

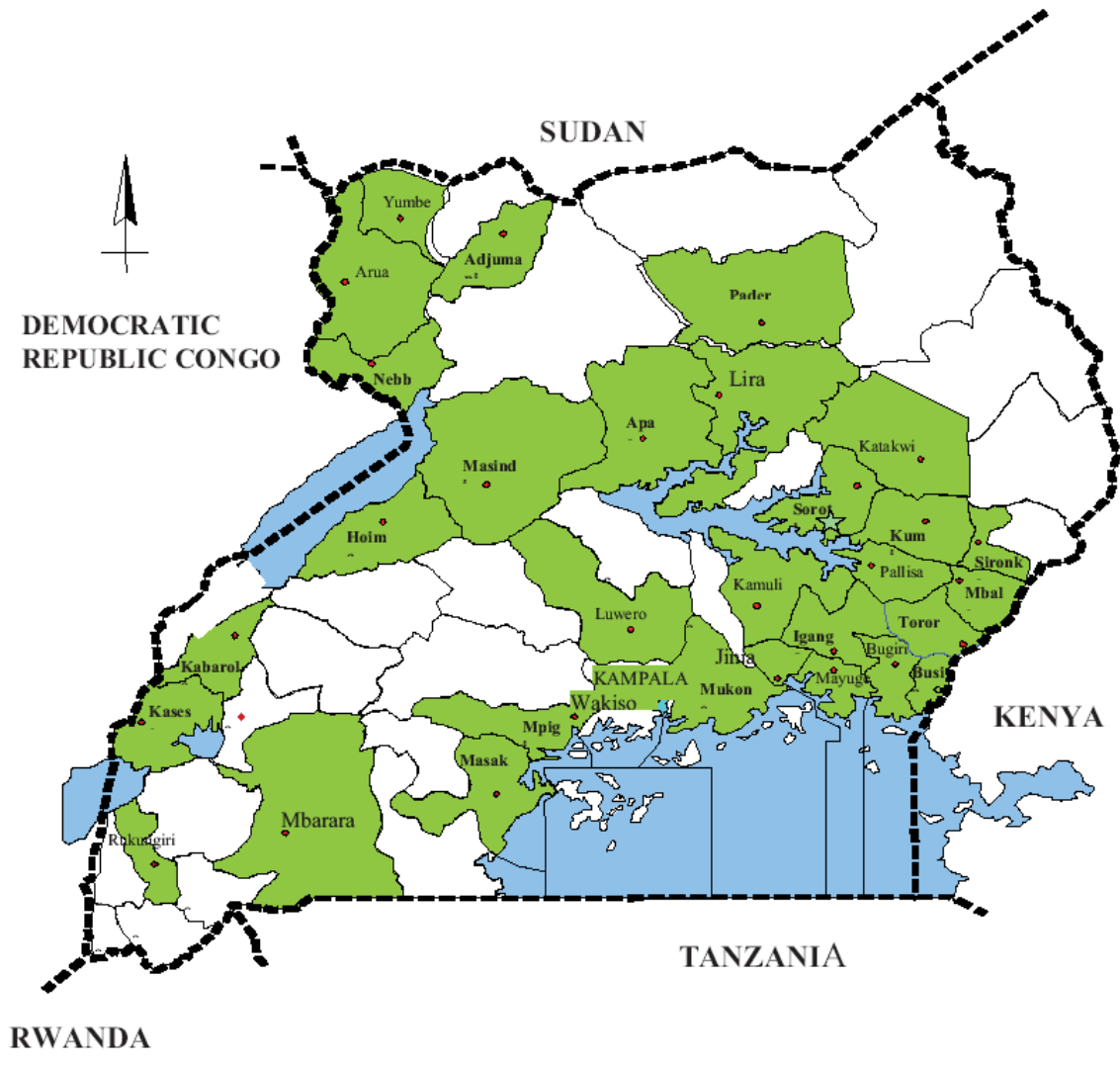
**NATIONAL COMMUNITY OF WOMEN
LIVING WITH HIV IN UGANDA
(NACWOLA)**



**STRATEGIC PLAN
2008-2013**

July 2008

Map of Uganda showing districts where NACWOLA operates



Executive Summary

The National Community of Women Living with HIV/AIDS in Uganda (NACWOLA) is a non-governmental organization that was formed in 1992, and has since grown rapidly to a national network with over 60,000 members in 30 branches. NACWOLA is mandated to promote positive living among women living with HIV/AIDS through its branches at the district level.

Evaluation of the Strategic Plan (SP) 2003-2008, revealed achievements and challenges. These have been analyzed and compiled to enable NACWOLA learn lessons from past experience as it strives to become a more efficient and effective organization. Key among challenges identified; Low technical staff capacity among NACWOLA member branches at district level, poor monitoring and evaluation systems, weak advocacy, lack of a resource mobilization strategy to focus the organization hence less emphasis to fundraising and lack of a sustainability plan.

The purpose of the new strategic plan that shall guide NACWOLA's activities over the period 2008 – 2013 is threefold:

- i. To set a basis and roadmap for future plan
- ii. To enable NACWOLA respond to internal and external environmental factors affecting program implementation
- iii. To ensure proper utilization of available resources.

The new strategic plan sets out the strategic priorities of NACWOLA and the strategies for working to address these priorities. The plan is set within the political and socio-economic realities of the country and the government's overall strategies to improve HIV/AIDS services. The strategic priorities and objectives for the five year period are:

Program area 1: Advocacy and Networking
<i>Strategic objective 1:</i> To increase demand for quality HIV/AIDS services by NACWOLA members through communication and information sharing.
Program area 2: Positive Prevention
<i>Strategic Objective 2:</i> To increase uptake of HIV/AIDS services including HCT, PMTCT and ART by WLHA
Program area 3: Peer Psychosocial support
<i>Strategic Objective 3</i> To improve the productivity and quality of life of WLHA and their families
Program area 4: Human Rights and HIV/AIDS
<i>Strategic Objective 4:</i> To increase demand for quality HIV/AIDS services by WLHA through communication and information sharing on human rights of WLHA among stakeholders.

Table of Contents

1. Background and Introduction	6
1.1 Mandate	6
1.2 Guiding Principles	6
1.3 Strategic Objectives	7
2. Strategic planning process	7
3.1 Legal Framework.....	7
3.2 Policy Framework.....	8
3.3 Social Development Sector Strategic Framework.....	8
3.4 The Poverty Eradication Action Plan (PEAP)	8
3.5 HIV/AIDS Strategic Framework	9
3.6 Institutional Frameworks, Sector Wide Approach (SWAp)	9
4. Achievements and Challenges	9
4.1 Achievements	9
4.2 Challenges	10
5. Purpose of strategic plan	10
6. NACWOLA's Strategic Intent	10
6.1 PEST Analysis.....	10
6.2 Stakeholders Analysis (SHA)	11
6.2.1 Primary Stakeholders	11
6.2.2 Secondary Stakeholders	11
6.3 SWOT Analysis	12
7. Strategic Options	13
8. Strategic Direction: Vision, Mission & core values	14
8.1 Vision:.....	14
8.2 Mission:.....	14
8.3 Core Values	14
9. Goal, Program Areas, Strategic Objectives and Strategies	14
10. Identification of Priority Program Areas	14
10.1 Program Area 1: Institutional Capacity Development	18
10.2 Program Area 2: Advocacy and Networking	14
10.3 Program area 3: Positive Prevention	15
10.4 Program Area 4: Human Rights and HIV/AIDS	15
10.5 Program Area 5: Peer Psychosocial Support	15
10.6 Program Area 6: Monitoring and Evaluation	15
11. Programme area, Strategic Objectives and Strategies	16

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
CBO	Community Based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Among Women
CSO	Civil Society Organization
HCT	HIV Counselling & Testing
HIV	Human Immunodeficiency Virus
HPAC	Health Policy Advisory Committee
HSSP II	Health Sector Strategic Plan II
ICW	International Community of Women Living With HI/AIDS
LC	Local Council
MGLD	Ministry of Gender, Labour and Social Development
NACWOLA	National Community of Women Living with HIV/AIDS
OVC	Orphans and other Vulnerable Children
PEAP	Poverty Eradication Action Plan
PESTEL	Political, Economic, Social, Technological, Environmental and Legal
PMTCT	Prevention of Mother to Child Transmission
SWAp	Sector Wide Approaches
SDP	Strategic Development Plan
SDIP	Social Sector Development Investment Plan
SDS	Social Development Sector
SP	Strategic Plan
SWOT	Strength, Weaknesses, Opportunities & Threats
UAC	Uganda AIDS Commission
UNPAC	Uganda National Program Action for Children
WLHA	Women Living with HIV/AIDS

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We are grateful to all NACWOLA members whose individual and collective efforts to fight HIV/AIDS epidemic have inspired the management of NACWOLA to develop this SP.

