



NAFOPHANU

NATIONAL FORUM OF PLHA
NETWORKS IN UGANDA

STRATEGIC PLAN

2019-2023

Contents

2.1	Organizational History.....	9
2.2	Rationale for the Strategic Plan	9
2.3	Planning process.....	9
2.4	Phase One: Establishing the organisational direction.....	9
2.5	Phase Two: Internal and external environmental assessment.....	10
3.1	Organisational Direction	11
3.2	Evolving NAFOPHANU's Service Delivery Model.....	11
3.3	Past performance	11
3.4	Environmental Assessment	13
3.5	Internal environmental assessment.....	14
	NAFOPHANU SWOT/R Analysis	14
3.6	External Environmental Assessment	15
4.1	The global context	17
4.2	The National context.....	17
4.3	Considerations of NAFOPHANU Contribution to National Plans.....	17
4.4	Male Involvement	18
4.5	Linking Tuberculosis, HIV and Hepatitis B.....	18
4.6	Psycho-social support and protection of children, adolescents and young people affected by HIV.	18
4.7	Linking nutrition and HIV.....	18
4.8	Linking HIV, Sexual Reproductive Health Rights, Mental Health and Gender Based Violence.....	19
4.9	Linking HIV, Key Population (KPs) and Human Rights	19
4.10	Linking HIV and WASH.....	19
4.11	HIV and the Elderly people and Refugees.....	19
4.12	Summary	20
5.1	Vision, Mission and Core Values.....	20
5.2	Core values	21
5.3	Goal	23
5.4	Strategic objectives	23
5.5	Strategic Actions.....	23
5.6	Strategic Objectives, Strategic Actions and Key Intervention Areas	23
5.7	Catchment Areas and Priority Populations.....	25
5.8	The Scope	25
5.9	Performance management	25
5.10	Leadership and management	26
5.12	Governance and organisational oversight.....	26
5.13	Implementation structure and plan.....	26
5.14	Monitoring and Evaluation.....	26
5.15	Strategic Areas:.....	27
5.16	Projected implementation budget	28
5.17	NAFOPHANU Sustainability plan.....	28
5.18	Institutional sustainability	28
5.19	Programme sustainability	28
5.20	Financial stability	28
6.1.30	Implementation Plan.....	
7	Proposed organisation structure for NAFOPHANU.....	43
8.0	PROJECTED BUDGET FOR IMPLEMENTATION.....	59

CHAIRMAN'S FOREWORD

The National Forum of People Living with HIV/ AIDS Networks in Uganda (NAFOPHANU) was established on 23 May 2003 with a country wide mandate as an umbrella organization for People Living with HIV&AIDS (PLHIV) to provide systematic and all inclusive coordination structure for PLHIV networks, associations and support groups in order to play advocacy, policy and decision making roles in the HIV&AIDS partnership. This was after identification, acknowledgement and recognition of gaps among PLHIV initiatives in the National Response. Since inception, NAFOPHANU has steadily grown as a Self Coordinating Entity (SCE) under the Uganda HIV&AIDS Partnership as coordinated by Uganda AIDS Commission, mobilized and sub-granted resources to its networks, championed advocacy agenda for the PLHIV movement, stigma reduction and promotion of rights of PLHIV, partnered with various stakeholders for improved HIV&AIDS service delivery and built capacity of its networks in various skills.

NAFOPHANU has just concluded implementation of a 5-year Strategic Plan (2013- 2018) which has provided a learning experience for the development of a new Strategic Plan for 2019-2023. The successes of the outgoing Strategic Plan have been consolidated for replication. We continue to remind ourselves that HIV is still a major national and society concern that requires active participation of all the different players. Meaningful participation of PLHIV as key stakeholders remains a crucial area in this response that requires proper coordination and strengthening structures of PLHIV at all levels. The new Strategic Plan therefore brings forward new innovative approaches based on current trends in HIV prevalence, policy research and previous implementation all aimed at enhancing voice and accountability for PLHIV in the National response.

I applaud the continuous support of all the AIDS Development Partners, Donors, Civil Society, Faith Based Organizations, the Private Sector and all stakeholders that have continuously supported PLHIV. With your continued support, I trust that NAFOPHANU will use the new Strategic Plan to further serve her members and contribute to the national HIV and AIDS Response in a more significant way.

Together for a positive difference.

Dr. Stephen Watiti

Chairperson, Board of Directors

ACKNOWLEDGEMENTS

The strategic planning process benefited from experiences, technical knowledge and leadership of different stakeholders who worked hard to make this strategic plan a reality. NAFOPHANU owes a debt of gratitude to all stakeholders who participated in various ways in the planning processes. We would like to thank the members of the Technical Working Group, the facilitator Mr Fred Barongo, NAFOPHANU Networks and staff for making this work a reality.

Together for a positive difference.

Stella Kentutsi
Executive Director

LIST OF FIGURES

Figure 1: Overall Performance Rating of NAFOPHANU over the previous strategic plan.....	38
Figure 2: Funding mobilised from the different stakeholders during the last 3 years (Ush '000').....	43
Figure 3: NAFOPHANU's Strategic Framework 2013-2018	47
Figure 4: Proposed Organisation Structure for NAFOPHANU	50

LIST OF TABLES

Table 1: Contribution of Development Partners to the HIV&AIDS Response.....	29
Table 2: Committed donor contributions (USD) to the Civil Society Fund, 2007/08-2011/12.....	30
Table 3: Contribution to Partnership Fund by Bilateral Agencies.....	32
Table 4: NAFOPHANU's Strengths and Weaknesses.....	33
Table 5: Risks facing NAFOPHANU over the next 5 years.....	36
Table 6: Key stakeholders of NAFOPHANU.....	38
Table 7: 5-Year Implementation Plan.....	49
Table 8: NAFOPHANU's Monitoring and Evaluation Framework.....	51
Table 9: Summary of the Projected Budget for Implementation.....	63

