has developed a Resource Mobilization Plan that has set out plans and strategies on how to address both short-term and long-term resource requirements in line with the planned activities .....	8
Effective Monitoring and Evaluation Framework.....	8
1.0 ABOUT US -TINADA.....	9
1.1 Key past achievements.....	10
1.2 Vision, Mission, Target Population and Core Values .....	11
2.0 THE STRATEGIC PLAN – 2023-2028.....	14
2.1 Sustainable Development Goals .....	14
2.2 THEMATIC AREA 1: INTEGRATED MENTAL HEALTH SERVICES.....	15
2.3 THEMATIC AREA 2: DECENT WORK AND ECONOMIC GROWTH.....	28
2.4 THEMATIC AREA 3: EDUCATION EMPOWERMENT.....	30
2.5 THEMATIC AREA 4: DISASTER RISK REDUCTION .....	32
3.0 CROSS CUTTING INTERVENTIONS AND CONSIDERATIONS.....	34
4.0 IMPLEMENTATION PLAN – APPROACHES AND STRATEGIES.....	34
5.0 CRITICAL PRE-REQUISITES FOR SUCCESSFUL IMPLEMENTATION.....	36
5.1 Internal and external factors.....	36
5.2 Development of a strong financial Resource Base .....	37
5.3 Effective Monitoring and Evaluation Framework.....	37
5.4 Research agenda .....	38
BUDGET ESTIMATES FOR THIS STRATEGIC PLAN (2023 - 2028) .....	39



## FORWARD



**Roy Douglas Onyango Otieno**  
Executive Director

It is truly a pleasure that TINADA Youth Organization (TiYO) celebrates the realization of this Strategic Plan, which will cover the five-year period between 2023 and 2028. The development of this strategic plan marks a significant milestone in the life of TINADA as an institution being our first strategic plan since inception. The plan seeks to provide a strategic direction for the organization by mapping out clear and focused priority areas.

This strategic planning process takes place at a time when many changes and developments are taking place in Kenya and globally, and whose impact demands our creativity, innovativeness and fresh thinking in addressing the broad range of issues that TINADA sets out to tackle.

Globally for instance, populations have been threatened by the Corona virus (COVID- 19) pandemic, while climate change continues to ravage almost every aspect of our livelihoods. Here at home, high levels of unemployment, particularly among the youth, poverty, food insecurity and inadequate access to health services are among the issues that a large majority of our population is struggling with.

It is instructive to note that many, if not all, of these issues continue to have an impact on the mental health of many people. In response, TINADA continues to address a variety of concerns. The Board has made a policy decision to focus sharply on **mental health** as a concern that cuts across all of our interventions. Overall, the organization envisions the establishment of a friendly environment with integrated services giving special attention to children, youth and persons with disability.

This strategic plan reflects our passion for action for the next five years. It is the result of continuous consultations between our team, stakeholders, partners and donors. While creating this document, we considered our past experiences, the constantly changing local and external environment, and our inherent strengths and expertise. The result is what we truly believe are the key strategic focal areas that our organization should spend its resources on over the period of this plan.

This strategy focused to ***enhanced wellbeing of the vulnerable Young People through strategic partnership on: Integrated Health, Education Empowerment, Disaster Risk Reduction and Decent Work and Economic Growth***. Achieving these objectives will indeed take the long-term dedication of our staff, the communities we serve, and all stakeholders. We are confident that we have what it takes, as TINADA, to deliver on these commitments as we strive to work with all stakeholders towards **an empowered Healthy Young People**.

Lastly, we take this opportunity, on behalf of the Board of Directors and Management to salute the entire team of TINADA for the focused delivery of services to our communities. Their selfless sacrifices are not in vain, and it is the fruits of that joint effort that we celebrate our achievements today.

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**Roy Douglas Otieno**  
Executive Director  
TINADA Youth Organization (TiYO)

## ABBREVIATIONS

AYP	- Adolescents and Young People
AIDS	- Acquired Immune Deficiency Syndrome
ART	- Anti-retro viral Therapy
CBO	- Community Based Organization
CHEW	- Community Health Extension Worker
CHV	- Community Health Volunteer
CMT	- Core Management Team
COVID -19	- Corona Virus Disease - 2019
CU	- Community Unit
EBI	- Evidence Based Intervention
HR	- Human Resources
HTS	- HIV Testing Services
ICT	- Information and Communication Technology
IEC	- Information Education and Communication
M&E	- Monitoring and Evaluation
MEL	- Monitoring, Evaluation and Learning
MH	- Mental Health
MHPSS	- Mental Health Psycho-Social Support
OVC	- Orphans and Vulnerable Children
PEPFAR	- President's Emergency Plan for AIDS Relief
PLHIV	- People Living with HIV
SOP	- Standard Operating Procedure
PBO	- Public Benefit Organization
PSS	- Psycho-Social Support
PWD	- People with Disability
SRHR	- Sexual Reproductive Health and Rights
CIDP	- County Integrated Development Plan
SWOT	- Strengths, Weaknesses, Opportunities and Threats





## EXECUTIVE SUMMARY

TINADA Youth Organization (TIYO) was initially registered as a Youth Group under the Ministry of Social Services in 2001. It was later re-registered in 2014 as Community Based Organization (CBO), with most operations around the Lake Victoria region. The organization has grown over the years, both in terms of its scope of interventions as well in its geographical coverage, expanded the reach in a number of counties in Kenya and opened up an office in Uganda. TINADA seeks to expand its operation to the entire Horn of Africa Countries targeting the most vulnerable young people and communities with special attention to Humanitaria Settings

In order to effectively and efficiently respond to the emerging opportunities as well as challenges, TINADA has found it imperative to design and develop a clear plan that will guide its operations for the next five years, 2023 to 2028.

The plan indicates the strategies that will see TINADA forge towards achieving its vision of an **empowered healthy young people**. To the organization, this vision means that vulnerable young people in the society will enjoy spontaneous progression towards self-sufficiency and wellbeing.

This will be through pursuing the organization's mission of **enhancing holistic wellbeing of the vulnerable young people through strategic partnerships in integrated mental health services, education empowerment, Disaster Risk Reduction and decent work and economic growth**. TINADA will rely on the **core values** that underpin its work which are Integrity, Innovation, Professionalism, Inclusivity, Justice, Team work, Openness and Compassion.

The strategic plan is hinged on four thematic areas; **(1) Integrated Mental Health Services, (2) Education Empowerment, (3) Decent Work and Economic Growth, and (4) Disaster Risk Reduction**. Integrated mental health is the central core of the strategy. All the programs are intricately linked to mental health and wellbeing effectively aligning to SDG3: Health and wellbeing, *SDG4: Quality Education, SDG5: Gender Equality, SDG8: Decent work and economic growth, SDG 13: Climate Action, SDG 16 Peace, Justice and Strong Institutions*.

To achieve these thematic areas, under the supervision of the board and secretariat, TINADA will employ evidence Informed programming and policy advocacy to guarantee effectiveness and long term impact. The organization will also employ Client Centeredness since clients understand their needs better than anyone else. Importantly the organization will employ Gender Integration to make sure that no one is left behind across our interventions.

To sustainably achieve the development goals and long-standing positive change, TINADA will use Strategic partnerships and Alliance Building.

Mentorship will also be a central part in achieving TINADA's vision and building capacity of its staff, learning from other organizations as well as building capacity of its partners. We will not implement thematic areas in isolation and will deploy integrated programming.

Lastly, Grassroots Mobilization is important component of the strategy because, no one would solve community's problem than themselves and their leaders

During the next five years, TINADA will focus on four broad strategic thematic areas, whose choice has been informed by its past experience in working with the communities. These four areas have been found to be among the most critical, and where the greatest impact can be made. These are;

**1. INTEGRATED MENTAL HEALTH SERVICES** - Promoting equitable access to integrated mental health services to the communities with great attention to vulnerable children, youth, young women and youth with disability

**2. DECENT WORK AND ECONOMIC GROWTH** : Strengthening the capacities of vulnerable youth, young women, and young persons with disabilities for sustainable economic empowerment

**3. EDUCATION EMPOWERMENT:** Enhancing Access to inclusive and Quality Education Empowerment in rural areas, informal settlements and arid and semi-arid areas targeting vulnerable girls and boys

**4. DISASTER RISK REDUCTION:** Building Resilience of Communities most at risk to mitigate climate change and disasters; addressing displacement, migration, peace and security ;prevention and response to health hazards and road safety; mitigate flood and drought, strengthen food security and livelihood; and promote culture restoration and conservation

**5. Cross Cutting Issues:** Research and Advocacy, Disability Inclusion, Capacity Development, Gender and Social Inclusion and Localization Agenda

## SUMMARY OF TINADA PROGRAM THEMATIC AREAS

### THEMATIC AREA 1: INTEGRATED MENTAL HEALTH SERVICES

This thematic area has sub programs that power it to achieve its overall goal. It's focuses on integration of: 1) Mental Health prevention and Response, (psychosocial support & rehabilitation; 2) Gender-Based Violence, Sexual Reproductive Health and Rights (SRHR); 3) HIV and Mental health, 4) Disaster Preparedness and Response; 5) Alcohol and Drugs Abuse; 6) Chronic Non-Communicable Diseases; 7) Primary Health Care. This is from the point of view that mental health is a product of social, environment, biological and psychological risk factors.



### THEMATIC AREA 2: DECENT WORK AND ECONOMIC GROWTH

The thematic area target youth between 18-35 years equipping and supporting them to increase their economic capacity and quality of life. The top of priorities is to build soft and core skills which not only enable young people to get employment. The second capacity would be to build financial literacy and entrepreneurship skills. Eventually build the capacity of young people to initiate and sustain income generating activities. This would also be through strengthening agribusiness, establishing entrepreneurship resource-hub and a sports complex to provide young people with an avenue to income generation.



### THEMATIC AREA 3: EDUCATION EMPOWERMENT

Many young people do not have the ability to access their right to education because of a myriad of reasons including family socio-economic status, natural disasters, wars and conflicts. TINADA Youth organization is determined to enable these young people to start school well, get retained and transition across levels. This will be done through creation of innovative models that promote access and enable retention despite the context specific challenges. TINADA youth organization will also create centers of excellence that protect the mental health and wellbeing of learners and enable completion of school.



### THEMATIC AREA 4: DISASTER RISK REDUCTION

TINADA Youth Organization will focus on Building the resilience of local communities most at risk to adapt and mitigate climate change, address displacement and Migration its effects, health hazards and road safety and response, reduce flood and drought risks, support food security and livelihood, peace building, culture restoration and conservation and droughts and floods, displacement and environmental restoration. The organization will also engage the stakeholders to strengthen resilience. Improving the knowledge of communities and stakeholders on loss and damage as well as reducing loss in the food systems to reduce risk of hunger as a result of disaster. Importantly, the TINADA Youth Organization will look at cultural and heritage around conservation promoting use of indigenous knowledge for environmental protection.



## CROSS CUTTING ISSUES

TINADA Youth Organization understands the value of **evidence advocacy, Disability inclusion, gender and social inclusion, Localization agenda** as well capacity development in achieving the vision of the organization. As such, the organization ensures that all programs benefit from these crosscutting implementation strategies as well as taking a human rights based approach.

This strategic plan will be implemented over the next 5 years and will be central to the projects TINADA Youth Organization will be implementing. We will also open doors to meaningful development relationships. It will guide the kind of development business the organization takes, allowing the organization to be deliberate on what it does for the next 5 years.