Agnes Atim
Executive Director
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1. Background and Introduction

The National Community of Women Living with HIV/AIDS in Uganda (NACWOLA) was formed in 1992, and has since grown rapidly to a national network with members in 9 districts operating at the community and national levels. The organization started as a get together group but gradually formed an interim executive of 7 seven people. The aim of NACWOLA was to provide a platform for fellowship, mutual support, hope and a voice to women living with HIV/AIDS. Specifically the organization focused on advocacy to raise awareness on HIV/ AIDS issues and fight stigma through the rights-based approach aimed at promoting positive living by promoting equitable access to treatment, care and support.

Currently NACWOLA has a total of 40,000 registered members in 30branches. The 30 branches are located in Arua, [Nebbi](#) and Adjumani in West Nile, Lira, [Gulu and Kitgum](#) in the North and Soroti, [Katakwi](#) and Kumi in the North East, Hoima and Masaka in North Western, Mbarara and Kasese in the West, Mbale, Pallisa, Bugiri, Kamuli, Iganga and Tororo in the East, Rukungiri in the South, and in Wakiso, Luwero, Mukono and Kampala (with six Sub-branches of Kamwokya, Bapet, Rubaga, Nsambya, Namirembe and Mulago).

1.1 Mandate

By 2008 NACWOLA was mandated to promote positive living through core programmes; (1) Memory Programme, (2) Women Alive Programme, (3) Gainful Living Programme and (4) Capacity building Programme. [In her efforts NACWOLA has challenged stigma and championed advocacy for the rights of women living with HIV/AIDS, empowerment of young girls, and orphans and vulnerable children.](#) This has been possible because of the political environment that has been conducive, commitment of the political leaders and the positive response of communities in the fight against the AIDS pandemic.

Vision

NACWOLA envisioned a society of women living with HIV/AIDS who are healthy, happy and productive with their rights and responsibilities upheld in order to live a meaningful life.

Mission

NACWOLA promoted positive living for women living with HIV/AIDS in Uganda through psychosocial support, economic empowerment and access to essential services.

Goal: The overall goal of the NACWOLA [Strategic Development Plan](#) (SDP) is to reach out to an increasing number of women living with HIV/AIDS and their families to benefit from effective programme interventions that fulfill their rights and aspirations, by 2010

1.2 Guiding Principles

1. Ensure that Women living with HIV/AIDS influence policies and actively contribute to the decision making processes.
2. Create safe and welcoming environments which offer time and space for women living with HIV/AIDS.
3. Challenge stigma, discrimination and prejudice associated with HIV/AIDS and promote equal opportunities and speak up for social justice.
4. Using the rights based approach

1.3 Strategic Objectives

1. Enhancing psychosocial well being of women living with HIV and their families.
2. Promoting gainful living for women living with HIV and their families in order to meet their primary needs in a caring and secure environment.
3. Increasing accessibility to HIV/AIDS services and other services vital for survival including medical care and legal support.
4. Strengthening the performing capacity of NACWOLA by ensuring functional systems, structures and policies, with effective leadership, motivated staff and vibrant membership.

2. Strategic Planning Process (2008-2013)

Formulation of the NACWOLA 2008-2013 strategic plan had two distinct phases.

Phase 1- Evaluation of the performance of NACWOLA Strategic Plan 2003-2008, a consultant was commissioned to undertake the evaluation, the objectives of the consultancy were three fold: first, to evaluate the implementation process and achievements of the 2003-2008 strategic plan; second, to document lessons learnt in term of plan implementation; and lastly, to conduct an environmental scan exercise that will guide stakeholders during the development of a new strategic plan for NACWOLA.

Phase 2: Development of the strategic plan. A consultant was retained to facilitate the strategic plan development process. This was attained through a **Strategy design workshop** that brought together, the Board of Directors, the secretariat and other stakeholders/partners. The workshop provided input /raw material for the formulation of the Plan.

3. Contextual Analysis

At the international level, NACWOLA works towards the fulfillment of the Millennium Development Goals (MDGs) of reducing fertility, maternal and infant mortality, reducing the burden of HIV/AIDS. In addition is working towards health development under NEPAD. All their efforts are aimed at increasing access to quality health care for all Ugandans.

3.1 Legal framework

NACWOLA's programs and principles are in line with the existing legal framework at international, regional and national level including; The **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) of 1979** spells out the meaning of equality and establishes an agenda for national actions to be taken to promote equality. In relation to health, it commits the State to take appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on the basis of equality of men and women, access to health care services, including those related to family planning. Similarly **The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa** requires States to combat all forms of discrimination against women; eliminate harmful practices such as female genital mutilation, protect women against all forms of violence, rape and other forms of sexual exploitation, protect women's health and reproductive rights, including their right to control their fertility, the right to decide on the number and spacing of their children, the right to choose any method of contraception, and the right to be protected against sexually transmitted infections, including HIV/AIDS. The **constitution of the republic of Uganda** which has domesticated gender issues by developing a policy and guidelines.

A human rights-based approach will be used by NACWOLA. It is a useful analytical tool, which supports the identification of vulnerable groups such as WLHA and targeted interventions where

appropriate. It gives importance to building the capacities of both duty-bearers and rights-holders. A human rights-based approach gives emphasis to both outcomes and the process by which NACWOLA programmes are undertaken.

3.2 Policy Framework

The Ministry of Health policy for 2001 focuses on health services that are demonstrably cost effective and have the largest impact on reducing mortality and morbidity. The major contributors to the burden of disease at all levels are given the highest priority. These include malaria, HIV/AIDS, tuberculosis, diarrheal diseases, acute lower respiratory tract infections, **prenatal and** maternal conditions attributable to high fertility and poorly spaced births, vaccine preventable childhood illness, malnutrition, injuries, and physical and mental disability.

3.3 Social Development Sector Strategic Framework

Broadly, the activities fall within the social development sector (SDS) that strives to create an enabling environment for social protection and social transformation for the poor, vulnerable and marginalized groups. Within the SDS, the lead ministry is Gender, labour and Social Development (MGLSD) that has defined a strategy called the Social Sector Development Investment Plan (SDIP). SDIP addresses inequalities, vulnerability and exclusion of marginalized groups including women, orphans and other vulnerable children (OVC) to develop their capacities to take advantage of opportunities to improve their livelihoods for sustainable development. In addition, the MGLSD has addressed the challenging issue of OVC by developing a specific policy that promotes a multi-sectoral, integrated and gender sensitive approach to services delivered to vulnerable children and their families.

3.4 The Poverty Eradication Action Plan (PEAP)

The PEAP operationalizes Uganda's National Vision 2025. The PEAP provides a framework for national planning and has the following four pillars: i) Rapid and sustainable economic growth and structural transformation; ii) Good governance and security; iii) Increased ability of the poor to raise their income, iv) Enhancing quality of life of the poor. In addition to the PEAP, a number of sectoral policies and programme exist that directly or indirectly impact the welfare of women and children infected and affected by HIV/AIDS. These include the Uganda National Programme of Action for Children (UNPAC), the Decentralization Policy, the Local Government Act, the National Health Policy, the National Population Policy, the National Youth Policy, the National Gender Policy, the Universal Primary Education Policy, the Basic Education Policy for Disadvantaged Groups, the Anti-retroviral Treatment Policy for Uganda, Voluntary Counselling and Testing Policy, the Policy on Reduction of the Mother-to-Child HIV Transmission, and the Plan for Modernization of Agriculture. Other relevant policies and plans under formulation include the Policy on the Elderly and Disability and the National Plan on Child Sexual Abuse and Exploitation. However, these policies and plans have been hindered by ineffective implementation at all levels and the limited participation of women in the articulation of some of the policies relevant to them.

3.5 HIV/AIDS Strategic Framework

The national response to HIV/AIDS epidemic has been marked with high political commitment at various levels; including openness that has enhanced behaviour change, support from international development partners and collective action from sectors of government and civil society. The National strategic framework for HIV/AIDS activities focuses on a multi-sectoral approach on control: outlining three major goals in the areas of reducing prevalence, mitigating effects of the epidemic and strengthening the national capacity to respond to the epidemic fights against HIV/AIDS is taken to the International Scene.

3.6 Institutional Frameworks, Sector Wide Approach (SWAp)

The basis of Uganda's adoption of the Sector-Wide Approach (SWAp) to development was to develop a framework with the objectives of providing an enabling environment that would allow for effective coordination of efforts among all partners in Uganda's national development programs such as; increase efficiency in resource applications; and ensure effective access to essential services such as health care. It especially aims at improving quality of life through a coordinated framework for better use of resources. For instance in the health sector where HIV/AIDS falls a Sector Wide Approach (SWAp) was introduced as the guiding principle for health planning and resource mobilization. To further strengthen this approach a coordination mechanism was established in form of a committee; Health Policy Advisory Committee (HPAC) to standardize and develop the SWAp.