ACRONYMS

AIDS	: Acquired Immune Deficiency Syndrome
CAAT	: Consortium of Advocates on Access to Treatment
CCM	: Country Coordinating Mechanism
GFATM	: Global Fund for AIDS, Tuberculosis and Malaria
GIPA	: General Involvement of People living with HIV
GoU	: Government of Uganda
HEPS	: Coalition for Health Promotion and Social Development
HIV	: Human Immunodeficiency Virus
IGAs	: Income Generating Activities
M& E	: Monitoring & Evaluation
MARPs	: Most At Risk Populations
MIPA	: Meaningful Involvement of People living with HIV
NAFOPHANU	: National Forum of PLHA Networks in Uganda
NGOs	: Non- Government Organisations
NSP	: National Strategic Plan
PC	: Partnership Committee
PLHIV	: People Living with HIV
PMTCT	: Prevention of Mother to Child Transmission
ToT	: Training of Trainers
UAC	: Uganda AIDS Commission
UGANET	: Uganda Network on Law, Ethics and HIV
UNAIDS	: Joint United Nations Programme on HIV/AIDS
UNASO	: Uganda Network of AIDS Service Organisations
UPHIA	: Uganda Population-Based HIV Impact Assessment

1.0 Introduction

This Strategic Plan (2019-2023) replaces the out-going Strategic Plan (2013-2018) which had been guiding NAFOPHANU's strategic and programmatic efforts. This new plan responds to the new realities of HIV&AIDS in Uganda and in particular, brings to the forefront the issues surrounding PLHIV while being aligned to the national response. The new strategic plan highlights the following strategic thrust: access to services by PLHIV; integration of HIV with other areas; and the capacity of PLHIV forums and networks. With this strategic thrust, NAFOPHANU will be able to put the welfare of PLHIV at the forefront of her interventions thus making a meaningful contribution to the fight against the HIV&AIDS epidemic. While doing these, the plan also pays attention to the organisational capacity of NAFOPHANU, in particular, strengthening aspects of management and governance as well as her members at district and national levels. It is expected therefore that this plan will act as a road map for the efforts of the PLHIV constituency in Uganda for the next 5 years.

2.0 Context of the new strategic plan

According to Uganda Population based HIV Impact Assessment Survey (UPHIA) 2016-2017, overall prevalence of HIV infection is at 6.2%, with 7.1% for women and 4.4% for men. AIDS related deaths have reduced from 56,000 in 2010 to 23,000 in 2018. Currently, there are 1.4 million people living with HIV and of these, 1.1 million are accessing Anti-Retroviral Therapy (ART). This is a hopeful sign of the impact of scaling up combination prevention. But stigma remains a big structural barrier to the attainment of quality and productive lives of PLHIV.

To achieve the numerous milestones, the country is guided by the policy framework with policies, laws and guidelines in place. For instance, the National Strategic Plan (NSP) 2015/2016-2019/2020 provides for specific interventions and actions in line with the four thematic areas of HIV prevention, care and treatment, social support and systems strengthening.

To ensure the national multi sectoral response works but also PLHIV access and utilise the services needed, the Government of Uganda has intervened in a number of ways including: HIV care and treatment, elimination of mother to child transmission (EMTCT), Test and Treat among others and Presidential Fast Track Initiative is meant to facilitate ending AIDS as a public health threat by 2030.

In order to operationalise the above plans and policies, the Government of Uganda has put in place an institutional framework that contains three key elements in the coordination of the national response framework. These elements include Uganda AIDS Commission (UAC) and the HIV&AIDS Partnership that includes 11 Self-Coordinating Entities (SCEs): PLHIV, Parliament, Civil Society Organizations (CSOs), Private Sector, Research, Academia, Sciences and Professionals (RASP), Media, Culture, Line Ministries, AIDS Development Partners (ADPs), Faith Based Organisations and Decentralised Response. At the highest level of Government is Office of the President and the Minister for Presidency who is responsible for providing policy advice to UAC. The SCEs coordinate the HIV&AIDS activities, play a policy advisory role to UAC, provide a forum for collective oversight on the management of the NSP, as well as act as a link with UAC through the Partnership Committee (PC) and with support from the Partnership Fund. The Decentralised Response Coordination structures have the AIDS Committees from the district to the village levels as per local government structures. Both at national and district levels, NAFOPHANU has membership in coordination structures to ensure that issues of PLHIV feature prominently in the agenda of these coordination bodies as part of GIPA/MIPA principle and in the spirit of "nothing for us without us".

2.1 Organizational History

NAFOPHANU was established in May 2003 as a national, non-government and not-for-profit organization, to provide a country-wide systematic and all-inclusive coordination structure for People Living with HIV (PLHIV) networks, associations and support groups in order to play advocacy, policy and decision making roles in the HIV&AIDS partnership. The decision to form NAFOPHANU was reached after identification, acknowledgement and recognition of gaps within PLHIV initiatives in the national response. This decision to establish NAFOPHANU was reached through a consultative process between members from several PLHIV initiatives in Uganda, with support from UNAIDS and the HIV&AIDS Partnership Committee of UAC. Since inception, NAFOPHANU has championed the cause of PLHIV and has widened her membership countrywide to have structures in all districts in Uganda.

2.2 Rationale for the Strategic Plan

Since the previous strategic plan 2013-2018 had come to an end, it was necessary to develop a new plan that would guide NAFOPHANU's strategic and programmatic efforts for the next period. Consequently, the NAFOPHANU board commissioned a local consultant – Mr. Fred Barongo – to facilitate the process of developing a new 5-year strategic plan. This new plan responds to the new realities of HIV&AIDS in Uganda and in particular, brings to the forefront the issues surrounding PLHIV, while being aligned to the national response. The new strategic plan highlights the following strategic thrust: access to services by PLHIV; sustainable livelihood for PLHIV; and the capacity of PLHIV forums and networks. With this strategic thrust, NAFOPHANU will be able to put the welfare of PLHIV at the forefront of her interventions thus making a meaningful contribution to the fight against the HIV&AIDS epidemic. While doing these, the plan also pays attention to the organisational capacity of NAFOPHANU, in particular, strengthening aspects of management and governance. It is expected therefore that this plan will act as a road map for the efforts of the PLHIV constituency in Uganda for the next 5 years.