## Key Strategies

1. **Evidence Informed:** Use of own generated and/or existing knowledge for policy-advocacy and programing influence.
2. **Client Centeredness:** commitment to putting convenience and unique needs of our clients at the centre of the services with more attention to community-based services.
3. **Gender Integration:** We purpose to incorporate gender needs across all our programs and interventions towards attainment of gender equality and social inclusion.
4. **Strategic partnerships and Alliance Building:** Exercise meaningful engagement with our stakeholders by involving them in what we do (Resource leverage). Building meaningful, effective and sustainable partnerships and alliance's / Networks
5. **Mentorship:** Use of our expertise and experience to take a systematic journey with our clients and partners.
6. **Integrated programing:** Comprehensive support to clients and beneficiaries - our interventions deliberately respond to the relevant needs.
7. **Grassroots Mobilization:** Focusing on community based effective mobilization and implementation to achieve change within families targeted
8. **Capacity strengthening , mentorship and downstream partners sub-grant**



## Delivery Approach

- Amplify voices of youth, young women, and Persons with disability
- Strengthening effective community leadership
- Enhance Community Based and key actors' Engagement
- support Positive culture, attitude, behaviors and practices
- Champions of Change & Peer Education model
- Building a strong Movement for Advocacy
- Prioritizing Gender Transformative programming
- Promoting Creativity and Innovation



- Capitalizing more creatively on digital media
- Embracing Human Rights Based Approach
- Generating and learning from evidence
- Strengthening right holders and downstream partners
- Strengthening partnership and networking
- Promoting of Localization Agenda
- Influencing Government for positive change
- Developing internal Capacity for effective delivery
- Enhance Linkages and Learning



### TINADA Leading Ideas Are:

1. Young People as Co-Creators of Solutions in Communities and Broader Society
2. Young People as Agents of Change and Transformation
3. Using Empowerment approach through Lived Experience
4. Embracing Youth Mentorship and Transformational Leadership for community change
5. Using Integrated programming Approach (Holistic and Comprehensive)

### Development of a strong financial Resource Base

Resources are among the vital requirements without which this plan cannot be implemented.

The organization has developed a Resource Mobilization Plan that has set out plans and strategies on how to address both short-term and long-term resource requirements in line with the planned activities

### Effective Monitoring and Evaluation Framework

Monitoring and Evaluation is a critical component of implementation. TINADA has developed a plan provides a framework for the development of annual work plans, with key specific activities to be carried out each year.

*This plan provides broad strategic direction and objectives that TINADA will pursue over the plan period 2023 to 2028. The plan will form the basis upon which specific operational plans, programs and projects will be developed. The ownership of the plan will be with the Board and management of TIYO who will ensure the existence of an enabling environment for its implementation.*

## 1.0 ABOUT US - TINADA

TINADA is a youth led organization with over 20 years' experience working with and supporting young people. TINADA was founded and registered initially in 2001 as a Youth Group under Ministry of Social Services & later re-registered in 2014 as Community-Based Organization in Kenya and in August 2023 registered as NGO with the Name *TINADA YOUTH ACTION AFRICA* in the transition processes).

The organization seeks to initiate, grow, sustain, upscale and replicate successful community health development programs to enhance wellbeing of vulnerable young people with special attention to Humanitarian settings in the Horn of Africa

The organization has grown over the years, both in terms of its scope of interventions as well in its geographical coverage, having recently (2021) opened up offices in Uganda.

The organization is a Youth & Family Driven Integrated Initiative, using the family to family and Youth to Youth focused interventions to demonstrate and attain human rights and sustainable community empowerment through promotion of integrated mental health, education Empowerment, Disaster Risk Reduction, Decent Work and Economic Empowerment

As a youth-focused and youth-led organisation, TINADA has a strong sense of its own identity that provides strong bonds between the organisation and the young people it supports which connects to the leading ideas that underpin the work of the organisation.



## 1.1 Key past achievements

- 325+ Policy Makers supporting youth-led mental health advocacy and engaged in various policy conversations
- 49+ Trainings undertaken to capacity build staff, peer educators, volunteers & community health workers to better deliver integrated mental health projects
- 04+ mental health Policies influenced with mental health budget code and allocation approved in 3 counties
- 113,512+ Youth, Adolescent Girls & Young Women accessing integrated health services
- 12,244+ Children participating in our mental health programs through schools' mental health clubs



- 15,834+ PWDs upskilled, empowered and engaged in our mental health, decent work and economic growth, and disability inclusion programs
- Established Youth Empowerment Revolving Loan Fund
- 1,341+ CSO+OPDs reached/ engaged in our program
- 90+ Mental Health Champions and PHC Champions engaging in PHC and community-based mental health prevention and promoting activities
- 133+ Health Facilities partnered with hosting our teen and single mother mental

health support group sessions and offering services

- Working with 1,207+ grassroot organizations for Mental health advocacy and outreaches
- In progress of establishing a community Center for Mental Health known as Home of Brains and Healthwiz Hospital



## 1.2 Vision, Mission, Target Population and Core Values

TINADA has an outstanding good experience in working with and supporting young people, young single mothers' and young people with disability and. TINADA is responsive to community needs and aspirations and is part of a number of partnerships and networks that seek to build on delivery of our Vision, Mission:

### Vision: Empowered Healthy Young People

**Mission:** Enhancing holistic wellbeing of the vulnerable young people through strategic partnership in: integrated mental health services, Education empowerment, Disaster Risk Reduction and Decent Work and Economic Growth

**Target Population:** Most Vulnerable Young People (children, youth, young women, and young people with disability)

### Core Values

1. **INTEGRITY:** We cherishes honesty, accountability and transparency as far as resources within our reach are concerned, for determined results.
2. **PROFESSIONALISM:** We prizes consistency, quality, effectiveness, and efficiency, clarity of purpose, respect, justice and non-discrimination in all our endeavors.
3. **COMMITMENT:** We are dedicated to our work, loyalty, and passion and drive in service delivery and other interventions for maximum effort investment towards continuous improvement.
4. **TEAM WORK:** We practice team work, meaningful engagement, partnerships, unity of purpose and leveraging of resources through beneficial linkages to promote synergy for better results.
5. **INCLUSIVITY:** We ensure that the critical needs of all members of our target communities are included and considered in our programming.
6. **JUSTICE:** We promote a culture of fairness and impartiality in all our practices.
7. **OPENNESS:** We are open to sharing organization transactions and operations for accountability, ownership and sustainability, we are also open-minded in our work, imaginative, creative and insightful, seek new experiences and are curious and perceptive to our environment
8. **COMPASSION:** We practice love, kindness and empathy in our work.



### .3 Governance, Management and Operations

#### Organization Governance

TINADA Youth Organization is governed by 7 Board of Directors (BoD), this is the top most level/organ of the organization charged with the overall responsibility of governance, strategic leadership and advice on strategic management and operation of the organization. For purposes of smooth delivery of policy, as agreed by the Board, the Executive Director is the secretary to the Board. The organ provides corporate/strategic direction, strategic decision making, fundraising through linkages and networking, policy development, review and approval. The board is divided in different sub-committees to strengthen board function and management oversight and delivery. The sub-committee includes: 1) Program, 2) Monitoring, Learning and Evaluation, 3) Operations (Finance, Procurement, IT and HR), 4) Partnership, Publicity and Resource Mobilization, 5) Gender and Disability Inclusion



**Organization Management:** In terms of management systems in the organization, the Executive Director works with the **Core Management Team (CMT)** and entire staff to lead the implementation team, ensure effective and efficient implementation of the organization's programs and projects and also enforcement of the policies approved by board.

**The CMT** is headed by the Executive Director, who is responsible for the day to day running of the organization through staff. The Executive Director is supported by the CMT which is made up of the various Heads of Department/Programs.

**Departments** that are currently operational in the organization are;



1. **Programs:** Responsible for the delivery of services to the community depending on their needs.
2. **Monitoring, Evaluation, Accountability and Learning:** is involved in the development, review and use of the relevant tools used in tracking implementation progress towards expected results, and the documentation, dissemination and use of that information for decision making.
3. **Partnerships and Advocacy:** takes care of internal and external engagement/communication with stakeholders, partners, systems strengthening and advocacy.
4. **Finance and Administration:** makes sure that funds are utilized for the purpose they were intended and that the personnel and offices are run smoothly.
5. **Human Resources:** ensures that staff, volunteers and interns are well taken care of their wellbeing and towards effective and efficient work for maximum productivity.

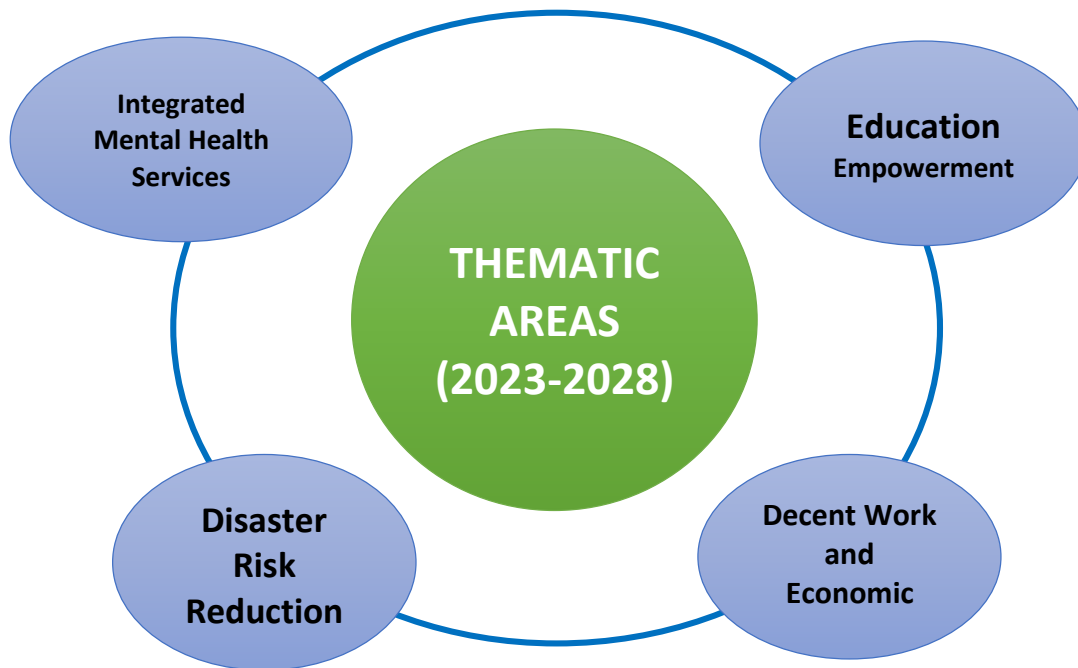
The project officers / departmental heads ensure strict implementation of the projects and operations according to organization policies, approved work plans and grant agreement and also ensure timely reporting to director and other management staffs. TINADA has well established operation and management systems and structures that is stipulated in our policies and guidelines. These include Finance Policy, Human Resource Policy, and Safeguarding Policy among others to effectively manage the organization.



## 2.0 THE STRATEGIC PLAN – 2023-2028

This strategic plan sets out TINADA’s priorities for the period 2023 to 2028. The priorities are based on reflection on the current and past interventions, and an analysis of both the internal and external environments in which the organization operates. Other internal and external documents, policies and guidelines have also informed the development of this document.