4. Achievements and Challenges

4.1 Achievements

Over the last 5 years NACWOLA has registered a number of achievements which can be categorized into leadership and management, programs, membership and partnership.

Membership

Over the years NACWOLA has registered over 60,000 members across the country, with 30 branches located in all the regions of Uganda. NACWOLA has developed national structures across the country which structures are used to reach all members at village level.

Partnership

NACWOLA has provided leadership and brought together women living with HIV/AIDS for over 10 years. As an umbrella organization has brought on board partners including government ministries, CSOs, local governments as important partners in the development of policies, strategies and programs that support the prevention and mitigation of the impact of HIV/AIDS. At the local level has provided leadership for their district branches including provision of information, technical and material support as well financial support.

Leadership and Management

NACWOLA has a committed and qualified staff at the secretariate which has supported program implementation. This is supported by functional policies and systems in place.

Programs

One of the key achievements of NACWOLA over the 5 years was increase in male involvement in NACWOLA programs through increased utilization of HIV/AIDS services. NACWOLA through community mobilization saw an increase in male participation and up taking services as well as support to their partners.

4.2 Challenges

The challenges NACWOLA faced during 2003-2008 include;

1. Low technical staff capacity among NACWOLA member branches at district level
2. Monitoring and evaluation was weak. No viable performance indicator has been formulated to measure baseline and compare with progress.
3. Advocacy and networking framework is weak and still based at the Secretariat with limited dissemination to the member units
4. Lack of a resource mobilization strategy to focus the organization hence less emphasis to fundraising.
5. Sustainability of the programs has been affected by unfavorable financing models and also by poor capacities for management at the branch level.
6. High expectations of members.
7. Competition from other CSOs for the meagre resources.

5. Purpose of Strategic Plan

- To effectively design and implement programs that are meaningful to NACWOLA's target group.
- To ensure proper utilization of the available resources.
- Establish a basic for measuring program progress and outcomes.
- It will be used as a means/tool for resource mobilization.

6. NACWOLA's Strategic Intent 2008-2013

This 5 Year Strategic Plan represents renewed zeal to make a significant contribution to the reduction of HIV prevalence through positive prevention and strengthening of advocacy and networking, promotion of human rights and psychosocial support to HIV positive women. It is set within the political and socio-economic realities of the country and the Government's overall strategies to improve the health status of women living with HIV/AIDS, by empowering and supporting members at district level to offer services. This will be undertaken within the broader framework of national Poverty Eradication and Structural/Social Transformation initiatives especially as expounded in the HSSP. This strategic plan will guide the implementation of all NACWOLA's programme activities and strategic engagements over the next five years. It represents a refined strategic direction for the organization and will be used as the benchmark for intermediate assessments of progress and challenges that may be met in due course.

6.1 PEST Analysis

Externally the organization assessed political, economic, social, legal, environmental and technological issues that would affect program implementation and results. The analysis further looked at strategies to be adopted to minimize the affects under the different factors as indicated in Table 1.

Table 1: PESTEL Analysis

Variable	Issue	Strategies to minimize the issues
Political	<ul style="list-style-type: none"> ▪ Limited participation in politics ▪ Lack of confidence. 	<ul style="list-style-type: none"> ▪ Advocate for more representation as a way of building confidence
Economical	<ul style="list-style-type: none"> ▪ Women are not empowered economically. ▪ High dependency of women. ▪ Lack of skills in income generating activities. ▪ Had no rights to own the property. 	<ul style="list-style-type: none"> ▪ Link to micro finance. ▪ Link to government programs on poverty alleviation such as NAADS, PMA.
Social	<ul style="list-style-type: none"> ▪ Had no inheritance rights, their property is grabbed. ▪ Bad cultural practices against women, internal conflicts. 	<ul style="list-style-type: none"> ▪ Advocate for rights of women. ▪ Empower women with their rights and where to seek redress. ▪ Partner with gender ministry.
Technological	<ul style="list-style-type: none"> ▪ Limited access to information and its technology. ▪ Limited access to electricity (power source) especially in rural areas. ▪ 	<ul style="list-style-type: none"> ▪ Build skills in IT. ▪ Explore existence of programme for rural electrification villages. ▪ Explore existence of 31 universities in Uganda with science technology. ▪ Encourage the girl child to go to school and enjoy the affirmative actions on UPE, USE, YEAR, YES and other. ▪ Wider space opened for advocacy.
Environmental	<ul style="list-style-type: none"> ▪ Lacked information on environmental conservation. 	<ul style="list-style-type: none"> ▪ Consciousness of environment protection developed.
Legal	<ul style="list-style-type: none"> ▪ Laws are in place on women e.g. Affirmative action, equal opportunities. 	<ul style="list-style-type: none"> ▪ Existing laws and regulations reviewed and ensure they are enforced.

6.2 Stakeholders Analysis (SHA)

NACWOLA implements its program with stakeholders at all levels. It enjoys the support of various stakeholders involved in health care service delivery in Uganda. Interacts with the following stakeholders who have been classified depending on the role they play in the organization's Program activities.

6.2.1 Primary Stakeholders

Women living with HIV/AIDS are the main beneficiaries of NACWOLA's services.

6.2.2 Secondary Stakeholders

NACWOLA works through and with government structures such as, Ministry of health, ministry of Education and Sports, Ministry of Gender, Labour and Social Development, Local governments and health units. In addition NACWOLA works with CSOs, CBOs, NGO Forum and the donor community.

The analysis further categorized the stakeholders into those that are influential, important and or both. The important and influential stakeholders include; Donors, Women living with HIV/AIDS, UAC, government of Uganda, Local governments, MoH, MoGLSD and NGO Forum. The stakeholders that are important include; NGOs/CSOs, health units, Health providers, ministry of Education and Sports. The influential stakeholders included; parliamentarians and the politicians.

6.3 SWOT Analysis

In the SWOT analysis, NACWOLA's Strength and Weaknesses (internal environment) and Opportunities and Threats (external environment) were identified. This was carried out with the recognition that NACWOLA's key programme areas are; (1) Coordination (2) Human Rights and HIV/AIDS (3) Advocacy and networking. NACWOLA's achievements and challenges over the past five years also denote the internal and external environment within which NACWOLA operates. These can be summarised in the SWOT analysis in Table 2.

Table 2: SWOT Analysis

<p><i>Strengths</i></p> <ul style="list-style-type: none"> ▪ Ability to handle large funds ▪ Networking with partners. ▪ A big membership. ▪ Willingness of members to pay membership. ▪ Infrastructure (Office space). ▪ Partnership and networking with other CSOs that offer HIV/AIDS services. ▪ Existence of district structures. ▪ Existence of a dynamic BOD well qualified. ▪ Availability of equipments for effective coordination/communication; i.e. 4 vehicles, computers (12), telephones in key offices and internet service.s ▪ Existence of a website. ▪ Well stocked resource centre. ▪ Wider coverage with fair representation in 31 districts. ▪ Existence of organizational systems. 	<p><i>Weaknesses</i></p> <ul style="list-style-type: none"> ▪ Weak governance structures at the lower levels. ▪ Lack of a resource mobilisation strategy ▪ Poor staff remuneration. ▪ Lack of confidence among some members to take up leadership roles. ▪ High expectation of members which can not be achieved. ▪ Inability to reach all the beneficiaries due to limited resources. ▪ Lack of documentation of lessons learnt and best practices.
<p><i>Opportunities</i></p> <ul style="list-style-type: none"> ▪ Special ministry for gender issue. ▪ Existence of policies that address HIV/AIDS and women. ▪ Availability of ARVs, and accredited centres where women can access ARVs, JCRC, CDC and TASO. ▪ Micro finance services. ▪ Government programs such as NAADs that offer opportunities to women to improve economic status. ▪ Networking with other service providers. ▪ Existence of funding initiatives that support health care esp. HIV/AIDS-Global Fund. ▪ Supporting policy framework for health care service provision. 	<p><i>Threats</i></p> <ul style="list-style-type: none"> ▪ Competition from other providers for financial and other resources. ▪ Pace of technology advancement. ▪ Unfavorable regulatory restrictions. ▪ Lack of support and encouragement from the local government which hinders women confidence. ▪ Low literacy for the majority of members, this hinders resource mobilization and advocacy for their right. ▪ Creation of new districts. ▪ High death rates of members. ▪ High competition from other HIV service organization. ▪ Poverty, most of the members are very poor. ▪ Limited funding.