2.3 Planning process

The Board of Directors engaged in a process of re-evaluating the mandate, direction and goals for the future. A Technical Working Group (TWG) consisting of the BOD and Management was charged with developing a framework for the plan with technical assistance from an external facilitator. The BOD and management were engaged to secure commitment and support in determining the organisational direction. The process involved three major phases namely; establishing the organisational direction, internal and external environmental assessment and identifying strategic themes, operational goals and objectives.

2.4 Phase One: Establishing the organisational direction

The BOD, Management and other stakeholders in the private and public-sector domain were consulted either through meetings or questionnaires to input into the future direction. At a meeting conducted at the secretariat by the lead facilitator, NAFOPHANU conducted an organisational review of its vision, mission, core values and 5-year strategic goals, objectives and actions.

2.5 Phase Two: Internal and external environmental assessment.

A comprehensive environmental assessment was conducted to identify the internal barriers to NAFOPHANU success and to address the inter-relationship with external stakeholders like UAC, Ministry of Health (MOH), District Local Governments, Development Partners and Partner NGOs and other Implementing Partners. A Strength, Weakness, Opportunity, Threat/ Risk (SWOT/R) analysis and a thorough review of all statutory and given mandates of NAFOPHANU was carried out. The external environment assessment included the analysis of the data, information and knowledge in the various national and global strategy documents, relevant evaluation reports and research articles related to global public health. Meetings were also held with the NAFOPHANU staff to elicit feedback at the critical points in the strategic planning process.

The SWOT/R analysis revealed the solid core strengths that can be leveraged to build and chart a future direction and opportunities that exist for NAFOPHANU to expand into service delivery while still playing a leading coordination role. The highlights about the context of the findings of the situation analysis are the basis of what is described in the introductory section of this document.

Phase Three: identifying strategic themes, operational goals and objectives.

The information in phases one and two was later analysed to determine the emerging themes and critical planning goals and strategic objectives which are presented in preceding sections.

3.0 NAFOPHANU Strategic Plan 2019-2023 at a glance.

3.1 Organisational Direction

NAFOPHANU was founded in 2003 as an umbrella organization for PLHIV networks, associations and support groups to provide systematic and all-inclusive coordination structure in order to play advocacy, policy and decision-making roles in the HIV&AIDS response and partnership. In response to the changing environment as determined by advances in technology, demographics, climate change, socio-economic and structural changes, new ART service delivery models, NAFOPHANU's strategic direction ought to be re-aligned with the emerging themes. The progress in medical technology, global perspectives, legacy and achievements of the MDGs provides valuable lessons and experiences to contribute to this planning which is in line with the Sustainable Development Goals (SDGs), focusing on achieving full gender equity and improving health services among other targets. NAFOPHANU has an important role in contributing to the pursuance of SDGs 2, 3, 4, 5 & 17 for a prosperous, equitable and sustainable Uganda.

PLHIV participation is cardinal in stopping and/reversing the spread of HIV which is closely linked with other major diseases, promoting gender equality, improving child development and improving sexual reproductive maternal and new born health.

Thus, NAFOPHANU must move beyond coordination to offering services to PLHIV that underscore the connectedness of development issues that balance the three dimensions of social, economic and environmental development hence the commitment to directly addressing social and possible economic impact of HIV, reproductive health (RH) and rights issues of particularly women and youth/young people as the future generation.

3.2 Evolving NAFOPHANU's Service Delivery Model

NAFOPHANU is the Secretariat for all networks and groups of PLHIV in Uganda. The major role of NAFOPHANU as a secretariat has been to coordinate all efforts of the PLHIV constituency to play an active role in the HIV&AIDS response. As a secretariat for all networks and groups of PLHIV in Uganda, implementation of its programmes and activities is majorly undertaken by member networks both at national and district level. The Secretariat mainly leads in carrying out research to inform advocacy, disseminate information and build institutional capacity for its network members and groups. The secretariat also provides opportunities for partnerships and networking and carries out resource mobilisation on behalf of her members.

In this strategic period, the core function of NAFOPHANU in the National HIV response will remain the same. What is new is the systematic and deliberate approach to balance the coordination function and engage in direct service delivery while expanding the scope of areas of intervention to enable integration with other social structural issues affecting the PLHIV. NAFOPHANU will focus on preventing new HIV infections (transmitting and acquisition) and ensuring quality life for PLHIV by integrating with other areas that are part of the HIV prevention and psycho-social care package.

In view of the emerging PLHIV needs and aspirations, it is imperative for NAFOPHANU to go beyond coordination but enhance HIV service delivery within the HIV&AIDS continuum of care based on evidenced information.

3.3 Past performance

NAFOPHANU's progress in the last five years was guided by its last strategic plan whose objective centred around PLHIV welfare, strengthening member networks and organizational effectiveness. NAFOPHANU's work was geared to the attainment of the following key result areas;

Key Result Area	Achievements
Improving the welfare of PLHIV	<ul style="list-style-type: none"> • District forums have further strengthened their linkages and visibility for the district networks through effective monitoring of ART and TB drugs. • Comprehensive Services have been extended to the beneficiaries including Key Populations and vulnerable children. Expert Clients have played a critical role in serving peers. • Eleven score card reports have been developed which have acted, as benchmarks to ensure better services delivery for PLHIV hence increased access of HIV services. These scorecards have generated lots of evidence to inform changes in health service delivery and NAFOPHANU advocacy. • Many district PLHIV networks have been able to establish strategic partnerships with their respective district local governments and many are housed by DLGs. • Community Support Agents/expert clients/linkage facilitators in over 116 Districts have routinely undertaken home visits to PLHIV which has increased and promoted adherence to HIV treatment regimens, increased retention in care including referrals for different services. • NAFOPHANU greatly advocated for PLHIV friendly services, through community dialogues and engagements of stakeholders at both District and National levels to promote youth friendly services in 75 Districts (67% of all Districts) and to increase access to HIV services by the PLHIV including OVCs. • Home based care and counselling has been promoted in the last 2 years in 75 districts out of the 112, using the beneficiary voice accountability model of engaging district level leadership stakeholders. • NAFOPHANU has been involved in advocacy campaigns to promote access to treatment for all PLHIV including Key Populations. • Economic empowerment and community savings groups. • Social Enterprise Projects were implemented under the DREAMS Project.
Strengthening the capacity of member networks	<ul style="list-style-type: none"> • NAFOPHANU has built capacity of district forum members from Kayunga, Luwero, Mpigi, Mityana, Bushenyi, Mayuge, Bugiri, Kamuli, Pallisa, Kumi, Kalangala, Busia & Mbale through training in the Management Handbook and accompanying standards. • NAFOPHANU has also supported district forums to establish functional offices and strengthen lower level networks. • NAFOPHANU has supported its member networks such as UNYPA to strengthen their governance capacities effectively through the organizational advocacy and capacity assessment (OACA) reviews. • NAFOPHANU has supported its member networks to identify and exploit opportunities for partnerships and collaborations for improved resourcing. This has been done through identifying opportunities for funding as well as supporting the proposal writing process.