While it is recognized that many important issues and critical needs have emerged, TINADA will give special attention and priority to those that touch on the lives of children, youth, and people with disabilities as a critical part of the vulnerable community as captured within our mandate, vision and mission. Based upon this, TINADA develop its interventions around four strategic thematic areas, namely;



### 2.1 Sustainable Development Goals

TINADA is focused on aligning its development agenda to Counties CIDPs, Kenya Vision 2030, AU agenda 2063, Global Frameworks, including the SDGs No 2, 3, 4, 5, 8, 13 and 16. Similarly, TINADA, in its selection of thematic areas, has also taken into consideration the SDGs and that contributes directly to the following through the various interventions;

 <p><b>2 ZERO HUNGER</b> End hunger, achieve food security and improved nutrition and promote sustainable agriculture</p>	 <p><b>3 GOOD HEALTH AND WELL-BEING</b> Ensure healthy lives and promote well-being for all at all ages</p>	 <p><b>4 QUALITY EDUCATION</b> Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</p>
 <p><b>5 GENDER EQUALITY</b> Achieve gender equality and empower all women and girls</p>	 <p><b>8 DECENT WORK AND ECONOMIC GROWTH</b> Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</p>	 <p><b>13 CLIMATE ACTION</b> Take urgent action to combat climate change and its impacts</p>
 <p><b>16 PEACE, JUSTICE AND STRONG INSTITUTIONS</b> Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</p>		

## 2.2 THEMATIC AREA 1: INTEGRATED MENTAL HEALTH SERVICES

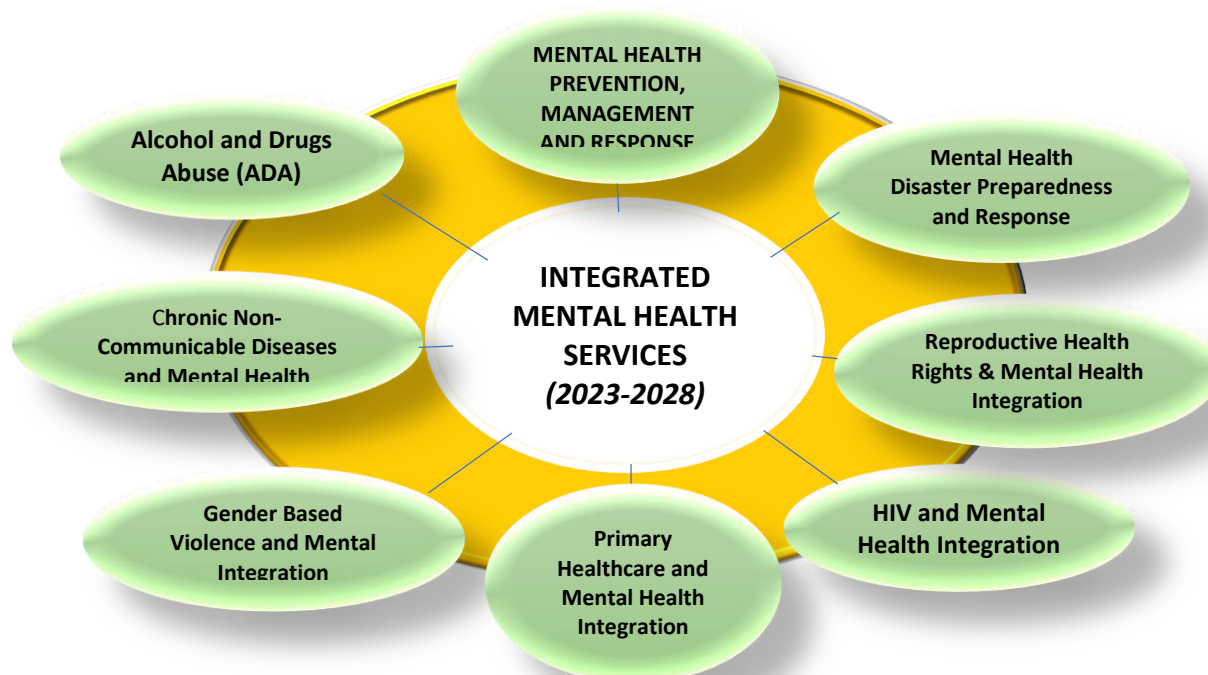
Kenya Mental Health Policy 2015-2030 defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Mental health is a growing area of concern in Kenya, as it is at the global level. Evidence suggests that the burden of mental illness in Kenya is high and increasing. No serious attention given to prevention and promotion of mental health while it is also estimated that 76% of people in the country with serious mental health conditions do not have access to the treatment they need, especially given that there are insufficient numbers of professionals trained to provide such care. COVID 19 has more adverse effects on young people as they continue to experience stigma, loss of social & economic power while Mental Health talk in this region is shrouded with secrecy, myths & misconceptions



It is also estimated that about half of these mental illnesses begin around age 14, though most cases go undetected and untreated. Major symptoms are depression, anxiety, conduct disorders, and attention-deficit/hyperactivity disorder (ADHD). Left unaddressed, the problems continue into adulthood, affecting one’s relationships, work, and overall quality of life. Through devolution, county governments have the responsibility to deliver health care, including mental health.

TINADA is the first local organization around the Kenya to model the integration of community based mental health services with Sexual Reproductive Health and Rights (RHR), Gender-Based Violence (GBV), Disaster Risk Reduction and disability inclusion. During the implementation period of this plan, TINADA aims to promote equitable access to integrated mental health services to the community with particular attention to eight programmatic areas. These include Mental Health Prevention, Management and response, Mental Health Disaster Preparedness and Response, Integration of Mental Health in Reproductive Health Rights, HIV, Primary Health Care, Gender Based Violence, Chronic Non Communicable Diseases and Alcohol and Drug Abuse.



## 2.2.1 Sub-Theme 1.1: Mental Health Prevention, Management and Response

TINADA focus to reach more **320,000 most vulnerable young people, youth with disabilities, single mothers, adolescent mothers, young mothers and Key population** who experience mental health (MH) crisis linked to: abuse, violence, loss, grief, puberty, relationship, early parenthood, unsafe abortion, poverty, gender, stigma, conflicts & drugs abuse.

This plan will invest in evidence-based interventions to promote community-based peer-hood among youth with lived experience or at risk of psychological issues for prevention & response plan which is significantly for long term positive impact. We will continue establishing, and running effective & sustainable number of Mental Health clubs in schools and support groups in communities to enhance prevention and response with a complete peer referral & linkage to youth friendly spaces& facilities services & also enhance therapy, rehabilitation, and reintegration & coordination efforts.



TINADA shall also employ feminist psychological approach & empowerment through livelihood, leadership & technical & soft skills. We will use a web of meaningfully coordinated community network that use community own resource persons & resource centers as rehabilitation & community-based care units useful in promoting ownership, scalability & sustainability. TINADA shall also invest in learning & feedback events for sharing of working models, document & disseminate ongoing work.



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In the year 2023 – 2028, TINADA is looking forward to effectively continue investing in integrated mental health focusing on below interventions:

**Objectives and Expected Outcomes for the Mental Health Prevention, Management and Response sub-theme**

<b>Goal: Enhance Prevention, management and response of mental health conditions through primary health care approach</b>	
<b>Specific objectives</b>	<b>Expected Outcomes</b>
1. Increase mental health knowledge for prevention, promotion, and protection against all forms of discrimination and stigma for persons with mental health conditions and psycho-social disabilities	<ul style="list-style-type: none"> <li>❖ Improved knowledge on prevention, management, and response among marginalized groups, including those living in remote/rural areas and informal settlements</li> <li>❖ Reduced stigma amongst persons with mental health conditions</li> </ul>
2. Provide Psychosocial support and rehabilitation services with particular attention to marginalized groups living in remote/rural areas/informal settlements	<ul style="list-style-type: none"> <li>❖ Increased uptake of psychosocial support and rehabilitation services</li> <li>❖ Improved access to psychosocial support and rehabilitation services that enhance overall well-being.</li> <li>❖ Improved mental health and wellbeing</li> </ul>
3. Enhance service delivery, care, and Support to Aging mental health.	<ul style="list-style-type: none"> <li>❖ Increased utilization of psychosocial support among older adults</li> <li>❖ Improve access to service delivery, care, and support for aging individuals with mental health conditions to promote healthy aging.</li> <li>❖ Improved quality of life and mental health wellbeing</li> </ul>
4. Improve maternal and child mental health within target counties	<ul style="list-style-type: none"> <li>❖ increased access to mental health services and support amongst mothers and children</li> <li>❖ Improved maternal and child health outcomes.</li> </ul>
5. Enhance mental health well-being in the workplace <i>targeting institutions</i>	<ul style="list-style-type: none"> <li>❖ Improved mental health wellbeing among employees and employers</li> </ul>
6. Support the legal justice system (judiciary, prison, and Court Users) through the integration of mental health and GBV Services	<ul style="list-style-type: none"> <li>❖ Improved positive coping mechanisms by persons in the legal justice</li> <li>❖ Increased number of successful rehabilitation and integration amongst the perpetrators</li> </ul>
7. Capacity building of non-conventional healers (herbalists, religious leaders, traditional healers, spiritual healers) on mental health prevention, therapy, and referrals.	<ul style="list-style-type: none"> <li>❖ Enhanced rights based mental health practices</li> <li>❖ Strategic inclusion of non-conventional healers in mental health prevention, therapy and referral forums</li> <li>❖ Improved referral pathways between non-conventional and healers</li> </ul>
8. Mental Health Disaster Preparedness and Response (MhDPR)	<ul style="list-style-type: none"> <li>❖ Improved mental health disaster preparedness and response</li> <li>❖ Improved preparedness and response to mental health disasters</li> <li>❖ Improved mental health risk reduction</li> </ul>



## 2.2.2 Sub-Theme 1.2: Alcohol and Drug Abuse

Substance abuse is a major problem in Kenya, particularly among young people. According to data from the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA), more than 3 million Kenyans aged between 15 and 65 years are estimated to be using drugs, with most of them being youth. In addition, the 2017 Kenya Alcohol Policy Status Report showed that alcohol is the most abused substance among Kenyan youth, with prevalence rates of up to 25%. This is a worrying trend as alcohol use is associated with a range of negative outcomes, including academic failure, risky sexual behaviour, and mental health problems. This highlights the urgent need for effective prevention and treatment interventions to address substance abuse among young people in Kenya.



Through its evidence-based programs and services, TiYO will continue playing a crucial role in addressing substance abuse among young people in Kenya and helping to mitigate the negative impacts of substance use on individuals, families, and communities. TiYO will continue making a significant contribution to the effort to address substance abuse among young people. By providing education, support, and resources. TiYO focus to support young people to build healthy, fulfilling lives and to avoid the negative consequences of substance abuse.

To achieve this goal, TiYO's will offer a range of services that are tailored to the needs of young people. The organization will provide education and conducts awareness campaigns that help young people understand the risks and consequences of substance abuse. We also strive to offer counselling and support services to young people who are struggling with addiction or who have experienced the negative impacts of substance abuse.

In addition, TiYO will continue to work closely with community, partners, government and experts in the field to develop and implement evidence-based strategies for preventing substance abuse and promoting healthy lifestyles. This includes working with schools, youth groups, and other community organizations to provide young people with the tools and resources they need to make informed decisions about their health and wellbeing.