7. Strategic Options

Rather than having a narrow focus or maintaining its previous programmes, NACWOLA as an umbrella organization will adopt the option of developing into a competent organization with wider scope and scale up interventions. It will strengthen coherent structures and the human capacity to provide pragmatic leadership in delivering health services in a coordinated partnership with its stakeholders. The cost of not taking this option would imply that NACWOLA remains narrow, unattractive to funding and with un-recognizable impact both in service delivery and resource utilization.

8. Strategic Direction: Vision, Mission & Core Values

NACWOLA has identified priority areas of intervention over the next 5 years guided by the following vision, mission, goal and core values;

8.1 Vision: A healthy and empowered community of women living with HIV/AIDS and their families.

8.2 Mission: NACWOLA is committed to supporting Women Living with HIV/AIDS (WLHA) and their families to have a quality life through knowledge enhancement in HIV service delivery, economic empowerment, skills development and advocacy for increased access to essential services.

8.3 Core Values

1. **Love** we serve women, children, caregivers and Vulnerable Communities with respect to ensure each of our clients are cared for irrespective of sex, age and status
2. **Respect** The organization respects and values all stakeholders regardless of their differences.
3. **Honesty:** In implementing their work NACWOLA cherishes integrity at all levels and among all stakeholders.
4. **Empathy:** NACWOLA is empathetic and compassionate in their work.
5. **Sharing:** NACWOLA as an organization recognizes sharing as an important component of all its activities especially experiences, ideas and learn from each other.

9. Goal, Program Areas, Strategic Objectives and Strategies

Goal: To improve the health status of women living with HIV/AIDS and their families through provision of quality HIV/AIDS services.

10. Identification of priority program areas

Through the strategic analysis, a number of priority areas were identified which also form the core program areas and these include:

1. Program area 1: Advocacy and Networking
2. Program area 2: Positive prevention
3. Program area 3: Peer Psychosocial support
4. Program area 4: Human Rights and HIV/AIDS

10.2 Program Area 1: Advocacy and Networking

This program area will focus on capacity building for staff, district branches, members, local government officials and partner CSOs. The program will also focus on strengthening their networking with stakeholders and development partners. This is intended to increase access and utilization of quality HIV/AIDS services by WLWH and to strengthen NACWOLA's role and contribution to policy review and formulation. At the community level advocacy will involve creating awareness on available HIV/AIDS services (HCT, PMTCT, ART); referral points, importance of disclosures, drug adherence and follow-up. NACWOLA will review its communication and advocacy strategy. This will be done with a view of intensifying its influence on policy reforms and marketing the organization based on best practices at the beneficiary level.

Messages will be designed focusing on community, health units, depending on their information needs. Under this program area NACWOLA will strengthen its coordination and networking with branches, CSOs, local governments and donor community in similar activities. Coordination will involve capacity building for the branches, local governments and CSOs.

10.3 Program Area 2: Positive Prevention

This program area will be done in partnership with government accredited health facilities and other HIV/AIDS service providers. The program will address HIV/AIDS prevention, care and treatment. The components of HIV/AIDS that will be focused on include; HCT, PMTCT, ART, disclosure and referral. Under HCT there will be HIV counselling and testing general and for the pregnant mothers (PMTCT). ART will involve; patient assessment, Counselling, Supplies management (ARVs), Records management, referral and adherence monitoring.

At community level positive prevention will include; provision of home based care and improvement of community referral systems which will include; outreach services and linkage with CHWs/ HBC sites, health facilities and HIV/AIDS service organizations. Internally NACWOLA will work on a workplace policy to address work place safety among their members and branches.

10.4 Program Area 3: Human Rights and HIV/AIDS

This program area will focus on mainstreaming the rights based approach to all NACWOLA's programs. It will involve capacity building on the rights based approach including rights and responsibilities of WLHA, role of duty bearers and community. It will also involve policy review in light of the rights based approach and addressing gaps. At the district and community level the service providers and local government officials will be trained as well as NACWOLA branches. Awareness on the rights based approach will be done at community level to increase knowledge on rights hence increased demand for quality HIV/AIDS services.

The program intends to reduce human rights violations among women and girls who are living with HIV/AIDS through addressing stigma and discrimination, increase knowledge on rights and responsibilities around HIV/AIDS services and gender based violence. Much as SGBV is one of the factors responsible for HIV infections and on the other hand HIV/AIDS has led to an increased in GBV.

There is inadequate attention in form of services and support to the HIV positive girls and women who have experience SGBV to help them recover from the emotional, psychological as well as the services such as health care to support them regain their physical, emotional and mental stability. This has partly been attributed to low disclosure attributed to fear of social stigma associated with SGBV and lack of trust in the law enforcement authorities. Hence the project will aim at providing psychosocial support including counselling, referral for services such as health care, legal protection and HIV/AIDS services. The program will aim at reducing the negative effects of HIV/AIDS on other sectors such as high school drop out rates among girls attributed to early childhood marriages, early pregnancies, physical injuries and sexually transmitted diseases.

10.5 Program Area 4: Peer Psychosocial Support

This program area will address the psychosocial needs of WLHA and their partners as well as the children and will focus on; counselling to promote disclosure and support; memory writing, food security, income generating activities and care for OVCs. The psychosocial well being of women and their families has been shown to deteriorate during the time of progressive illness and death. Some of the problems leading to this include lack of basic needs, social breakdown, stigma and discrimination, emotional distress and economic insecurity. At the same time HIV infected mothers find it extremely difficult to communicate to their children about their ill health. While AIDS orphans just like any other orphans suffer grief and confusion, their plight is worsened by prejudice and social exclusion.

This often leads to the loss of education, health care and property they are entitled to inherit. The resulting poverty and isolation can create a vicious circle, placing them at great risk of contracting HIV themselves. The extended family as a source of social security and support to widows and orphans has been greatly overstretched by the AIDS scourge, hence finding it difficult to perform their critical role with as much competence as in the past. AIDS orphans are therefore normally left destitute with no social security to fall back to.

One of the greatest pains that AIDS orphans suffer is the fact that their parents do not share their future plans with the children. This is due to fear of the effects of disclosure and the cultural sensitivity attached to discussion of such sensitive issues like sex and death. Children normally are left to guess or made the last to know. This causes a lot of confusion, panic and uncertainty. The second damage that children affected by AIDS face is loss of important family history and important childhood memories. Most parents infected with HIV die prematurely, family life will be disrupted and children may move, sometimes at short notice and sometimes far away from their community. These moves, whether to relatives, friends or strangers will usually take place at a time of maximum grief and confusion. In some cases brothers and sisters will become separated, sometimes permanently. Unless children have been well prepared, introduced to future caregivers and provided with detailed information about themselves and their family origins, there is severe risk that fear, confusion and most of all loss of identity will compound their grief.

11. Programme Area, Strategic Objectives and Strategies

Program area 1: Advocacy and Networking

Strategic objective 1

To increase access and utilization of (demand for) quality HIV/AIDS services by NACWOLA members and to strengthen NACWOLA's role and contribution to policy review and formulation through communication and information sharing.

Strategies

- Training branches, local government official and civil society organization
- Multimedia information dissemination (electronic and print media)
- Health workers / community sensitization
- Lobbying policy makers through advocacy meetings, etc.
- Net working with other players in HIV/AIDS service provision
- Build coalition, partnerships and strategic alliance
- Policy decision implementation
- Developing Advocacy Strategies
- Community sensitization.

Program area 2: Positive Prevention

Strategic Objective 2

To increase uptake of HIV/AIDS services including HCT, PMTCT and ART by WLHA

Strategies

- Community sensitization
- Identification of expectant mothers
- Referral
- Testimony

- Training on positive prevention
- Counseling
- Developing model villages (WASH, nutrition, solar energy, etc)

Program area 3: Peer Psychosocial support

Strategic Objective 3

To improve the productivity and quality of life of WLHA and their families

Strategies

- Peer group formation and support
- Testimony
- Memory writing
- Training of community representatives/ volunteers/staff
- IGA support
- Counseling sessions
- Referrals
- Developing children and youth strategies
- Household support with supplies of psychosocial materials

Program area 4: Human Rights and HIV/AIDS

Strategic Objective 4

To increase knowledge on human rights of WLHA and children among stakeholders hence increased demand for quality HIV/AIDS services by WLHA through communication and information sharing.