Key Result Area	Achievements
Enhancing organizational capacity	<ul style="list-style-type: none"> • NAFOPHANU has developed and continues to implement strategies for resource mobilization through meaningful partnerships and alliances as well as establishing processes to form a PLHIV SACCO • The organization has also put in place strong systems for financial management and accountability and reporting through the use of the QuickBooks financial management system. • NAFOPHANU has put in place mechanisms to ensure proper functioning of the NAFOPHANU board through the quarterly BOD meetings as well as ensuring all inclusive and diverse representation. • It has also put in place systems that ensure effective and efficient programme delivery by attracting, maintaining and developing a committed workforce at all levels of the organization. • NAFOPHANU has acquired and implemented strong ICT systems through the procurement of a backup server for all information. • NAFOPHANU continues to conduct regular research to inform advocacy, programming and communications on HIV/AIDS related matters through the Community Score Card (CSC) to report on level of satisfaction of health services at facilities and the PLHIV Stigma Index Surveys to measure levels of stigma and discrimination and mitigate ways to reduce the same. • NAFOPHANU continues to build the capacity of its district networks to enable them generate & utilise data through data collection forms that are filled to track status and availability of ART & related commodities.

3.4 Environmental Assessment

A comprehensive environmental scan was conducted to ascertain the sustainability of the strategic decisions, address the interrelationships of NAFOPHANU with external stakeholders, and identify the presence of internal barriers to success. While the internal assessment included consultation meetings with stakeholders and a SWOT/R analysis, the external assessment included a desk review of national strategies and reports as well as research documents. A summary of significant findings from each segment of the environmental assessment is presented.

3.5 Internal environmental assessment

NAFOPHANU SWOT/R Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • Institutional arrangement of national networks and district forums that facilitate easy reach of the PLHIV. • Existence of a senior management team , highly qualified and competent staff at the secretariat with great, expertise, commitment and experience in management and implementation of HIV programs including PLHIV issues. • Board of Directors with broad and diverse knowledge as well as technical experience in organisational development and operations. • Strong and functional management and internal control systems for finance management, human resource management, program implementation, monitoring, and evaluation. • Positive working relationships with district, local government leadership and public health sector. • NAFOPHANU monopoly in providing leadership and coordination of the PLHIV constituency exemplified by representation at key decision-making forums. • Willingness of the PLHIV to volunteer in HIV & AIDS programme implementation and the response. 	<ul style="list-style-type: none"> • Inadequate staffing both at the national secretariat and district forums commensurate with the NAFOPHANU scope and desired scale of programming. • Limited financial base and resources to support planned scope and scale of programmes, also affecting staff motivation and job security. • Underdeveloped leadership and governance systems of some national networks and district forums were internal conflicts and the founder syndrome inhibits growth. • Unsatisfactory knowledge management systems to collate and disseminate information to other stakeholders in a timely manner. • Limited/ no funding for coordination activities, to make PLHIV structures more functional.
Opportunities	Threats/Risks

<ul style="list-style-type: none"> • Potential to expand research and knowledge management in collaboration with other research organisations and academic institutions. • Potential to expand the range of psychosocial support to the PLHIV by integrating the management of HIV & AIDS with other interventions. • Planned establishment of the government AIDS Trust Fund. • Establishment of additional funding mechanism through the proposed community health insurance scheme, health insurance service providers and the national health insurance schemes. • Currently well-established good working relationships and partnerships with other stakeholders in the donor and NGO environment. • The national commitment to HIV & AIDS exemplified by the Presidential Fast-Track Initiative to End AIDS as a Public Health Threat by 2030. • The adoption of new treatment guidelines and approaches to distribution/access of ART that calls for operational research on the efficacy. • Increasing involvement of the private sector in resource mobilisation and fight against HIV and AIDS. 	<ul style="list-style-type: none"> • Partnering with organisations that do not have transparent, accountable management and internal control systems for programme implementation. • Over dependency on external funding (donors) amidst shifts in donor funding priorities considering the agenda under the global SDGs. • Low risk perception and high risk sexual behaviours such as multiple concurrent sexual partnerships engendered by the current bio-medical technology and HIV treatments. • Social media technology spreading uncensored sexuality information especially among the youth and young people. • The proposal by government to dissolve the multi-sectoral coordinating organ of the HIV & AIDS response (UAC) and its role and mandate reverted to and absorbed by the Ministry of Health.
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3.6 External Environmental Assessment

A selection of national and global strategy and policy documents for HIV & AIDS, Family Planning (FP), Reproductive Health (RH), Women and Health, Gender Equality and youth, Human rights and development in Uganda were reviewed regarding the relevancy and value of NAFOPHANU's role and work in Uganda.

Documents reviewed included:

- The Uganda Vision 2040
- The Sustainable Development Goals (SDGs)
- National Health Policy
- The National HIV Prevention Strategy
- The National HIV and AIDS Strategic Plan 2015/2016-2016/2020
- Uganda AIDS Commission, National HIV and AIDS Priority Plan
- The Uganda National HIV Prevention Road Map
- Partnering to Achieve Epidemic Control in Uganda-USAID PEPFAR
- The Presidential Fast Track Initiative to End AIDS as a Public Health Threat in Uganda by 2030.