### Objectives and Expected Outcomes for the Alcohol and Drug Abuse Sub Theme

<b>GOAL: Enhance prevention, response, and rehabilitation on ADA (Alcohol and Drug Abuse) among children, youth, young women, and Persons with disability</b>	
<b>Specific objectives</b>	<b>Expected Outcomes</b>
1) Promote the prevention of alcohol and drug abuse.	<ul style="list-style-type: none"> <li>❖ Reduction in the rate of alcohol and drug abuse among the youth</li> <li>❖ Increased productivity amongst the youth</li> <li>❖ Improved mental and physical health among the youth</li> </ul>
2) Provision of Response to Alcohol and Drug Users	<ul style="list-style-type: none"> <li>❖ Increased access to appropriate healthcare services for youth with alcohol and drug addiction</li> <li>❖ Improved mental and physical health outcomes for youth with alcohol and drug addiction.</li> <li>❖ Reduced incidence of alcohol and drug-related harm among the youth</li> </ul>
3) Establish and equip a rehabilitation center at Home of Brains Center for Mental Health	<ul style="list-style-type: none"> <li>❖ Increased availability and accessibility of rehabilitation services for individuals with mental health and substance abuse disorders</li> <li>❖ Improved mental and physical health outcomes for youth undergoing rehabilitation services.</li> </ul>

## 2.3 Sub-Theme 1.3: Chronic Diseases and Mental Health Integration

The prevalence of a mental disorder is elevated in people who live with noncommunicable diseases. Conversely, more than two-thirds of people with a mental disorder have been shown to have at least one other chronic noncommunicable disease. The epidemiological transition from low prevalence of Non-Communicable Diseases to increased prevalence is a great concern. 50% of all admissions and 43.5% of mortality in 2020/21 of mortality is as a result of NCDs. This is greater than 35.4% of which was the situation in 2017. Mortality from cancer alone increased from 3% in 2000 to 8% in 2019. This is a clear indication of the transition to high prevalence.



The relationships between mental disorders and other noncommunicable diseases are complex and bidirectional. Poor mental health exacerbates a number of noncommunicable disease risk factors, including poor lifestyle choices leading to obesity, inactivity, and tobacco use; poor health literacy; poor access to health promotion activities; and symptoms such as lack of motivation and energy. Mental disorders such as depression and alcohol use disorders often co-occur with other common noncommunicable diseases such as diabetes and heart disease. The pathways underlying the comorbidity of mental disorders and noncommunicable diseases are complex.

Building on the robust evidence base for effective treatments for a range of mental disorders, there is now a growing evidence base for how such treatments can be integrated into the care of people with noncommunicable diseases. The best-established delivery model is a team approach that features a no specialist case manager who coordinates care with primary care physicians and specialists. This approach maximizes efficiencies in person-centered care, which are essential for achieving universal health coverage for both noncommunicable diseases and mental disorders. A number of research gaps remain, but there is sufficient evidence for policy makers to immediately implement measures to integrate mental health and noncommunicable

The aging of populations around the world has been accompanied by marked increases in the burden of chronic noncommunicable diseases such as cardiovascular disease, chronic respiratory conditions, cancer, diabetes, and musculoskeletal disease. With effective interventions, mortality associated with many of these conditions has continued to fall. However, the interventions do not reach everyone and may not be universally affordable.

TINADA Youth Organization looks at a future where families are supported to survive and thrive beyond the state of illness that they and or their family members are going through. This is by building their resilience and that of their families. TINADA puts forth in prevention of NCDS and mental health support for the people living with NCDs.



## Objectives and Expected Outcomes for the Chronic Diseases and Mental Health Integration sub-theme

Goal: Enhance non-communicable diseases prevention and response to mental health and well-being promotion	
Specific objectives	Expected Outcomes
To develop a comprehensive screening tool for detecting chronic non-communicable diseases and mental health conditions among the youth population in the target counties	<ul style="list-style-type: none"> <li>❖ Screening tools for detecting chronic non-communicable diseases and mental health conditions among the youth population developed, disseminated and in use.</li> <li>❖ Increased early detection and response of chronic non-communicable diseases and mental health conditions</li> <li>❖ Improved accuracy in identifying chronic non-communicable diseases and mental</li> <li>❖ Enhanced capacity of healthcare providers to screen and identify chronic non-communicable diseases and mental health conditions</li> </ul>
To establish a referral system that links individuals with chronic non-communicable diseases and mental health conditions to appropriate healthcare services, including primary healthcare, specialist care, and community-based mental health services.	<ul style="list-style-type: none"> <li>❖ Complete referrals and linkages done and documented.</li> <li>❖ Increased access to appropriate healthcare services for individuals with chronic non-communicable diseases and mental health conditions in the target counties.</li> <li>❖ Improved health outcomes for individuals with chronic non-communicable diseases and mental health conditions in the target counties.</li> <li>❖ Enhanced coordination and collaboration among healthcare providers in the management of chronic non-communicable diseases and mental health conditions</li> </ul>
To design and implement a community health-based education and awareness campaign that targets the youth population, focusing on promoting healthy lifestyle choices, preventing chronic non-communicable diseases and addressing mental health challenges.	<ul style="list-style-type: none"> <li>❖ Community members attending mental-health education campaigns activities.</li> <li>❖ Increased awareness among the youth population in the target counties on healthy lifestyle choices and the prevention of chronic non-communicable diseases.</li> <li>❖ Improved knowledge and understanding of mental health challenges among the youth population in the target counties.</li> <li>❖ Increased uptake of health-promoting behaviors among the youth population in the target counties, leading to better physical and mental health outcomes.</li> </ul>

### .2.4 Sub Theme 1.4: Reproductive Health Rights and Mental Health Integration

Mental health and Sexual and Reproductive health are two sides of a coin and the role of both need to be addressed in a young person's life. The magnitude of sexual and reproductive health challenges (an early or unwanted pregnancy), HIV and gender-based violence among so many others impact greatly on the overall wellbeing of the young person.

Furthermore, a young person suffering from depression due to HIV will possess both a negative physical and mental health negative outcome that may aggravate their overall health and wellbeing. With regard to this, following a positive HIV diagnosis, a young person may develop prolonged stress that may eventually hinder their ability to adhere to their HIV medication effectively hence progressing their clinical stage to further negative outcomes.

A focus on integration of mental health education and literacy with existing sexual and reproductive health programs will be a successful prevention approach for mitigating the adversity of both these challenges in the life of a young person. Popularizing and creating awareness about the role of positive mental health in a young person's life to various relevant stakeholders and actors in the public health sector will champion efforts of having an empowered and productive population. In recognition of the role sexual and reproductive health plays on a young person's health, policy makers and health service providers could leverage on the already existing health interventions to incorporate mental health awareness and prevention strategies for young people. By doing so, more young people will be cognizant of their physical and mental health and make healthier decisions that can enable them to cope with life stressors as they transition into and beyond adulthood. TINADA focus to implement below intervention to address Mental Health and SRH integration:



## Objectives and Expected Outcomes for the Reproductive Health Rights and Mental Health Integration Sub theme

**GOAL: Strengthen reproductive health and mental health integration with special attention to youths, young persons with disability, young women and vulnerable children through Enhancing Access to quality and holistic sexual and reproductive health and rights among young people**

Objective	Expected Outcomes
5.3 Promote holistic reproductive health education among the youth, young persons with disability, young women and vulnerable children	<ul style="list-style-type: none"> <li>➤ Increased knowledge application on holistic reproductive health</li> <li>➤ Reduced cases of reproductive health and MH Improved mental wellbeing among young people</li> </ul>
5.2 Promote access to equitable Menstrual Hygiene management (MHM ) commodities and services among young women in schools, young persons with disability and communities reached with menstrual hygiene information	<ul style="list-style-type: none"> <li>❖ Enhanced holistic menstrual hygiene management (MHM) among young people</li> <li>❖ Increased access to menstrual hygiene commodities</li> <li>❖ Communities have adequate, knowledge, skills, capacity and resources to access menstrual justice</li> </ul>
5.3 Promote mental health integration in STIs prevention and response among adolescents	<ul style="list-style-type: none"> <li>● Reduction in risk associated with STIs &amp; mental health</li> <li>● Improved mental health wellbeing among young people</li> </ul>
5.4 Promote access to quality service delivery on RH & mental health through effective linkages & referrals	<ul style="list-style-type: none"> <li>Increased access to quality equitable and affordable SRHR services</li> <li>Improved effective and complete referral</li> </ul>
5.5 Promote Family planning (FP) and mental health education with information on uptake and wellbeing	<ul style="list-style-type: none"> <li>● Increased knowledge, access and uptake of Family Planning services</li> </ul>
5.6 Provide evidence-based information on SRHR and mental health through research.	<ul style="list-style-type: none"> <li>● Availability of evidence-based information to improve RH and mental health integration through policy framework</li> <li>● Improved RH and mental health wellbeing among the youth</li> </ul>
5.7 Support mental health integration in RMNCAH advocacy	Existence and application of mental health and SRHR integrated policies, programs and initiatives within health ministry and CSOs



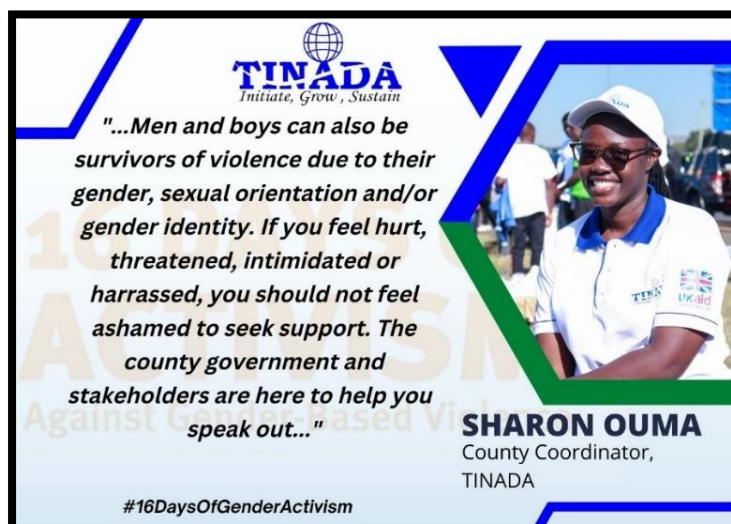
## 2.2.5 Sub Theme 1.5: Gender and Integrated Mental Health

Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world. There has been progress over the last decades, but the world is not on track to achieve gender equality by 2030. The social and economic fallout from the COVID-19 pandemic has made the situation even bleaker. Violence against women and girls remains endemic. And despite women's leadership in responding to COVID-19, they still trail men in securing the decision-making positions they deserve.

The present state of violence against women is still grim, according to KDHS 2023, about 54% of women who are in marriage have ever experienced violence against them by their present partners and 30% from their previous relationships. This is contrasting for men who about 20% experienced physical violence from their current partners and about 19% from their former partners.

Physical violence is also experienced by women and men who had never been married and often this is thought as less important, however this is still important with teachers and mothers as leading perpetrators. Teachers account for 33% and mother/step mother for 25% of physical violence against girls and women who had never been married. In this circumstance 46% of violence against men who had never been married is inflicted by teachers while 22% by peers.

Sexual violence is also high among women, KDHS 2023 says that in the past year about 7% of women and 4% of men had experienced sexual abuse. Over their lifetime 13% of women and 7% of men had experience sexual violence. On this account, there is a need to launch a response that meets the needs of women and men while putting more effort into taking care of the gender disparity involved.



Girls and women hold unlimited potential but not given space. Gender-based violence remain pervasive. Decades after independence, women are underrepresented in decision-making processes at all levels. They have less access to and control over the benefits from land tenure, education, and employment opportunities.