Strategies

- Community sensitization
- Training on human rights and responsibilities in HIV/AIDS service delivery
- Multimedia information dissemination (electronic and print media) e.g. on child protection policy in community
- Health workers sensitization
- Lobbying policy makers
- Net working with other players in human rights
- Build coalition and strategic alliance
- Formation and support to paralegal activities
- Participatory M&E on HR abuses in community
- Development of Child Protection Policy

Support Functions

NACWOLA will build the capacity of its secretariat as well as branches as a way of strengthening the ability to deliver services. In this regard Institutional Capacity Development is a support function.

Institutional Capacity Development

NACWOLA cherishes a well trained, qualified and motivated workforce. The existing staff development policy will be reviewed to reflect the organizational development strategy. NACWOLA will retain a high level of skilled staff and optimum numbers based on the functions relevant to the implementation of the strategy. Under this programme, the staff development policy will be reviewed; the internal finance management system will be strengthened. NACWOLA will in addition develop a resource mobilization strategy to widen its resource base.

NACWOLA uses a community monitoring model to monitor its activities. The model involves a community report card which is used to measure program performance. The model was initiated as an advocacy strategy which brings together local government stakeholders and beneficiaries to assess the services in their own communities. Under this program area research and documentation will be done and information used for planning, developing advocacy agendas, review programs and shared with partners for policy.

The program area will be mandated with developing a monitoring and evaluation system for NACWOLA HIV/AIDS program. This will involve developing a comprehensive and integrated monitoring system including log frame, Monitoring plan, data collection tools, an electronic data base and an evaluation protocol for the different programs.

Strategic objective 1

To strengthen NACWOLA's institutional capacity to deliver its mandate

Strategies

- Develop and implement a capacity building plan/policy for the secretariat, board and for members (Branches).
- Review institutional systems (HR policy, M&E system, financial policy/guidelines, audit systems, program documents & organizational structure) at the secretariat
- Support the strengthening of institutional systems for branches including governance systems
- Develop a resource mobilization strategy

The key functions of the institutional capacity building component include:

- Resource mobilization.
- Strengthen the institutional and human resource capacity of NACWOLA.
- Build capacity of branches to deliver quality HIV/AIDS services.
- Strengthening NACWOLA M&E system.
- Finance and administration.

Strategic Objective 2: To promote organizational learning through research and regular feedback to stakeholders

Strategies

- Conduct operation research.

- Multimedia information dissemination and sharing (electronic and print media).
- Use information to guide organizational development.
- Publications.

Strategic Objective 3: Strengthen the institutional capacity of branches to provide holistic HIV/AIDS services.

Strategies

- Develop a comprehensive and integrated monitoring and evaluation system.
- Carry out organizational development to streamline all functions of NACWOLA and its member branches but more importantly review the management structure.

12. Institutional Arrangement for Implementation

NACWOLA will implement its programmes through its branches at the district level, partnerships, networks, alliances and coalitions with key players in HIV/AIDS management as well as the health sector. The approaches will provide NACWOLA with a powerful constituency to advocate as well as provide quality HIV/AIDS services to WLHA. The approaches will further facilitate policy advocacy and create stakeholder ownership that will lead to the improvement in the effectiveness and efficiency in HIV/AIDS service delivery.

This strategic plan will be operationalized through annual operational work plans and budgets whose components will be premised on the programme areas and strategic objectives. The strategic plan will be reviewed on an annual basis to reflect emerging changes in NACWOLA operating environment.

13. Monitoring and Evaluation of the Strategic Plan

The monitoring and evaluation function will be strengthened through NACWOLA staff capacity building to constantly guide the implementation process. Implementation of this strategic plan will build on achievements made over the past years.

NACWOLA is mandated to monitor and evaluate its programs through a reliable and functional M&E system that captures achievements of its interventions. NACWOLA's program monitoring is intended to progressively track and analyze activity implementation and foresee any difficulties so as to take timely corrective action. Program monitoring will also help to have information at hand for evidence based decisions, as they need to be made.

Systematic monitoring is important in providing feedback on performance and can provide a form of program self-evaluation, which will be frequently used in program management. Once the M&E system is fully established, NACWOLA program managers should ably use it to determine whether resources are being used efficiently to create the desired change in the target population.

It will also help in assessing whether program activities are still relevant or being implemented as intended in the project design. NACWOLA as an organization in general and program managers in particular will then take timely remedial action in an informed manner. Routine monitoring will enhance management control and accountability, organizational learning and capacity development, while demonstrating performance effectiveness.

Emphasis will be placed on action learning, organizational reflection, and nurturing of a shared understanding by NACWOLA and its stakeholders. At a minimum, NACWOLA managers will routinely monitor *input* indicators, which include data on human, financial and material resources, *process* indicators, which include data on activities and *output* indicators, which include data on coverage, utilization and quality.

NACWOLA programme evaluation will be important in making a comparative assessment of the value of the intervention using systematically collected and analyzed data. Evaluation of NACWOLA programme outcomes and impacts will be needed to document periodically whether defined strategies and implemented activities lead to expected results in terms of:

- **Outcomes:** to document improved quality of life, changes in knowledge, attitudes and behavior in the community or on the performance of key areas of NACWOLA interventions.

- **Impacts:** the assessment of NACWOLA programme impacts e.g. the measure of the desired changes in the beneficiary population. It is however important to note that the selection of impact indicators and collection of data needed for their calculation is a difficult task in the evaluation process and require critical reflection. To this end, NACWOLA will develop a robust monitoring and evaluation plan which will be the basis for reviewing the existing monitoring and evaluation system.

14. Financing Strategy for the Strategic Plan

To successfully implement this strategy the programmes will require about **12 billion Uganda Shillings** during the five year strategic plan period. This funding will be realized from both local and international partners.

NACWOLA's 5 Year Budget

Program Area	Total Annual Budget in UGX	Total Budget for 5 Years in UGX
Institutional Capacity Development	324,960,000	1,624,800,000
Advocacy & Networking	117,000,000	585,000,000
Positive Prevention	1,034,200,000	5,171,000,000
Peer Psychosocial Support	581,000,000	2,905,000,000
HIV/AIDS & Human Rights	213,600,000	1,068,000,000
Monitoring and Evaluation	155,200,000	776,000,000
Grand Total	2,425,960,000	12,128,800,000

Appendix: I

Logical Framework for NACWOLA

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
Goal: To improve the health status of women living with HIV/AIDS and their families through provision of quality HIV/AIDS services.			
Program Area 1: Advocacy and Networking			
Strategic Objective 1: To increase demand for quality HIV/AIDS services by NACWOLA members through communication and information sharing.			
<p>Outcomes</p> <p>Recognition of NACWOLA as a key HIV/AIDS service provider</p> <p>Increased access to resources for NACWOLA</p> <p>Strengthened NACWOLA communication networks and inter-institutional linkages to enhance institutional learning, information sharing and innovation</p>	<ul style="list-style-type: none"> • # of decision making bodies at which NACWOLA is represented, disaggregated by international, national and district levels • % increase in number of clients utilizing NACWOLA services • # of retained funders • # of new donors • At least 5% annual increase in budget for NACWOLA secretariat • At least 3% annual increase in budgets for branches • # of new innovations adopted into NACWOLA programming • # of best practices documented and shared with members • # of new partnerships contributing to institutional learning 	<ul style="list-style-type: none"> • NACWOLA annual reports. • Certificates of Recognition. • Clients' Register. • History of Funding. • Proposal tracking Tool. • Income & Expenditure report. • Success Stories on New Innovations. • Partners Inventory. 	<ul style="list-style-type: none"> ▪ Women are responding positively to NACWOLA activities. ▪ Policy of decentralization upheld. ▪ Local governments are willing to collaborate with NACWOLA. ▪ NACWOLA members are willing to join elective positions in decision making bodies.
<p>Outputs</p> <p>Conduct NACWOLA organizational capacity assessment (OCA)</p>	<ul style="list-style-type: none"> • OCA conducted by end of 2008 	<ul style="list-style-type: none"> • OCA report 	<ul style="list-style-type: none"> • Adequate funds

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
<p>Strengthen the advocacy and communication strategy for NACWOLA, and its branches & partners</p> <p>Communication strategies and channels targeting key stakeholders reviewed for appropriateness and effectiveness</p> <p>Information sharing forums and cross site activities on best practices and innovations routinely supported and conducted</p>	<ul style="list-style-type: none"> • Advocacy and communication strategy developed by end of 2008 • Reviewed advocacy and communicating roles of NACWOLA by end of 2008 • Reviewed advocacy and communicating roles of NACWOLA branches by end of 2009 • Health workers and community members are sensitized by the end of 2009. • At least one training in advocacy conducted for the secretariat, local government and branches per year • Communication and advocacy reviewed at least once a year • At least two(2) information sharing forums organized and or supported by NACWOLA for its branches annually • Bi annual Policy lobbying meetings are held at all district levels by mid 2010. • NACWOLA is represented annually in at least 10 national and 3 international information sharing forums. • Policy decisions implemented. • Multimedia information disseminated. 	<ul style="list-style-type: none"> • Advocacy and communicating strategy • Training reports, project monitoring reports • Annual performance reports • Minutes • Minutes • Minutes/activity (workshop) reports 	<p>secured.</p> <ul style="list-style-type: none"> • Donors, government, NGOs/CBOs are positive in supporting NACWOLA activities. • Community Leaders willing to come together to attend advocacy sessions.