- The National Youth Policy/Strategy Towards 2020
- Government of Uganda/UNFPA Eight Country Programme, 2016-2020
- The Global Plan to End AIDS: 2016-2020
- UPHIA

Other current research reports were reviewed in relation to HIV & AIDS and these tackled women's health, gender equality and youth and development in Uganda to identify any possible translation of research findings to policy or program actions. From the review of the national and global strategies, and available research the following are observations and conclusions from analysis of the data, information and knowledge.

4.0 The Contexts

4.1 The global context

The global efforts to end AIDS epidemic by 2030 are encapsulated in the Sustainable Development Goals (SDGs). NAFOPHANU is cognizant of the interconnectedness of the structural, social, economic and environmental issues to development. HIV and the related diseases prevention strengthen the justification for this strategic plan. NAFOPHANU is committed to addressing the social and possible economic impact of HIV and human rights issues of the youth as the future generation. This is through rooting the HIV response on the interdependence between HIV and SDGs from ending poverty to promoting inclusive societies.

4.2 The National context

Uganda's burden of HIV and AIDS stands at an estimated 1.4 million people who are living with HIV, and of these 100,000 are children aged 0-14 years (HIV Estimates, MOH 2018). The same report shows that 1.1 million of the People living with HIV are on treatment. The AIDS related deaths have also significantly reduced over the last 5 years. New HIV infections rates have been declining rapidly among children.

The prevalence of HIV among adults aged 15 to 64 in Uganda is 6.2%, with 7.1% among females and 4.4% among males. This corresponds to approximately 1.3 million people aged 15 to 64 living with HIV in Uganda. The prevalence of HIV among children aged 0-14 is 0.5% which corresponds to approximately 100,000 children living with HIV in Uganda. HIV prevalence peaks at 14.0% among men aged 45 to 49 and 12.9% among women aged 35 to 39. Among young adults, there is a disparity in HIV prevalence by sex. HIV prevalence is almost four times higher among females than males aged 15 to 19 and 20 to 24. HIV prevalence is nearly three times higher in men and women aged 20-24 compared to those aged 15-19 (UPHIA 2017).

However, infection rates among adults remain unacceptably high. HIV prevalence is 6.7% but more especially higher in key populations (KPs) particularly sex workers (35-37%), fisher folk (22-29%) long distance truck drivers (25%), uniformed services personnel (18.2%) men who have sex with men (MSM- 13.7%) and boda-boda taxi men (7.5%). Women and girls constitute the largest proportion of PLHIV-8.3% compared to men at 6.1%. Recent data shows that each week in Uganda 570 young women aged 15-24 get infected with HIV.

Young women have experienced intimate partner violence (IPV) where 50% were more likely to have acquired HIV than women who had not experienced violence. HIV is much more common among women and men who are widowed, divorced, or separated than among those who are married or never married. Discordance is up to 6% among co-habiting partners; while high prevalence has shifted to the older groups (35+ years) between the 2004/2005 and 2011 surveys.

Scaling up HIV prevention and treatment is one of the priority interventions in the health sector. There is however limited funding for comprehensive social and behaviour change communication despite the low HIV&AIDS comprehensive knowledge.

4.3 Considerations of NAFOPHANU Contribution to National Plans

Uganda is increasing the number of PLHIV accessing ART and the AIDS Trust Fund whose regulations have been formulated and Parliament allocated funding is geared towards increasing availability of ART to PLHIV. While increasing ART availability contributes to growing numbers receiving lifelong treatment, the majority of PLHIV lack access to essential RMNCAH services and their reproductive health rights are often ignored or affected by the widespread stigma and discrimination. Additionally, HIV Testing Services (HTS) and ART programmes do not include RMNCAH services and referral mechanisms are weak especially for adolescents.

The unmet need for contraception is higher for HIV positive and high-risk women in Uganda. It is for these reasons that NAFOPHANU plans to align its HIV and AIDS interventions with the national trends of integration with RMNCAH. NAFOPHANU will use an integrated model that ensures access to information, monitor availability and provision of psycho-social and care services, integrated skills, multi-tasking, strategic information management and quality improvement.

4.4 Male Involvement

According to the national PMTCT strategy, most SRH, HIV&AIDS services and delivery systems often bypass men with very few interventions targeting them directly. With limited male involvement, many women and adolescents have a harder time negotiating safe sex, condom use, and access to services. Providing information on reproductive health services for men is an effective intervention for HIV prevention but this continues to be a challenge. NAFOPHANU will use the already successful models of male involvement to reach out to men for the required information and advocacy.

4.5 Linking Tuberculosis, HIV and Hepatitis B

In Uganda there is evidence of dramatic increase of Multi Drug Resistant TB(MDR-TB) which is also associated with HIV and AIDS. The problems and costs associated with TB and HIV programmes will intensify if action and treatment literacy is not undertaken now. NAFOPHANU will use the experience gained in implementing programmes supported to strengthen HIV/TB programming.

Furthermore, Hepatitis B has become a serious issue of concern in Uganda. The UPHIA 2017 report puts the prevalence of Hepatitis B among adults aged 15 to 64 at 4.1%. The prevalence is 5.4% and 3.0% in men and women aged 15-64, respectively. Government has initiated efforts to integrate Hepatitis B prevention within HIV&AIDS programs; however, this has been hampered by funding and lack of comprehensive knowledge. NAFOPHANU will in the next five years continue to collaborate with government and National Organization of People Living with Hepatitis B (NOPLHB) in sensitizing the communities and especially the People Living with HIV on the necessity for vaccination.

4.6 Psycho-social support and protection of children, adolescents and young people affected by HIV.

Children, adolescents and young people living with and affected by HIV need care and support services and shall be one of the target populations during NAFOPHANU programming. From the PLHIV stigma index findings, many young people are faced with stigma while in school and thus find it hard to adhere to treatment which affects their viral load suppression. There is increased need to address the additional social support requirements for orphans and vulnerable children (OVCs). This includes child protection, family support and education. NAFOPHANU will endeavour to expand and strengthen sustainable social support and protection for the orphans and other vulnerable children, plus the young people affected by HIV.