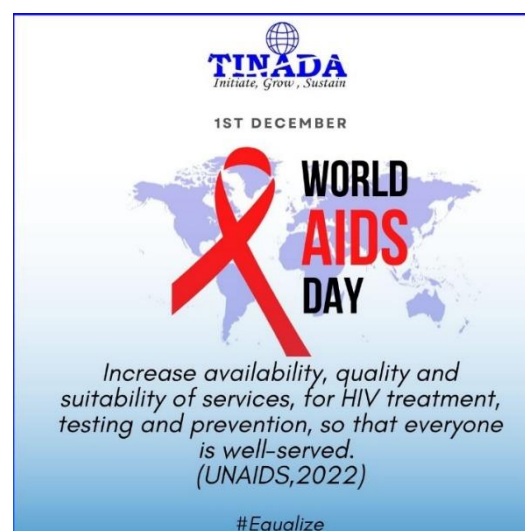
### Objectives and Expected Outcomes for the Gender and Integrated Mental Health Sub theme

<b>Goal:</b> Enhance Gender Based Violence (GBV) and mental health integration with focus on prevention and response by Ending violence, empower women and girls, and promote nonviolent, equitable, and respectful relationships	
<b>Objectives</b>	<b>Expected Outcomes</b>
3.1. Enhance knowledge on Gender Based Violence and mental health to the community	<ul style="list-style-type: none"> <li>● Increased knowledge application, skills and ability for the vulnerable young women&amp; girls to voice their needs and claim their gender rights</li> <li>● Reduced cases of GBV</li> <li>● Improved mental health and wellbeing among GBV survivors</li> </ul>
3.2. Provide psychosocial support, referrals and reintegration for persons affected by gender-based violence.	<ul style="list-style-type: none"> <li>● Improved access to quality, equitable and affordable health services, psychosocial support and legal support through a Right Based Approach</li> <li>● Increased successful reintegration of survivors of GBV</li> <li>● Reduced cases of GBV</li> <li>● Improved mental health and wellbeing among GBV survivors</li> </ul>
3.3. Promote rights and voices of Vulnerable young women, girls, boys, and youths with disability, prevent GBV to enhance mental wellbeing.	<ul style="list-style-type: none"> <li>● Increased agency of vulnerable young women, girls, boys, and youths with disability to claim their rights</li> <li>● Enhanced voice of vulnerable young women &amp; girls</li> <li>● Increased family and public participation</li> </ul>
3.4. Rehabilitation and reintegration of reformed perpetrators into the community	The rehabilitated and reintegrated perpetrators become productive and active in the community to see the reduction of GBV cases
3.5. Support women, young people, children and PWDs to have access to justice.	Improved access to legal justice system among vulnerable young women, girls, boys, and youths with disability

### 2.2.6 Sub Theme 1.6: HIV and Mental Health Integration

People living with HIV are at high risk of mental, nervous system and substance use disorders and mental health disorders can affect general health, adherence to ARV drugs and retention in care. Although chronic HIV care settings provide an opportunity to support and integrate the management of mental health disorders among people with HIV, this is often overlooked by health systems.

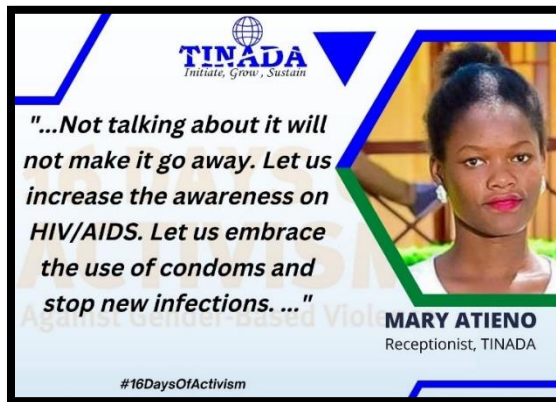
HIV continues to be an important communicable condition. Not only because of the prevalence but because of the burden and socioeconomic impact. Awareness on HIV prevention and treatment has been extensively done, however, there is still need for further awareness creation. According to KDHS 2023, 54% and 55% of young women and men have had information on HIV prevention in Kenya. Knowledge on prevention is lower between the ages 15-17 with percentage knowledge at 47% and 48% for girls and boys respectively.



Education is also an important social determinant of HIV knowledge with 13% and 14% of women and men having knowledge on HIV prevention while 69% and 80% had similar information and knowledge when they have higher

than secondary education. This shows how social and demographic and geographic exclusion affects level of knowledge.

This is the bridge that the TINADA Youth Organization wishes to build and link all the excluded information. The goal of this is to achieve the goal of 95%, 95% and 95% with effective mental health integration. According to KDHS 2023, about 85% of women and 73 % of men of reproductive age have ever been tested for HIV. In the last year, 47% and 39% of women had been tested for HIV. This shows that more women compared to men have been tested all time and over the past year. The goal of the 95% test has not also been achieved and thus hindering the rest of the 95% targets.



TINADA Youth Organization also seeks to integrate mental health information and services to improve uptake of HIV services since, the influence that this plays in ensuring testing, enrolment to care, adherence to medication and eventually viral suppression is enormous.

**Objectives and Expected Outcomes for the HIV and Mental Health Integration Sub Theme**

Goal: Enhance mental health integration into HIV support, prevention, and response interventions	
Specific objectives	Expected Outcomes
Improve knowledge and information on the integration of mental health in HIV/AIDS	❖ Increased knowledge on HIV infection, prevention, and mental health
Support mental health services among Orphans and vulnerable children (infected and affected) with HIV/AIDS	❖ Enhanced awareness/information for orphans and vulnerable children (affected or infected) on mental health prevention, response & management in HIV/AIDS
Enhance mental health referral and linkages for persons infected & affected with HIV/AIDS	❖ Established referral pathways of HIV/AIDS and mental health.
Enhance provision of psychosocial support for persons (age, sex, and gender) infected with and affected by HIV/AIDS for their mental wellbeing	❖ Reduced stigma and discrimination on PW HIV/AIDS
Enhanced evidenced-based advocacy on mental health integration into HIV	❖ Increased knowledge and understanding among healthcare providers and policymakers about the importance of addressing mental health needs in the context of HIV/AIDS care






**Condom use is a protective measure against the spread of HIV/AIDS and other diseases that can be spread through sexual intercourse. These condoms are readily available, easy and healthy to use**

**WYCLIFFE OCHIENG,**  
Youth Champion  
ACTIVATE ACTION

Logos: TINADA, ACTIVATE ACTION, Republic of Kenya, ciheb, HEBU, UN Women, UNFPA, UNICEF



**You shouldn't trust anyone with your life, use a condom and save yourself from STIs. You deserve healthy love.**

**LIDYAH ONDENG**  
Intern TINADA


Logos: TINADA, Republic of Kenya, ciheb, UN Women, UNFPA, UNICEF




**"...I call for inclusive effort to stand for the rights and empowerment of single mothers who are struggling to make ends meet while facing stigma and discrimination..."**

**LINDA OTIENO**  
Peer Educator, TINADA

Logos: TINADA, Enhua wellbeing, #16DaysOfActivism



**"...Love should not hurt, silence can be the greatest accomplice. Break the silence, in solidarity let us fight to end domestic violence..."**

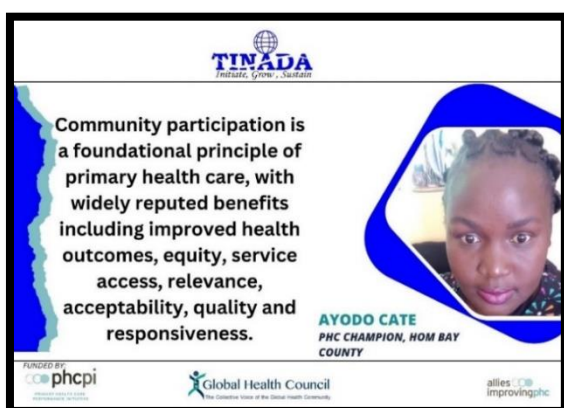
**DELLAH ACHIENG**  
Assistant Gender Officer, TINADA

Logos: TINADA, #16DaysOfActivism

## 2.2.7 Sub Theme 1.7: Primary Healthcare and Mental Health Integration

Primary health care is about providing 'essential health care' which is universally accessible to individuals and families in the community and provided as close as possible to where people live and work. It refers to care which is based on the needs of the population. It is decentralized and requires the active participation of the community and family (WHO, 1978: Declaration of Alma-Ata).

Providing mental health services in primary health care involves diagnosing and treating people with mental disorders; putting in place strategies to prevent mental disorders and ensuring that primary health care workers are able to apply key psychosocial and behavioral science skills, for example, interviewing, counselling and interpersonal skills, in their day-to-day work in order to improve overall health outcomes in primary health care (WHO, 1990).

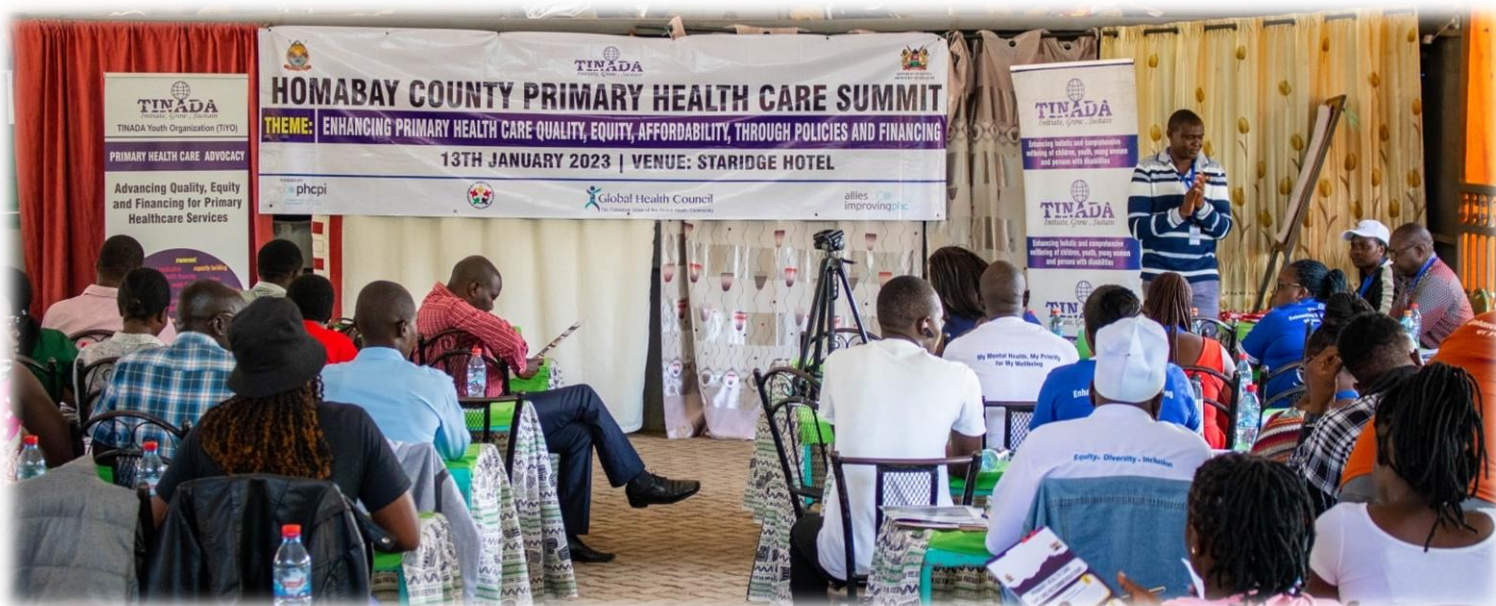


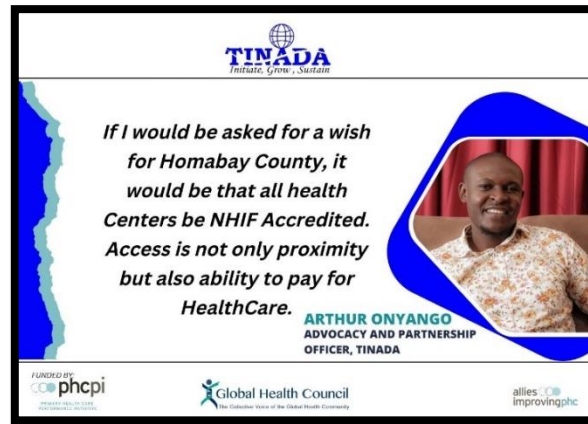
Alma-Ata Declaration of 1978 was the key opening point for achieving health for all. TINADA Primary Healthcare Program is in line with Kenya Primary Health Care Strategic Framework 2019-2023 and Kenya Health policy 2014-2030 which are in accord with Alma-Ata Declaration.