Program area 2: Positive Prevention

Strategic Objective 2: To increase uptake of HIV/AIDS services including HCT, PMTCT and ART by WLHA

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
Outcomes Improved health status of WLHA Improved productivity of WLHA	<ul style="list-style-type: none"> • # of WLHA reporting to have gained their health status • # of WLHA who are productive 	<ul style="list-style-type: none"> • Evaluation reports • Field reports • Success stories 	<ul style="list-style-type: none"> • Production factors like land, skilled manpower and funds are guaranteed.
<i>Specific objective 1: To increase uptake of ART by all WLHA and children who are eligible</i>			
Outcome Improved health status and productivity of PHAs (women and children)	<ul style="list-style-type: none"> • % of adult women with advanced HIV infection receiving ART. • % of children with advanced HIV infection receiving ART 	<ul style="list-style-type: none"> • Surveys Report • Facility reports • Field reports 	
Output Initiate more WLHA on ART Strengthen adherence through monitoring Strengthen referral systems	<ul style="list-style-type: none"> • # of WLHA known to be ART • # of clients followed up • # of WLHA referred for ART 	<ul style="list-style-type: none"> • ART Clients Register/ Analysis Form 	
<i>Specific Objective 2: To Increase uptake of PMTCT services by HIV positive pregnant NACWOLA members</i>			
Outcome Improve access to comprehensive PMTCT for HIV positive pregnant NACWOLA members	<ul style="list-style-type: none"> • % of HIV positive pregnant women who received ART to reduce the risk of mother to child transmission 	<ul style="list-style-type: none"> • Surveys • Facility reports • Field reports 	
Outputs HHs sensitized on importance of PMTCT	<ul style="list-style-type: none"> • # of HHs in the NACWOLA districts sensitized on PMTCT 	<ul style="list-style-type: none"> • Reports (supervision, quarterly & annual) 	
<i>Specific objective 3: To increase uptake of HCT services by NACWOLA members</i>			
Outcome Women in NACWOLA districts receiving HIV test and know their results	<ul style="list-style-type: none"> • % of women who received HIV test and know their results 	<ul style="list-style-type: none"> • Surveys • Facility reports • Field reports 	
Outputs Strengthen outreach centers for offering HCT	<ul style="list-style-type: none"> • # of outreaches in NACWOLA districts 	<ul style="list-style-type: none"> • Quarterly and annual 	

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
		reports.	
Program area 3: Peer Psychosocial support			
Strategic Objective 3: To improve the productivity and quality of life of WLHA and their families			
Specific Objective 1: Increase access to HBC for WLHA			
Outcomes WLHA in NACWOLA districts reached with HIV prevention and mitigation programs	<ul style="list-style-type: none"> % of WLHA reached 	<ul style="list-style-type: none"> Survey reports, quarterly and annual reports 	
Outputs WLHA reached with counseling services. WLHA reached with nutritional support services.	<ul style="list-style-type: none"> # of WLHA reached with counseling services # of WLHA reached with nutritional support service. 	<ul style="list-style-type: none"> Quarterly and annual reports. 	<ul style="list-style-type: none"> Good raw data collection system in place on counseling and nutrition support services.
Specific objective 2: Increase access to IGA by WLHA			
Out put WLH A in NACWOLA districts reached with IGAs	<ul style="list-style-type: none"> # of women reached with IGAs. Kind of IGA women are supported with. 	<ul style="list-style-type: none"> quarterly and annual reports. 	<ul style="list-style-type: none"> Women involved in the process of identification , planning and management of viable IGAs
Specific Objective 3: increased knowledge on correct identification of ways of preventing sexual transmission of HIV and reject major misconceptions about HIV			
Outcome Increase knowledge levels of WLHA in NACWOLA districts who know prevention methods and reject misconceptions on HIV transmission	<ul style="list-style-type: none"> % of WLHA who are knowledgeable of sexual transmission of HIV % of WLHA who reject major misconceptions on HIV 	<ul style="list-style-type: none"> Survey reports, quarterly and annual reports Recorded testimonies/ stories. 	<ul style="list-style-type: none"> Willingness of women to give testimonies.

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
	transmission		
Out puts Training of peer educators Community sensitization	<ul style="list-style-type: none"> • # of peer educators trained in NACWOLA districts. • Issues trained on. • # of communities sensitized on HIV prevention. • Issues sensitization was conducted on. • # of sensitization sessions held on HIV prevention 	<ul style="list-style-type: none"> • Training report. • Sensitization activity report • Quarterly and annual reports. 	<ul style="list-style-type: none"> • Availability of funds. • Willingness of stakeholders to support the initiatives
Specific objective 4: increase access to memory writing skills by NACWOLA members			
Outcome Strengthen memory writing skills by NACWOLA members	<ul style="list-style-type: none"> • % of NACWOLA members who are knowledgeable on memory writing 	<ul style="list-style-type: none"> • Surveys, quarterly and annual reports 	
Output Train all NACWOLA branches on how to write memory books	<ul style="list-style-type: none"> • # of branches trained. • # of individual members trained • # of NACWOLA members who have memory books 	<ul style="list-style-type: none"> • Quarterly and annual reports. 	<ul style="list-style-type: none"> • Readiness of members to take up the training and participation in memory work.
Strategic Objective 5: To increase access of OVCs to care and support			
Outcomes Improve access of OVCs for NACWOLA members to care & support services	<ul style="list-style-type: none"> • Number and types of orphans and other vulnerable children receiving care/support. • Types and frequency of services being received by OVCs • Number of community initiatives or community organizations receiving support to care for orphans and other vulnerable children in program districts. • Percent and types of households that received external support for orphans and vulnerable children in program districts 	<ul style="list-style-type: none"> • Register of service provision. • Field reports (monthly, quarterly, annual). • Stakeholders' performance analysis report. • Evaluation report. 	<ul style="list-style-type: none"> • National Constitution / Strategic Plan, laws & Policies reflect needs, interests and concerns of OVCs • Functional implementation

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
			mechanisms for policy environment • Functioning monitoring and reporting mechanism in place.
Outputs Provide education to OVCs Train OVCs in IGAs	<ul style="list-style-type: none"> • # of OVCs currently attending school. • # of OVCs completed schools. • # of OVCs registered for schools. • # of OVCs trained on IGAs. • # of OVCs operating IGAs. 	<ul style="list-style-type: none"> • OVC Support Analysis Sheet/ Report 	
Program area 4: Human Rights and HIV/AIDS			
Strategic Objective 4: To increase demand for quality HIV/AIDS services by WLHA through communication and information sharing on human rights of WLHA among stakeholders.			
Specific objective 1: Reduce on GBV and its effects among NACWOLA members			
Outcomes Increase knowledge on GBV among NACWOLA members	<ul style="list-style-type: none"> • % members knowledgeable about GBV <ul style="list-style-type: none"> ○ 	<ul style="list-style-type: none"> • Evaluation/ Survey reports. • Quarterly reports and • Annual reports. 	<ul style="list-style-type: none"> • Needs/ interest and concerns of community reflected in existing laws and policies.
Out puts Train health providers on GVB Sensitize communities on GBV Strengthen referral system for GBV victims	<ul style="list-style-type: none"> • # of providers trained on GBV • # of communities sensitized • Functional referral system 	<ul style="list-style-type: none"> • Training reports. • Quarterly and annual reports. • Sensitization activity report. 	<ul style="list-style-type: none"> • Functioning monitoring and reporting mechanism