4.7 Linking nutrition and HIV

WHO and national HIV care programmes recommend that nutrition information is part of the care packages for clients on ART. Adequate nutrition is necessary to maintain the immune system, manage opportunistic infections, optimize the response to medical treatment, sustain healthy levels of physical activity, and support an optimal quality of life for PLHIV. Nutritional interventions help optimize the benefits of ART and increase adherence with treatment regimens especially as people on lifelong ART increase in the country. Food insecurity and malnutrition are endemic in Uganda on top of the fact that many people do not know what type of foods their bodies require especially when using ART. The underlying contributors to undernourishment include:

inadequate access to food at the household and individual level, limited participation and access to programmes addressing food security as part of government programmes, and low consumption of most needed food items after families dispose of food for income generation. NAFOPHANU will focus on promoting food security as well as nutrition, support and education as part of positive living for PLHIV.

4.8 Linking HIV, Sexual Reproductive Health Rights, Mental Health and Gender Based Violence

HIV affects the women and men disproportionately with women still at unacceptable risk. Clear differences exist in men's and women's experience with the HIV epidemic. Gender inequality and unequal power relations between women and men continue to significantly influence the epidemic. Biological factors that make women and girls more vulnerable to HIV infection are exacerbated by socio-cultural and structural factors, such as poverty, harmful cultural practices, limited decision-making power, lack of control over financial resources, restricted mobility, violence, limited educational opportunities, and lack of quality sexual and reproductive health services. Discrimination against women and girls continues to fuel the HIV epidemic denying them attainment of the basic human rights including the sexual reproductive rights. Addressing the gender-related determinants of vulnerability to HIV and ensuring the protection of the rights of women and girls are essential. Mental Health and SRH will be added components as part of HIV integration with other program areas

4.9 Linking HIV, Key Population (KPs) and Human Rights

There are a number of key populations who are particularly affected by the HIV epidemic. These include sex workers, lesbians, and transgender who face discrimination and often criminalization, both of which increase their risk of HIV infection and limit their access to HIV prevention and treatment services. These also include people who use drugs, men who have sex with men, intersex and among others who have high prevalence rates of HIV and face disproportionate levels of violence from intimate partners or police, in addition to general stigma, discrimination and criminalization. Punitive laws are ineffective at halting HIV transmission and often drive people and populations most at risk underground, into hiding, where they lack access to life saving HIV services. These key populations are often characterized by stigma, discrimination and violence—all major barriers to accessing HIV services. Advancing the rights of the key populations must be at the forefront of the HIV response if we are to end the HIV & AIDS scourge

4.10 Linking HIV and WASH

For a PLHIV access to water and sanitation facilities is especially critical. The risks posed by poor facilities can be fatal for People Living with HIV. Poverty goes hand-in-hand with inadequate hygiene and sanitation facilities, and people living in overcrowded slum areas are frequently denied this basic right. The relationship between HIV/AIDS incidence and poverty has been well documented. With adequate nutrition, proper housing, sufficient medical care and good levels of hygiene and sanitation, it is possible for People living with HIV/AIDS to maintain relatively good health for many years. If these basic needs are not met, then an individual's condition can deteriorate rapidly; opportunistic diseases may take hold, and even eventually prove fatal. While only part of the answer, good hygiene and sanitation is key to prolonging the lives, and improving the wellbeing, of those living with HIV/AIDS. NAFOPHANU will focus on key connections in the relationship between water, hygiene and sanitation provision, and HIV/AIDS.

4.11 HIV and the Elderly people and Refugees.

There is a rising trend of non-communicable diseases (NCDs) in Uganda associated with an increase in aging population, unhealthy feeding habits and adoption of unhealthy lifestyles. Pertinent to note is that with the increased ART adherence, the number of elderly persons with HIV is increasing creating coping challenges. NAFOPHANU will in the next five years design strategies for an integrated prevention and management of NCDs with HIV through health promotion, health education and basic service delivery in order to minimise

the effects on the elderly living with HIV. The same applies to refugees who remain vulnerable to HIV without comprehensive HIV& AIDS programming.

4.12 Summary

In summary, the information and feedback obtained through and during the environmental assessment along with the articulated goals of the leadership at NAFOPHANU were both merged and integrated to form “the strategic focus areas” included in this strategic plan. The themes reflect the main strategies of NAFOPHANU and incorporate critical issues which NAFOPHANU must address to move forward. A summary of the strategic themes and operational goals is presented in the next section of this strategic plan.

5.0 NAFOPHANU STRATEGIC DIRECTION 2019-2023

Guided by the strategic analysis, NAFOPHANU will adopt strategic imperatives that will enable the PLHIV live quality and productive life in a sustainable manner. The changes in the policy and programme direction by the government as well as the global health/HIV initiatives are the key driving force behind this current strategic direction. The Health Sector Development Plan 2015/16-2019/2020, the National HIV & AIDS Strategic Plan 2015/2016-2019/2020, the Presidential Fast-Track Initiative to End AIDS as a Public Health threat by 2030, as well as Uganda Vision 2040 have been very instrumental in enabling NAFOPHANU redefine its strategic intent.

This five-year strategic plan is designed to:

- Ensure proper utilisation of available resources.
- Re-energise the prevention efforts among the population, starting with prevention with the PLHIV who know their status.
- Empower the PLHIV to engage in more sustainable livelihoods
- Establish a basis for measuring programme progress and outcomes as well as performance contracting for staff.
- Be a means or tool for resource mobilization

5.1 Vision, Mission and Core Values

Vision statement

People living with HIV being able to live quality and productive life in a sustainable manner.

Mission statement

To spearhead and coordinate the efforts of PLHIV constituency to live productive lives and effectively contribute to the national HIV & AIDS response.