TINADA is looking into making more people able to access quality, equitable and affordable healthcare. This is in the backdrop that 7.1% of Kenyans still incur catastrophic health expenditure hindering health equity in relation to economic status. About 26% and 27% of women and men have a form of insurance cover leaving about 75% of Kenyans without a form of health insurance having to access treatment out of pocket. This implies the need to

strengthen access to the National Hospital Insurance Fund (NHIF).

We are also looking at strengthening community led surveillance and disease prevention on the premise that access to healthcare is not limited to secondary and tertiary prevention. TINADA lays emphasis on primary prevention as a vital line of defense. For that matter, TINADA seeks to invest time and resources to strengthen community-based disease surveillance, prevention and response





**Objectives and Expected Outcomes for the Primary Health Care and Integrated Mental Health Sub Theme**

**Goal: Enhance access to quality, affordable and equitable primary health care services including mental healthcare services**

Objectives	Expected Outcomes
Support CHVs to lead health promotion and disease prevention activities with focus to mental health, pandemic diseases, immunizable diseases and Maternal, newborn and Children's diseases	<ul style="list-style-type: none"> <li>❖ Reduced maternal mortality ratio to less than 70/100,000 live births maternal and under five mortalities to less than 12/1000 live births</li> <li>❖ Reduced postpartum depression among mothers</li> </ul>
Support community led disease surveillance and response for endemic diseases, potential outbreaks and mental health conditions.	❖ Members of the community disease surveillance team are able to interpret and utilize information generated from community health information systems and sound the first alarm in the event of a spike of an endemic disease
Support CSOs and Champions and communities to conduct integrated multi sectoral PHC advocacy with focus on Mental health RMNCAH+N and adolescent AYSRHR policy and financing	Integrated PHC advocacy into mental health, RMNCA+N and Adolescent SRHR advocacy in LRED counties Enhanced capacity of CSOs championing for integration of mental health in to PHC
Strengthen community strategies nutritional support for households as a component of PHC	Reduction in prevalence of nutritional deficiency disease and stunting among under 5.
Support CSOs, services users and health providers to, participate in PHC, policy and planning, processes	PHC issues highlighted in the budget and policy documents in the county.
Support communities to access quality, affordable and equitable health services in their communities.	Increased accessibility and affordability of holistic and comprehensive health care without experiencing catastrophic health spending



## 2.3 THEMATIC AREA 2: DECENT WORK AND ECONOMIC GROWTH

The aim of decent work and economic empowerment intervention is to work with the vulnerable youth and communities to help them to raise their incomes and subsequently their standard of living. In Kenya currently, youth unemployment is higher than the overall national unemployment rate, and given that the youth (18 to 35 years) make up about 75% of our population, this segment is of key concern.



It is for this reason that TINADA specifically aims to strengthen capacities of **vulnerable youth, young women and young persons with disabilities** for sustainable economic interventions. Young people's participation and contribution to the country's economic growth depends to a large extent on how

they are prepared and guided for their current and future roles.

To this end, the organization will continue to work with these groups within the communities in strengthening their capacity, knowledge, skills and attitude towards self-sufficiency.

*TINADA will also seek to strengthen income generation initiatives and guide organization & beneficiaries towards potential opportunities to enhance sustainability*



**Young entrepreneurs need coaching and networks to build on job opportunities.**

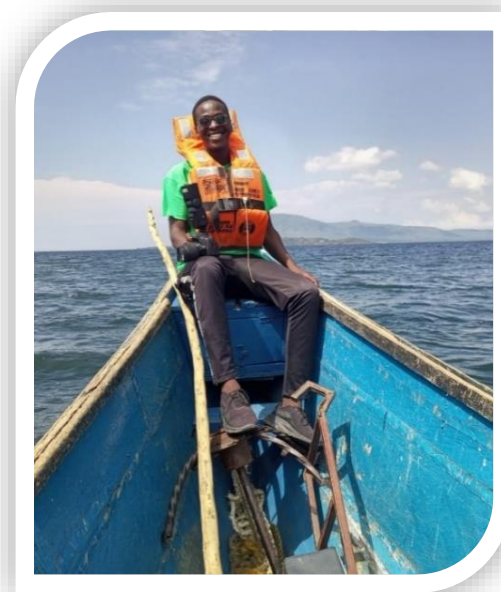
#InclusiveEmployment #InclusiveWorkforce  
#CreateJobs #TechnicalTraining  
#SupportYouthEmployment



## Objectives and Expected Outcomes for the Decent and Economic Growth Theme

**Goal: Strengthen capacities of vulnerable youth, young women and young persons with disabilities for sustainable decent work and economic growth**

Specific Objectives	Expected Outcomes
1.1 Enhance the soft skills capacity among vulnerable youth, young women, and young persons with disabilities.	<ul style="list-style-type: none"> <li>● Improved employability of vulnerable youth, young women, and young persons with disabilities</li> <li>● Increased productivity of vulnerable youth, young women, and young persons with disabilities</li> <li>● Soft skills ability to sustain job opportunities</li> </ul>
1.2 to enhance capacity through core skills training and mentorship for the youth, young women and young persons with disabilities.	<ul style="list-style-type: none"> <li>● Increased number of vulnerable youths, young women, and young persons with disabilities accessing jobs</li> <li>● Increased number of successive innovation models</li> <li>● Increased number of business enterprises</li> </ul>
1.3 Enhance the financial literacy and management capacity of youth, young women, and young persons with disabilities	<ul style="list-style-type: none"> <li>● Ability to make sound financial decisions, management and planning leading to informed investments.</li> <li>● Increased number of business enterprise models with sound financial management</li> </ul>
1.4 Strengthen the entrepreneurship skills and management of youth, young women, and young persons with disabilities.	<ul style="list-style-type: none"> <li>● Increased number of successful business models</li> <li>● Increased number of successful entrepreneurs with increased income leading to increased livelihoods</li> </ul>
1.5 Improve agribusiness skills of youth, young women, and young persons with disabilities through training, mentorship and support	Increased production and income among agribusiness enterprises run by young people
1.6 Strengthening Income Generating Activities (IGAs) of TINADA to back up program funding portfolio.	Sustainable IGAs established and effectively and successfully operating.
1.8 Establishment of Entrepreneurship Resource Hub	<ul style="list-style-type: none"> <li>● Improved livelihoods resulting from employment opportunities, income generation, and production.</li> <li>● Successful entrepreneurship resource hub mentor and linking young people for employment</li> </ul>
1.9 Establish and run a complex sports and talent academy.	<ul style="list-style-type: none"> <li>● Improved and promotion of talents and exposure as a source of livelihood.</li> <li>● Number of talented successful young people</li> </ul>



## 2.4 THEMATIC AREA 3: EDUCATION EMPOWERMENT

In Kenya, there are number of young people who aren't in school because of number reasons including poverty, orphans, disasters or are kicked out regularly because their families can't pay the basic fees. These young people live in fear of being called from class and sent home.

Number of families in the rural and informal settlement cannot afford to support young people education because of extreme poverty. While number of millions of children are living a life on the move, left homeless because of factors such as war, famine, and natural disasters. And a life on the move leads to a higher chance of family separation, leaving children having nobody to care for them.

Poor-quality teaching and large class sizes still affect the quality of young people learning. The pupil/student-to-teacher ratio remains very high in some counties. Like in pastoral communities, high dropout rates reflect a perceived lack of value of schooling, long distances to schools and high rates of child marriage.

This program will work with government, partners, private sectors, CSOs to help increase enrolment, retention and learning outcomes for girls and boys in pre-primary and secondary education, particularly in rural remote areas, informal settlement, arid and semi arid land. This strategy focus on involving young people in meaningful and effective education including those with disabilities.

We shall also concentrate on **innovation, refugee education and alternative ways to provide basic education.**

**TINADA Intervention models include:**

- Support parents and caregivers to support children from birth through adolescence
- Support Early Child Growth and Development (ECD) and school readiness
- Build reading, writing and math skills in primary school age children
- Develop technical and life skills for adolescents.
- Support child and youth education sponsorship, linkages and technical skills
- Support parent as first teachers on enhancing nurturing care through: Sensitive and responsive parenting, Well-being as a family affair and Holistic child development

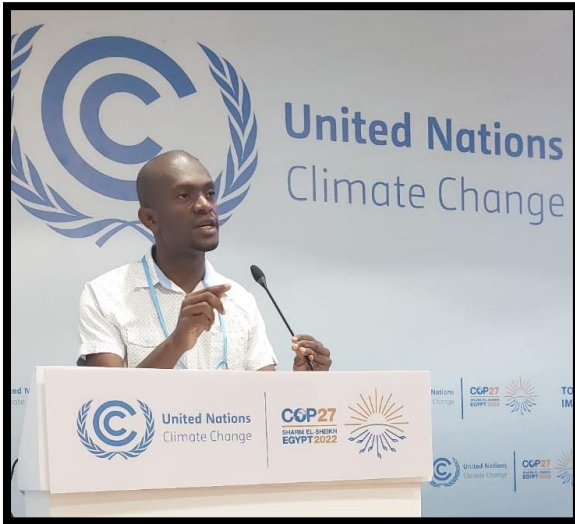


### Objectives and Expected Outcomes for the Education Empowerment Thematic Area

Goal: Enhance education empowerment of girls and boys in primary, secondary and Tertiary education, particularly in rural areas, informal settlement and arid and semi-arid areas		
Specific Objectives:	Expected Outcomes	
1	Build capacity of caregivers with focus on parenting skills and household economic strengthening	Improved social and cognitive development for children Improved mental wellbeing for children A good foundation for children.
2	Promote community owned innovation that enhance attainment of cognitive, language, social and motor capacity and sense of self.	High self-esteem and sense of self-worth among children Improved performance Effective integration and equal opportunity for children with learning difficulties and other disabilities in education centers
3	Support community participation in competency-based curriculum review and improvement to support inclusive learning and education.	Increased parental involvement in implementation CBC A good learning environment that supports all children Reduced stigma and discrimination against vulnerable children
4	Promote retention and improve learning outcomes for girls and boys in primary and secondary education, particularly in rural areas, informal settlement and ASAL	Improved literacy level Positive youth development and economic outcomes. Improved social equity. Reduced risky behaviors among young people
5	Promote enrollment by linking and supporting young people to access scholarships, bursaries and other education support.	Enhanced transition from primary to secondary to tertiary levels Enhanced equity in access to education Reduced percentage of young people dropping out of school.
6	Strengthen systems that enhance education for all in LREB counties with focus to competency-based curriculum	Greater investment by Government, private sector and non-governmental organizations to implementation of CBC. Education technical working groups educational programs.
7	Promote the rights of children to access education and child protection in emergency situations	Consistent access to education by children in emergency prone areas. Improved retention in school and learning outcome among children in emergency prone areas with safe spaces
8	Create and support 3 model, safe, nurturing and Trauma free schools	Adoption of safe, nurturing and Trauma free schools. Mentally healthy and Positive trauma free learning environment
9	Establish a model community TVET	Empowered youths in the community with economically viable and industry appropriate skills. Increased number of young people with entrepreneurial skills