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
		<ul style="list-style-type: none"> Facility (referral) feed back report by service providers. 	in place
Specific objective 2: Improve quality of HIV /AIDS services through integrating HRBA			
Output Develop human rights standards in the context of HIV for NACWOLA branches	<ul style="list-style-type: none"> # of branches adopting/utilizing the standards 	<ul style="list-style-type: none"> Copies of human rights standards set. 	<ul style="list-style-type: none"> HR abuse cases identified Meaningful collaboration with law enforces and policy designers
Training NACWOLA branches on HRBA Sensitize stakeholders on human rights and HIV/AIDS	<ul style="list-style-type: none"> # of members and branches trained # of stakeholders sensitized # of sessions held. Issues sensitized on. sensitization activity report 	<ul style="list-style-type: none"> Training reports. Sensitisation report 	
Specific objective 3: reduction of HIV related stigma and discrimination			
Sensitize communities on S&D	<ul style="list-style-type: none"> # of stakeholders sensitized 	<ul style="list-style-type: none"> Sensitisation report 	
Train stakeholders on S&D	<ul style="list-style-type: none"> # of training sessions # of stakeholders trained 	<ul style="list-style-type: none"> Training reports. 	
Institutional Capacity Development			
Strategic objective 1: To strengthen the institutional capacity of NACWOLA's members to provide quality HIV/AIDS services by 2013			
Outcomes Improved service provision by NACWOLA branches	<ul style="list-style-type: none"> At least 60% of clients express satisfaction with NACWOLA and branches services 	<ul style="list-style-type: none"> NACWOLA Evaluation reports Testimonies. 	NACWOLA will get more partners to commit additional funds
Outputs At least 80% of the strategic plan budget funded	<ul style="list-style-type: none"> Amount of funds budgeted for on SP. Amount of funding received/ secured. 	<ul style="list-style-type: none"> Annual strategic plan review reports 	

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
<p>Recruit at least 80% of the human resource needed to implement the strategic plan by 2013</p> <p>Provide at least one refresher training for NACWOLA staff per year.</p>	<ul style="list-style-type: none"> • % of Strategic Budget funded. • # of human resource needed to implement the SP. • Kind of HRs needed • # of current existing HR. • % of capacity gap required to support SP. • # training provided. • Kind of training received/provided. • Issues discussed in the training. • # and kind of staff attended. 	<ul style="list-style-type: none"> • NACWOLA annual reports • NACWOLA annual reports on personnel administration and development of HRs. • Training reports. • Staff appraisal reports • Staff training reports. 	
<p>Outputs</p> <p>NACWOLA staff and board trained in proposal writing and fundraising</p> <p>Fundable proposals developed and marketed by program officers</p> <p>New donor relations built and existing ones maintained</p> <p>Financial management policies reviewed and improved upon by 2009.</p> <p>Capacity assessment of F&A department undertaken</p> <p>All Non finance staff trained annually on use of financial management systems by 2013.</p>	<ul style="list-style-type: none"> • At least 10 staff and 3 board members trained in proposal writing by 2009 • At least one technically sound proposal developed by each program officer per quarter • 10% of proposals developed every two years attract funding • Number of donors retained • Number of new donors developed • Improved financial management policies in place by 2009 (kind of systems and procedures in place, rate of financial indiscipline) • Capacity assessment of F& A department done by 2009 (strength/ weaknesses and capacity gaps and needs identified) • # of non finance staff trained, issues trained on, period and frequency of the training. 	<ul style="list-style-type: none"> • Proposal writing training report. • Quarterly progress reports. • Proposal tracking report. • Copies of proposals existing. • Donors/ partners' records/ history (Inventory). • Financial Management Policies in place. • F&A Capacity Assessment Report. • Annual Training Report on Financial Management System by staff. 	<ul style="list-style-type: none"> • Improved financial environment for donors given the current financial credit the world is in.

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
<p>Internal audit function established and Recruitment of an internal auditor conducted.</p> <p>All NACWOLA Board members trained in corporate governance after every 2 years.</p> <p>NACWOLA constitution reviewed and aligned with new SP and key emerging issues.</p> <p>HR management policies and systems reviewed and improved upon by 2009.</p> <p>Increased utilization and awareness of management policies by secretariat staff</p> <p>Training needs assessment for secretariat staff done and completed by end of 2008</p> <p>Training inventory developed and operationalised by 2009 to implement the staff training plan.</p> <p>Organizational structure reviewed and aligned with strategic objectives by end 2008</p>	<ul style="list-style-type: none"> • Kind of internal audit functions established, number and kind of internal auditor recruited, period service of internal auditor procured • # of NACWOLA Board members trained. • Issues the Board is trained on. • Frequency of the board training. • Kind of Constitutional issues reviewed and aligned with new SP • Emerging issues identified from the review • Period of the review • Existence of Improved HRM policies and systems in place by 2009 • 100% of secretariat staff adhering to set management policies annually till 2013 • Training needs assessment for secretariat staff established with emphasis on; staff's strength, weaknesses, needs • Training inventory developed; focused made on kind of training to be conducted, categories of beneficiaries, period of the training, and expectation from the training and implementing body/ opportunities. • Reviewed Strategic plan. • Existence of the Structure. • Structure issues that came out. 	<ul style="list-style-type: none"> • Service procurement and personnel policy • Training Report • NACWOLA constitution review minutes. • Reviewed constitution • SP • Report on review meeting held. • HRM Policy Review Minutes. • Reviewed HR policy • Staff Appraisal Report • Training Needs Assessment Report • Training plan and budget • Report • Report related to activity conducted to develop the plan. 	<p>Well developed constitution and SP for NACWOLA are developed and provided.</p>

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
Five year business plan developed and operational by end 2009	<ul style="list-style-type: none"> • Issues that were aligned • Draft 5 years Business Plan in place. • Activities to be conducted in five years are well streamlined. • Budget to implement them established. • Period to conduct each activity established.. responsible person to implement identified 	<ul style="list-style-type: none"> • Business plan. 	
<p>Strengthen capacity of NACWOLA branches to provide quality HIV/AIDS services through;</p> <ul style="list-style-type: none"> - Provision of technical support to branches to write proposals., - 2 training held per year on resource mobilization skills., - Setting guidelines on financial management developed at the end of 2008. - Training 100% branches in the use of required financial management guidelines., - Dissemination of guide lines to 100% of NACWOLA branches. - Guideline set on HR management developed by end of 2013. - Dissemination of HR guideline to 100% of branches. - Capacity assessment conducted by end of 2009. - Functional database in place by 2010 	<ul style="list-style-type: none"> • Proportion of proposals developed annually by branches that are funded • # of branches that received technical assistance from NACWOLA for proposal writing • # of trainings conducted per year on resource mobilization skills • Kind of guidelines NACWOLA set on financial management developed by end of 2008 • % of branches trained in the use of required financial management guidelines by 2013 • Dissemination of financial guidelines to 100% of NACWOLA's branches • 100% branches compliant with financial management guidelines • NACWOLA set guidelines on HR management developed by end of 2008 • Train 100% staff in the use of required HR management guidelines by 2013 • Dissemination of HR guidelines to 100% of branches • Capacity assessment survey done by end of 2009 • A functional database in place by 2010 	<ul style="list-style-type: none"> • Annual performance reports and quarterly progress reports 	
<i>Strategic Objective 2: To promote organizational learning through research and regular feedback to stakeholders</i>			
<i>Strategic Objective 1: Strengthen the M&E system for NACWOLA Programs</i>			

Programme Description	Objectively Verifiable Indicators	Means of Verification	Risks/Assumptions
Develop M & E plan	<ul style="list-style-type: none"> M&E plan developed 	<ul style="list-style-type: none"> M&E plan document 	
Train staff responsible for M&E at NACWOLA and branches	<ul style="list-style-type: none"> 100% of staff at secretariat & branches trained in managing the M&E system 	<ul style="list-style-type: none"> Training reports, attendance lists 	
Strengthen the data collection system by; <ul style="list-style-type: none"> Developing data collection tool that reflect the information needs of NACWOLA and Orient 100% NACWOLA data collection staff in use of the tools. 	<ul style="list-style-type: none"> Nature of Data collection tools developed % of the NACWOLA staff involved in data collection oriented in using the tools. 	<ul style="list-style-type: none"> Data collection tools. Training reports on data collection Attendance lists Monthly data collection returns 	
Allocation of resources for M&E activities at NACWOLA & branches	<ul style="list-style-type: none"> Proportion of resources allocated to M & E activities Kind of activities/ project identified for M&E resource allocation 	<ul style="list-style-type: none"> Financial reports 	
Strategic Objective 3: Strengthen the institutional capacity of branches to provide holistic HIV/AIDS services			
Develop a comprehensive and integrated monitoring and evaluation system/ plan	<ul style="list-style-type: none"> M&E plan for branches developed with the activities, target to be achieved, indicators, MoV, responsible person and frequency for M&E clearly identified/outlined. 	<ul style="list-style-type: none"> Timely M&E reports 	
Carry out organizational development to streamline all functions of NACWOLA and its member branches but more importantly review the management structure.	<ul style="list-style-type: none"> OD commissioned 	<ul style="list-style-type: none"> OD report Recommendations of OD report implemented 	