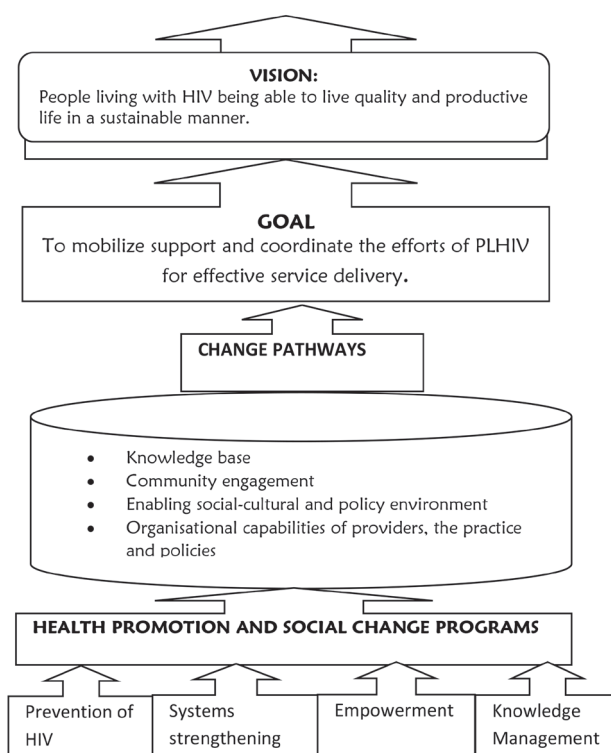
Long term goal

To mobilize support and coordinate the efforts of PLHIV for improved wellbeing.

5.2 Core values

- **Positive Living:** NAFOPHANU shall encourage PLHIV to act responsibly & adopt a health seeking behaviour, while adhering to whatever treatment that they have been put on. PLHIV will be encouraged to explore their potential and make themselves available for any opportunities that they may come across.
- **Integrity:** The staff, management and Board members of NAFOPHANU shall act with utmost truthfulness and transparency while transacting the affairs of the organization.
- **Professionalism:** The staff, management and Board members of NAFOPHANU shall adhere to their various professional standards while performing duties for and behalf of NAFOPHANU.
- **Respect for human dignity:** In all her dealings, NAFOPHANU shall promote respect for life and all human beings irrespective of their age, health condition, gender, race, language and social economic status.
- **Affirmative action:** NAFOPHANU being a national forum of PLHIV networks shall promote foremost, the interests of PLHIV and will provide opportunities for qualified and competent PLHIV.
- **Teamwork:** NAFOPHANU shall focus on team development amongst her staff and members and shall do everything possible to promote teamwork, inter and intra-functional collaboration and shall recognize successful team efforts.

Theory of change (TOC) diagrammatic



This strategic plan is a commitment of its share contribution to the fulfilment of the social change, quotient of how different target populations or communities will be different after reaching them. The TOC will allow NAFOPHANU to think and measure its contribution to comprehensive solution to the impact of HIV in Uganda, rather than aiming at bringing solutions on its own. This strategic plan underpins a TOC informed

by various strategies of health promotion and behaviour change, theories that are valuable foundations for developing comprehensive communication strategies and programmes. The TOC approach in NAFOPHANU is therefore intended to match the needs for long term actions with short term financing opportunities while demonstrating robust indicators of progress towards long term goals. NAFOPHANU has identified pathways that are needed in achieving long-term goal and logically compelling measurable short-term outcomes.

The plan portrays actions and outcomes of many players including individual clients from target population groups, local community systems, local implementing partners, and local governments. The model of change processes is those related to health promotion for behaviour change and stigma reduction exhibited by qualitative or quantitative indicators. Implications of using the TOC in NAFOPHANU point to structural changes for widening its feedback system that will engage the population it seeks to influence, developing common standards and quality control for its evaluation function.

NAFOPHANU evaluation goals will therefore promote: on-going organisational learning of what works and why, what implementation flawed and therefore doesn't work, what health promotion theory does not work or what circumstances changed; demonstrate transparency of work; identity with complexity and context and will make the case for its relevance in Uganda's national HIV response as well as motivate stakeholders. Evaluations will include measuring "pre-conditions" connect internal processes and activities to outward goals, measure capacity, advocacy and incremental policy changes and test theoretical beliefs and evidence.

The TOC approach will be used in the design and evaluation of interventions and application of the TOC in NAFOPHANU will include setting up M&E methods that base on learning and reflection, providing a framework for reflection, and for making changes to the premises about what works. Learning approaches will begin with understanding program design and intent (ToC) and connecting inputs, outputs and expected outcomes.

The TOC approach in NAFOPHANU articulates: the long term, sustainable social change it wishes to bring about. It also states what needs to happen for this change (or vision of success) to come about. It also states what needs to happen in order to achieve the pre-conditions to change or short-term goals or outcomes as pathways of the desired change. The approach also describes the indications of success that will show that the targets have been achieved, success and specific visible changes that will tell that change has happened including evidence of success. In this strategic direction, attention will go to the following preconditions:

1. Community engagement for empowering people and sustaining action
2. Creating a knowledge base- evidence (research) and knowledge translation (piloting innovations, advocacy case tools).
3. Organisational capabilities- providers (performance of managers and service providers), practice (optimised service delivery through integration, quality improvements, local partnerships and accountability, efficient information systems), policy (human resource management, monitoring and evaluation, resource mobilization).
4. Generating supportive environment to generate demand and supply of comprehensive integrated services.

5.3 Goal

To mobilize support and coordinate the efforts of PLHIV for improved wellbeing.

5.4 Strategic objectives

To realise the goal of the strategic plan, NAFOPHANU identified five (5) areas of strategic intervention, namely:

- Strategic objective 1:** To strengthen governance, leadership and management systems of the secretariat & PLHIV Networks
- Strategic objective 2:** To mobilize resources for adequate and sustainable programming for PLHIV
- Strategic objective 3:** Empower PLHIV to engage in activities, programmes and enterprises that harness available resources for improved wellbeing.
- Strategic objective 4:** Enhance advocacy and communication for the PLHIV in National HIV response
- Strategic objective 5:** Improve knowledge management for evidence based PLHIV programming, advocacy, communication, learning and accountability

The focus of the strategic objectives was informed by an analysis of both the internal capabilities and forces in the external environment that influence the work of NAFOPHANU and are likely continue over the strategic planning period.

5.5 Strategic Actions

The strategic framework deployed in this strategic plan is a result chain analysis. This framework identifies alternative strategies to achieve the objectives and enlists strategic measures to actualise the strategies. Below are the strategic objectives and strategic actions identified for each of the objectives and thematic areas.

5.6 Strategic Objectives, Strategic Actions and Key Intervention Areas

This strategic plan is comprised of five objectives focusing on governance and leadership of the Secretariat & PLHIV networks, resource mobilization, improved livelihood, advocacy and communication as well as improved knowledge management (critical enablers).