## 2.5 THEMATIC AREA 4: DISASTER RISK REDUCTION

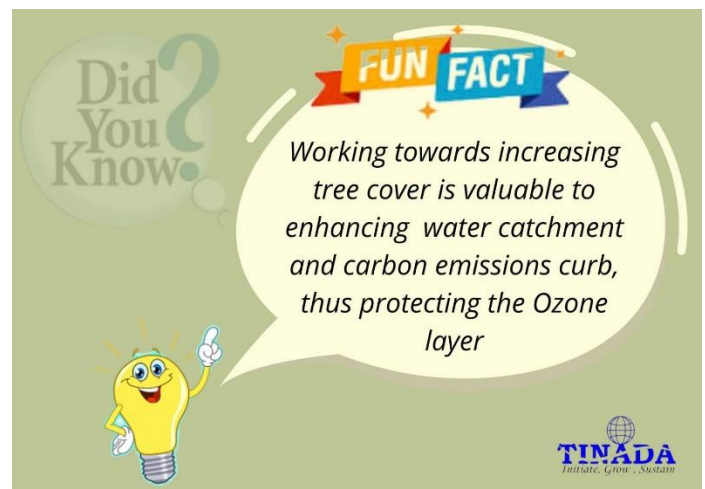


Kenya experiences number of natural hazards; the most common are weather related, including floods, droughts, landslides, and strong winds. Others include disease and epidemics, road accidents, fires and conflict. In the recent past these hazards have increased in number, frequency and complexity. The level of their impact has also become severe with loss of human and animal life, loss of livelihoods, destruction of infrastructure, and displacement among others.



There have been several challenges hindering the response to disaster vulnerability such as poor governance systems, lack of integrity, dependence and over-reliance on donor support for mitigation. The abandonment of cultural traditions and norms such as taking care of the Mother Nature and adopting negative modernization that result in man-made disasters such as increased industrial pollution, deforestation and rural-urban migration.

TINADA aims to promote community engagement in ensuring that mechanisms are put in place to prevent and respond to disasters. We aim to strengthen the inclusion and collaboration between at-risk people, civil society and government. The whole process is will mostly be led by local actors themselves, whose capacity will be built to monitor and utilize local risk information in preventing and responding to disasters.



## Objectives and Expected Outcomes for the Disaster Risk Reduction - Thematic Area

Goal: ENHANCE DISASTER RISK REDUCTION AND CLIMATE CHANGE RESILIENCE		
Drought and floods: - Mitigate drought reduction and flood		
Specific objectives	Expected Outcomes	
1	1.1. Support interventions that address and reduce drought level within Arid & Semi-arid Areas and Lake Victoria ecosystem.	Increased forest cover Enhanced climate change mitigation Improved food production leading to food security
	1.2. Support interventions that address flood control and management within Lake Victoria Region.	Reduced flood related disasters Improved disaster preparedness
	1.3. Promote community of practice models to strengthen climate change resilience of vulnerable families	Improved <i>community of practice</i> Enhanced resilience to climate change. Increased food security
<b>2. Disaster displacement, Migration, Peace and Security:</b> To avert, minimize and address, displacement, Migration, Peace and Security related to the adverse effects of climate change.		
	2.1. Improve the understanding of loss and damage related to displacement in the context of climate change.	Increased knowledge application on loss and damage efficient compensation on loss and damage.
	2.2. Improve risk information on disaster displacement, Migration, Peace and Security to support evidence-based policy making and planning.	Decisions made using displacement risk assessment data Efficient resource allocation on disaster management
	2.3. Enhance preparedness to address displacement, Migration, Peace and Security in disasters related to climate change	Prompt, effective and safe disaster response Increased number of communities resilient to disasters
	2.4. Integrate resilience displacement and mobility issues into policies and plans	Available policies on loss and damage. Effective policy implementation and tracking
	2.5. Improve access to funding to address challenges and impacts related to displacement, Migration, Peace and Security in the context of climate change	Increase resource allocation on climate change action Enhanced climate action among CSOs, right holders and county governments and donors.
	3.1. Achieving sustainable waste management	Improved sustainable waste management
	3.2. Establish and operationalize a strong cities network	Operationalized city plan used by stakeholders
	4.1. Support household food security to build resilience, survive shocks, and develop diversified livelihoods	Increased food production and security Enhance resilience community of practice models
	4.2. Enhance capacities of small-scale farmers and small-scale traders to reduce post-harvest and food waste.	Increased food security and nutrition
<b>3. Restoration and conservation of Traditional Culture –for improved Disaster Risk Reduction (DRR)and Climate Change</b>		
	Facilitate a comprehensive Cultural Heritage disaster risk assessment of risk with focus to DRR	Cultural heritage is restored and conserved for improved DRR and climate change
	5.2. Enhance public knowledge on cultural heritage based on climate action, conservation and disaster risk reduction.	Increased preservation of positive cultural heritage Improved practice and use of traditional culture
	5.3. Enhance the documentation of positive traditions for conservation and protection.	Enhance use of positive traditional knowledge into conservation and protection of the environment.



### 3.0 CROSS CUTTING INTERVENTIONS AND CONSIDERATIONS

Cross-cutting intervention are interwoven into all aspects of TINADA's work, and within each of the thematic areas;

- **Research and Advocacy:** Promoting evidence-informed engagement with decision and policy making institutions and other key stakeholders towards development and implementation of enabling policies for effective programming.
- **Capacity Development:** Strengthening the institutional capacity of TINADA and its stakeholders for efficient and sustainable operations.
- **Gender issues:** Integration of gender perspectives in all aspects of TINADA's work to promote gender equality and combat all forms of gender discrimination.
- **Disability inclusion:** Promoting inclusion of people with disability for equitable access to quality services and economic empowerment.
- **Rights Protection** – through promotion of Human Rights Based Approach all aspect of TINADA work



### 4.0 IMPLEMENTATION PLAN – APPROACHES AND STRATEGIES

In order to ensure successful implementation of this strategic plan, TINADA has reviewed and reflected on the organization's strengths and weaknesses (as elaborated in the annex), its past experiences and the lessons learnt from them, the variety of challenges encountered, and the entire landscape that has impacted on implementation, positively or otherwise.

Based upon the above, various approaches and strategies have been agreed upon, which will inform the implementation style of this strategic plan. These include;



#### Key Strategies

1. **Evidence Informed:** Use of own generated and/or existing knowledge for policy-advocacy and programing influence.
2. **Client Centeredness:** commitment to putting convenience and unique needs of our clients at the centre of the services with more attention to community-based services.
3. **Gender Integration:** We purpose to incorporate gender needs across all our programs and interventions towards attainment of gender equality and social inclusion.
4. **Strategic partnerships and Alliance Building:** Exercise meaningful engagement with our stakeholders by involving them in what we do (Resource leverage). Building meaningful, effective and sustainable partnerships and alliance's / Networks
5. **Mentorship:** Use of our expertise and experience to take a systematic journey with our clients and partners.
6. **Integrated programing:** Comprehensive support to clients and beneficiaries - our interventions deliberately respond to the relevant needs.
7. **Grassroot Mobilization:** Focusing on community based effective mobilization and implementation to achieve change within families targeted
8. **Capacity strengthening , mentorship and downstream partners sub-granting**

## Delivery Approach:

- Amplify voices of youth, young women, and Persons with disability
- Strengthening effective community leadership
- Enhance Community Based Engagement and key actors' engagement
- support Positive culture, attitude, behaviors and practices
- Champions of Change & Peer Education
- Building a strong Movement for Advocacy
- Prioritizing Gender Transformative programming
- Promoting Creativity and Innovation



- Capitalizing more creatively on digital media
- Embracing Human Rights Based Approach
- Generating and learning from evidence
- Strengthening right holders and downstream partners
- Strengthening partnership and networking
- Promoting of Localization Agenda
- Influencing Government for positive change
- Developing internal Capacity for effective delivery
- Enhance Linkages and Learning



## 5.0 CRITICAL PRE-REQUISITES FOR SUCCESSFUL IMPLEMENTATION

This plan provides broad strategic direction and objectives that TINADA will pursue over the plan period 2023 to 2028. The plan will form the basis upon which specific operational plans, programs and projects will be developed. The ownership of the plan will be with the Board and management of TiYO who will ensure the existence of an enabling environment for its implementation. It is recognized that the successful implementation of the plan will require:



1. Ownership and commitment to the implementation of the strategic plan by the board, management team and staff.
2. Establishment and nurturing of good relationships with key stakeholders. These include the community, donor agencies, other development partners, County and National Government through relevant Ministries and Departments.
3. Establishment of a strong financial resource base, strong financial management systems, and prudent use of the limited resources.
4. Through the Communication Strategy TINADA will establish a strong brand and put in place a well-managed public relations process. This will require the Organization to acquire the necessary skills and competencies in this area.

## 5.1 Internal and external factors

Successful implementation of this plan, and the eventual expected impact will be dependent on various factors as well as assumptions. Some of these are external to the organization while others are internal. TINADA as an organization has a limited influence on external factors, but will keep a sharp focus on internal pre-requisites where it has a wider scope of influence and action. (These pre-requisites are broken down in detail in this plan).



### External

- ❖ Political stability in the country.
- ❖ Positive political will and governmental involvement.
- ❖ Good governance right from the government to the community levels.
- ❖ Continuous community support, participation and goodwill.
- ❖ Donor's willingness to continue funding the programs or projects.
- ❖ Positive response and willingness of the beneficiaries to access and utilize the services.

### Internal

- Ownership and commitment to the implementation of the strategic plan by the board, management team and staff.
- Strong financial management systems, and prudent use of the limited resources.
- Quality service delivery.
- Effective team work and communication.
- Strong financial resource base through rigorous resource mobilization.
- Additional competencies and skills in terms of staffing.
- Candid engagement of stakeholders in decision making, implementation and follow up.
- Useful linkages and networking strategies.
- Periodic reviews, documentation, reporting, feedback and sharing.
- A strong brand for TINADA, with a well-managed public relations

## 5.2 Development of a strong financial Resource Base

Resources are among the vital requirements without which this plan cannot be implemented.

The organization has developed a Resource Mobilization Plan that has set out plans and strategies on how to address both short-term and long-term resource requirements in line with the planned activities. Following are some of the strategies that will be considered:



- Collaboration with other partners in order to tap into the available funding opportunities.
- Developing strong and functional organizational systems and structures that can attract donor funding.
- Strengthening Local Fundraising to strengthen funding portfolio
- Proposal writing for funding opportunities to support activities of the organization.
- Establish and sustain viable income generating activities that will complement donor funding for continuity.
- Strengthen partnerships with individual sponsors, state and non-state actors, funders, research institutions, foundations and philanthropists.

## 5.3 Effective Monitoring and Evaluation Framework

Monitoring and Evaluation is a critical component of implementation. TINADA has developed a plan provides a framework for the development of annual work plans, which will provide specific activities to be carried out each year.