Appendix : II

Five Years Detail Plan and Budget

	Year					Target	Resources Needed	Unit	Qty	Freq	Rate	Amount
	1	2	3	4	5							
Organizational Support to Secretariat												
a. Completion of Office Block												
i. Construction of Ceiling						1 unit	assorted	Lumpsum	1	1	2,000,000.00	2,000,000.00
ii. Finishing and Fittings						1 unit			1	1	1,000,000.00	1,000,000.00
. Power and Water Installation									1	1	2,300,000.00	2,300,000.00
. Windows and Door panes									1	1	2,500,000.00	2,500,000.00
. Beam filling and Revealing									1	1	800,000.00	800,000.00
. Plastering and Rendering									1	1	800,000.00	800,000.00
. Apron and Verandah									1	1	600,000.00	600,000.00
. Screeding									1	1	800,000.00	800,000.00
iii. Wall Fencing						1 unit			1	1	3,000,000.00	3,000,000.00
iv. Compound Designing						1 unit			1	1	2,000,000.00	2,000,000.00
Sub Total Completion of Office Block												15,800,000.00
b. Equiping and Tooling												
i. Vehicle (4WD Land cruiser- Hard top)						3			3	1	80,000,000.00	240,000,000.00
ii. Computer Sets						5			5	1	2,000,000.00	10,000,000.00
iii. Internet Connections						5			5	1	500,000.00	2,500,000.00
iv. Photocopiers						5			5	1	300,000.00	1,500,000.00
v. Scanners						5			5	1	300,000.00	1,500,000.00
vi. Book Binders						5			5	1	300,000.00	1,500,000.00
v. Video Camera						5			5	1	3,000,000.00	15,000,000.00
Sub Total Equiping and Tooling												272,000,000.00
c. Staff Development and Remuneration												
Staff Trainings in;												
i. Office Procedures and Practices/ Administration						3 days, 20 staff			1	1	5,000,000.00	5,000,000.00
ii. Donor Fund (Grant) Management by Non Financial Staff						3 days, 20 staff			1	1	5,000,000.00	5,000,000.00

iii. Programmes Development and Management					6 days annually, 20 staff			1	2	5,000,000.00	10,000,000.00
iv. Management of NGO Human Resources					3 days, 20 staff			1	1	5,000,000.00	5,000,000.00
v. Partnership Building in NGOs					3 days annually, 20 staff			1	5	5,000,000.00	25,000,000.00
vi. Report Writing in NGO					3 days annually, 20 staff			1	3	5,000,000.00	15,000,000.00
vii. Proposal Writing					3 days, 20 staff			1	1	9,000,000.00	9,000,000.00
viii. Child Protection Policy					3 days, 20 staff			1	1	9,000,000.00	9,000,000.00
ix. Participatory Rural Appraisal and Action					5 days annually, 20 staff			1	2	9,000,000.00	18,000,000.00
x. Participatory Resource Monitoring & Evaluation					5 days, 20 staff			1	3	9,000,000.00	27,000,000.00
xi. Management of CBO Dynamics					3 days annually, 20 staff			1	3	9,000,000.00	27,000,000.00
xii. CBO/ Branch Constitution Review & Governance					3 days annually, 20 staff			3	1	12,000,000.00	36,000,000.00
Sub Total Staff Training											191,000,000.00
Staff Salaries/ Remunerations;											
i. Executive Director					60 months, 1 Staff			12	5	3,000,000.00	180,000,000.00
ii. Programme Manager					60 months, 1 Staff			12	5	2,800,000.00	168,000,000.00
iii. Regional Programmes Managers					60 months, 4 Staff			48	5	1,200,000.00	288,000,000.00
iv. District Programmes Officers					60 months, 10 Staff			12	5	700,000.00	42,000,000.00
v. Finance and Administrations Officer					60 months, 1 Staff			12	5	800,000.00	48,000,000.00
vi. Public Relations Officer					60 months, 1 Staff			12	5	900,000.00	54,000,000.00
vii. Human Resource Officer					60 months, 1 Staff			12	5	900,000.00	54,000,000.00
viii. Front Desk Manager					60 months, 1 Staff			12	5	500,000.00	30,000,000.00
ix. Office Guards					60 months, 1 Staff			12	5	300,000.00	18,000,000.00
x. Drivers					60 months, 2 Staff			12	5	400,000.00	24,000,000.00
xi. Volunteers					60 months, 20 Staff			240	5	200,000.00	240,000,000.00
Sub Total Staff Remuneration											1,146,000,000.00
Programme Support to Primary Beneficiaries											
a. Advocacy and Networking											
i. Research on Advocacy Issues								1	5	29,000,000.00	145,000,000.00
ii. Developing Advocacy Strategies for NACWOLA								1	1	23,000,000.00	23,000,000.00
iii. Training programme Staff/ volunteers on Advocacy Skills								1	3	19,000,000.00	57,000,000.00

iv. Conducting Biannual Press Release on Advocacy issues								2	5	3,400,000.00	34,000,000.00
v. Community Sensitisation on advocacy issues								12	5	3,000,000.00	180,000,000.00
vi. Holding Advocacy meetings to lobby policy makers								2	5	12,500,000.00	125,000,000.00
vii. Participatory Monitoring and Evaluation of Changes in practices, culture and net working								1	5	10,000,000.00	50,000,000.00
Sub Total Advocacy and Networking											614,000,000.00
b. Positive Prevention											
i. Training Programme Staff/ volunteers on Positive Prevention								1	3	9,000,000.00	27,000,000.00
ii. Training Community on Positive Prevention								1	5	20,000,000.00	100,000,000.00
iii. Development of HIV Policies on Positive Prevention								1	5	13,000,000.00	65,000,000.00
iv. Community Sensitization on Positive Prevention								12	5	18,000,000.00	1,080,000,000.00
v. Counseling on positive prevention								12	5	18,000,000.00	1,080,000,000.00
vi. Referrals on positive prevention								12	5	6,000,000.00	360,000,000.00
vii. Capturing Testimonies of HIV Positive Persons (most significant stories in positive prevention above)								12	5	18,000,000.00	1,080,000,000.00
viii. Development of Model Villages (WASH activities, nutrition, solar energy, etc)								12	5	23,000,000.00	1,380,000,000.00
ix. M&E on Positive Prevention								1	5	13,000,000.00	65,000,000.00
Sub Total Positive Prevention											5,237,000,000.00
c. Peer Psychosocial Support											
i. Trainings of Staff/ volunteers on Peer Psychosocial Support Activities								2	2	9,000,000.00	36,000,000.00
ii. Training of Community Representatives peer psychosocial activities								4	3	18,000,000.00	216,000,000.00
iii. Community Facilitation to generate psychosocial projects using PRAA								5	12	10,000,000.00	600,000,000.00
iv. Linking community initiated projects to donor opportunities								5	12	10,000,000.00	600,000,000.00
v. Conducting Counselling sessions								5	12	8,000,000.00	480,000,000.00
vi. Conducting Referrals								5	12	8,000,000.00	480,000,000.00
v. Supplying Communities with Psychosocial Materials/kits at households								5	1	60,000,000.00	300,000,000.00
vi. Developing children and youth strategies								4	1	6,000,000.00	24,000,000.00
vii. Developing Community Competence Based training Manual								5	2	6,000,000.00	60,000,000.00
viii. Formation of child Care Taker Support Groups								3	1	3,000,000.00	9,000,000.00
ix Monitoring and Evaluation of psychosocial problems in community								5	12	6,000,000.00	360,000,000.00
Sub Total Peer Psychosocial Support											3,165,000,000.00
d. Human Rights and HIV&AIDS											
i. Research on Areas of Human right Abuse and HIV/AIDS								2	1	6,000,000.00	12,000,000.00

ii. Staff training on Human Rights and HIV/AIDS								1	1	9,000,000.00	9,000,000.00
iii. Community training on Human Rights and HIV/AIDS								5	3	12,000,000.00	180,000,000.00
iv. Sensitization of wider community on Human Rights and HIV/AIDS								5	12	12,000,000.00	720,000,000.00
v. Development of Child Protection Policy								2	1	8,000,000.00	16,000,000.00
vi Formation and Support of Paralegal activities								5	1	12,000,000.00	60,000,000.00
vii. Support to Legal Activities								5	2	3,000,000.00	30,000,000.00
viii. Holding Policy review Meeting with partners/ legal organizations								5	1	4,000,000.00	20,000,000.00
ix. Signing of National Code of Conduct of Child Protection								1	1	1,000,000.00	1,000,000.00
x. Dissemination of children's code								5	1	4,000,000.00	20,000,000.00
xi. Participatory Monitoring of HR Abuse in Community.								5	12	7,000,000.00	420,000,000.00
Sub Total Human Rights and HIV/AIDS											1,488,000,000.00
Grand Total											12,128,800,000.00

Appendix III

Governance and Management Structure