- The work plans will be used as tools for enhanced performance management and will form part of the processes for business management.
- Annual, mid-term and end of reviews will be conducted to ensure this Strategic plan remains relevant to the operating context and to inform any potential revisions. The mid-term and end reviews will be conducted by an external evaluator and will draw on existing projects evaluations and where necessary primary data collection.
- Annual reviews will be internal and will draw on both project level evaluations and the annual participatory progress reviews that focus on gathering feedback and perspectives from beneficiaries and stakeholders at the child, youth, family and community levels, rather than government level.
- Sectoral Program reviews will also be conducted with relevant line ministries and their decentralized units, as well as implementing partners and sector stakeholders. Annual reviews and sectoral program reviews will assess progress towards the milestones identified above.
- M&E systems will be reflected in proposals to ensure alignment and findings from Monitoring and Evaluation data collection will inform reports, proposals, and documentation. Monitoring and evaluation frameworks will be developed for core program objectives and corresponding outcomes.



- The indicators and tools in these frameworks will be used in project/ grant specific M&E plans. Outcome level monitoring systems will be developed to feed into the M&E frameworks for each program objective. A particular emphasis will be placed on monitoring behavioral impact. Plans will be put in place to measure the impact of the specific behavioral outcomes that have been identified for each of the core program areas.



## 5.4 Research agenda

TINADA will focus its research efforts on examining particular barriers to realizing young people challenges, barriers, and rights for the most marginalized in order to inform projects approaches and policy for reaching these populations.



## BUDGET ESTIMATES FOR THIS STRATEGIC PLAN (2023 - 2028)

No	Thematic Area	YEAR 1 (KES)	YEAR 2 (KES)	YEAR 3 (KES)	YEAR 4 (KES)	YEAR 5 (KES)	Totals (KES)
<b>1</b>	<b>INTEGRATED MENTAL HEALTH SERVICES</b>						
	➤ Mental Health Prevention, Management and Response including Mental Health Disaster Preparedness and Response	20,640,753	34,275,800	43,550,000	51,090,000	57,720,000	207,276,553
	➤ Alcohol and Drugs Abuse (ADA)	13,325,000	10,400,000	11,700,000	15,600,000	17,550,000	68,575,000
	➤ Reproductive Health Rights & Mental Health Integration	25,574,510	31,662,410	28,687,100	35,698,000	45,143,800	166,765,820
	➤ Gender Based Violence and Mental Integration	11,278,800	14,710,800	18,779,800	21,145,800	22,419,800	88,335,000
	➤ HIV and Mental Health Integration	15,470,000	19,799,000	20,345,000	24,375,000	26,872,300	106,861,300
	➤ Chronic Non-Communicable Diseases and Mental Health Integration	9,100,000	12,220,000	13,520,000	15,990,000	17,940,000	70,770,000
	I. Primary Healthcare and Mental Health Integration	14,336,400	14,829,100	19,774,300	20,978,100	26,787,800	96,705,700
	<b>Sub-Total</b>	<b>109,725,463</b>	<b>137,897,110</b>	<b>156,356,200</b>	<b>184,876,900</b>	<b>214,433,700</b>	<b>805,289,373</b>
<b>2</b>	<b>EDUCATION EMPOWERMENT</b>	<b>29,458,000</b>	<b>28,609,100</b>	<b>33,686,900</b>	<b>33,642,700</b>	<b>34,255,000</b>	<b>159,651,700</b>
<b>3</b>	<b>DECENT WORK AND ECONOMIC GROWTH</b>	<b>34,205,687</b>	<b>26,046,539</b>	<b>35,719,190</b>	<b>36,053,858</b>	<b>41,238,089</b>	<b>139,282,438</b>
<b>4</b>	<b>DISASTER RISK REDUCTION</b>	<b>42,744,000</b>	<b>57,213,000</b>	<b>69,985,000</b>	<b>79,670,000</b>	<b>93,748,850</b>	<b>280,376,850</b>
	<b>Grand Total</b>	<b>216,133,150</b>	<b>249,765,749</b>	<b>295,747,290</b>	<b>334,243,458</b>	<b>383,675,639</b>	<b>1,384,600,361</b>





Republic of Kenya



*What mental health needs is more unashamed conversation. But people don't have the right platforms to express themselves. The society's negative perspectives on mental health being the main reason as to why people find it difficult to speak out. Why don't we create these platforms where people can actually speak out with no shame?*

**MAUREEN AKWILI**  
MH & outreach coordinator  
HEDSO



# Inclusion of Persons with Disability in employment spaces means IMPROVED services for ALL consumers

#InclusiveEmployment #InclusiveWorkforce  
#CreateJobs #TechnicalTraining  
#SupportYouthEmployment



**TINADA**  
Initiate, Grow, Sustain



**WORLD SUICIDE PREVENTION DAY** 10 SEP

*When you don't have the strength to take another step, ask those you love to pull you*

#SuicidePrevention #DecriminalizeSuicide #EveryLifeMatters



**TINADA**  
Initiate, Grow, Sustain

**TINADA Weekly Counseling Schedule**

**MONDAY 9:00am-2pm**  
-General Counselling Services

**TUESDAY 9:00am-2pm**  
-Child Counselling Services

**WEDNESDAY 9:00am-2pm**  
-Teen Counselling Services

**THURSDAY 9:00am-2pm**  
-Group Counselling Services

**FRIDAY 9:00am-2pm**  
-Addiction Counselling Services

**For Weekend Services: PLEASE book an appointment 3 days earlier**

tinadatherapy@gmail.com TINADA Youth Organization

@TinadaOrg 0724924199

**WORLD MENSTRUAL HYGIENE DAY**




Menstruation is not a problem; Poor menstrual hygiene is.

**TINADA**  
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**TINADA**  
Initiate, Grow, Sustain

*"... You don't have to control your thoughts. You just have to stop letting them control you and this brings more impact on your mental well being..."*

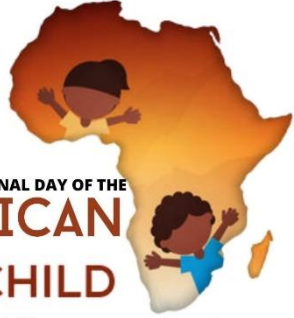


**Jentrix Achieng**  
Psychologist/Peer Educator, TINADA

0724924199 TINADA Youth Organization TinadaOrg



**TINADA**  
Initiate, Grow, Sustain



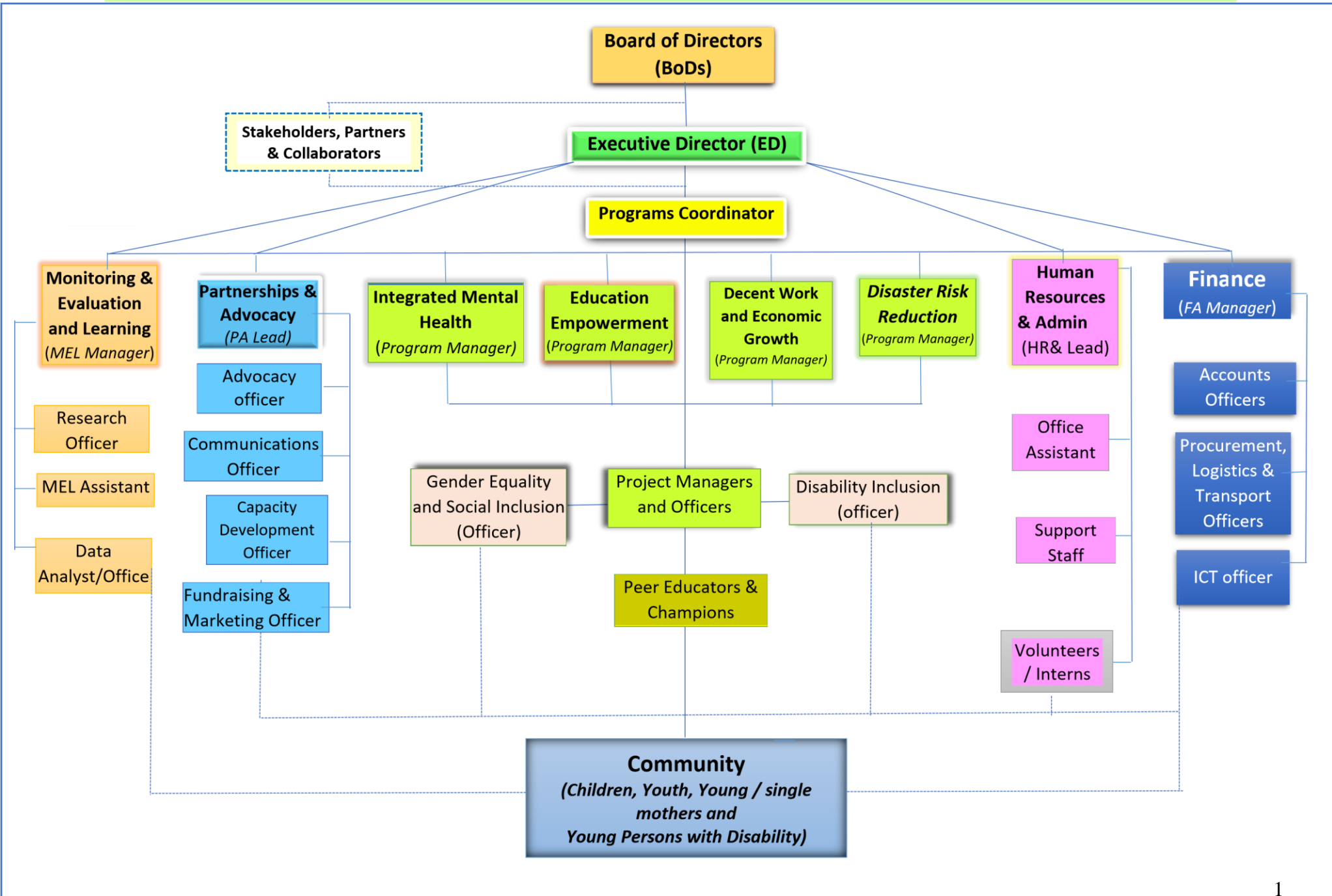
**INTERNATIONAL DAY OF THE AFRICAN CHILD**

*"Our children are our most precious possession. They are our future. Those who mistreat them degrade our society and weaken our nation."*

Nelson Mandela



## ORGANOGRAM



### **Origin of the name of TINADA**

TINADA is named after grandmother 'Kristina' the visionary matriarch of the founding family, whose unfettered quest for education, health, sanitation and sustainability in the newly independent Kenya (1950s) saw her toil with her children on her back over miles across the plains of Nyakach in Kang'ombe Village (Kenya-East Africa) to attend school, despite being illiterate, widowed and poor. The grandma 'krisTINA' (TINA) was a lonely, well-known God-fearing widow



TINA is a Christian name shortened from KristINA, while the word 'Da' is derived from 'Dana', an endearment term for 'grandmother' in Luo Language. TINADA, therefore, is a portmanteau of TINA and DANA. The name is capitalized to pay homage to her memory. The memory of a fiercely loving visionary. The organization is championing the plight of vulnerable young people to enhance their holistic wellbeing in her name-TINA-DA

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### **Partners Contributed to the development of this strategy:**



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### **Contact and Social media**

- Facebook: <http://fb.com/TINADAYOUTHORG> n
- Twitter: <http://twitter.com/tinadaorg>
- <http://instagram.com/tinadaorg>:

Contact: +254724018799

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Website: [www.tinadaafrica.org](http://www.tinadaafrica.org)