Strategic Objective 1: To strengthen governance, leadership & management systems of the Secretariat and PLHIV Networks.

Strategic actions:

- 1.1 Oversee the implementation of NAFOPHANU Strategic Plan.
- 1.2 Build capacity of PLHIV structures at all levels for improved coordination, engagement and sustainability.
- 1.3 Expand NAFOPHANU's capacity to deliver programmes for PLHIV.
- 1.4 Conduct and disseminate results of tailored OCA reviews for the PLHIV Networks

Strategic Objective 2: To mobilize resources for adequate and sustainable programming for PLHIV

Strategic actions:

- 2.1 Develop and implement a resource mobilization strategy.
- 2.2 Strengthen the capacity of PLHIV networks and forums to mobilize resources.
- 2.3. Build collaborations and partnerships with other stakeholders in resource mobilization for an effective HIV/AIDS response.
- 2.4 Establish and operationalize a consulting arm of the Secretariat.

Strategic Objective 3: Empower PLHIV to engage in activities, programs and enterprises that harness available resources for improved wellbeing.

Strategic Actions:

- 3.1 Design and implement interventions that prioritise the key populations, elderly and PWDs in social support and protection services.
- 3.2 Build and strengthen the capacity of PLHIV to use, save and invest available resources to mitigate vulnerability and access livelihood opportunities in all sectors.
- 3.3 Promote interventions that enhance integration of HIV and other related health services (Hepatitis B, NCDs, TB, FP, etc) for improved quality of life for PLHIV.
- 3.4. Implement interventions that support PLHIV to access WASH, GBV, SRHR, and nutrition services to improve their wellbeing.

Strategic Objective 4: Enhance advocacy and communication for the PLHIV in national HIV response.

Strategic Actions:

- 4.1 Implement interventions and campaigns to address harmful laws, policies, self-stigma and stigma that deter PLHIV and KPs from accessing social support and protection.
- 4.2 Mobilise and strengthen cultural, religious institutions, community support systems and PLHIV networks to address human rights inequities and stigma.
- 4.3 Design and implement interventions to eliminate discrimination of women and girls and PWDs in the context of HIV and AIDS
- 4.4 Strengthen interventions that involve men and leaders in the fight against HIV and AIDs in the national response.

Strategic Objective 5: Improve knowledge management for evidence based PLHIV programming, advocacy, communication, learning and accountability.

Strategic Actions:

- 5.1. Conduct community score cards to generate evidence and new knowledge to inform service delivery, advocacy and programming.
- 5.2. Strengthen PLHIV strategic information management systems for monitoring, reporting and decision making.
- 5.3. Establish a PLHIV resource hub and counselling service centre
- 5.4. Conduct operations research guided by national HIV and AIDS response interventions to improve programming and service provision to PLHIV.

5.7 Catchment Areas and Priority Populations

Although this strategic plan broadly targets the general community of people living with HIV and affected by HIV, it will also identify Key/ Priority populations and vulnerable groups that will be the primary target for specific prevention with positives to achieve maximum impact. The priority and key populations and vulnerable groups that are at high disease risk include.

Key populations for HIV	Priority Populations	Vulnerable population to TB/Hepatitis
Sex workers	Young girls and women with HIV (15-24 years)	All household contacts of confirmed TB
	Uniformed personnel	Healthcare workers
	Migrant workers	Uniformed personnel and inmates
Men who has sex with men	People with disabilities	
People who use/inject drugs	Youth in out of school with HIV	
LGBTQI (Lesbian, Gay, Bi-Sexual, Transgender, Queer, Intersex)	The elderly people with HIV	
	Street children	
	Refugees and persons affected by humanitarian emergencies	
	OVCs	
	Transport sector workers (boda-boda riders, truck and long-distance drivers and many others.	
	Alcohol and other substance abusers (Alcoholics)	
	Children and Adolescents living with HIV	
	Fisher folks and their communities	

5.8 The Scope

NAFOPHANU will focus on prevention and provision of care and support services for the PLHIV. These services will be provided within the limits of NAFOPHANU's delivery capacity and supported by a comprehensive referral mechanism and capacity building for its staff, members and partners. NAFOPHANU's core function will include prevention with those who already enrolled into care & treatment, treatment literacy and adherence, HIV counselling and testing referrals, advocacy and research as well as HIV/AIDS knowledge management.

5.9 Performance management

NAFOPHANU will continue to invest in developing, supporting and sustaining its management, programming and financing capabilities for effective implementation of the scope outlined in this strategic plan and measurement plan for tracking strategic objectives versus progress.

5.10 Leadership and management

NAFOPHANU's operational management is delegated by the Board of Directors to the Executive Director whose role is to provide leadership to senior management team with the responsibility of managing the day-to-day activities of the secretariat. To implement this strategic plan, NAFOPHANU will review its human resources to reflect the new mandate. A human resource deployment plan, aligned to this strategic plan will be developed following a thorough human resource audit at the secretariat.

Management teams at senior and lower levels will be responsible for coordination, planning, programming, advocacy, financing, technical supervision, monitoring and evaluation, organisational capacity building, management of data, information and knowledge, logistics management and financing.

NAFOPHANU secretariat will review the current organisational structure and institutional policies to have a robust system which will translate the strategic intents into tangible results that are measurable and commensurate with resource investment. Key among policies for consideration will be the human resource management. This will require identification of vital positions for filling in addition to review of performance contracting arrangements for the existing staff.

5.12 Governance and organisational oversight

The supreme organ is the Annual General Meeting but the responsibility of corporate governance rests with the Board of Directors (BOD). The BOD is guided by a code of corporate governance and charter which stipulates the roles and against which functioning of the board will be monitored. The BOD has the legal, moral and fiduciary responsibility for NAFOPHANU and its major responsibilities that are key to the growth and sustainability which include: acquiring and protecting organisational assets; making certain that NAFOPHANU is working to fulfil its mission; strategic thinking and oversight.

5.13 Implementation structure and plan

The new strategic plan contains a broad implementation plan that phases the strategic actions over a 5-year period and includes embedded monitoring processes to enable easy tracking of outputs as implementation progresses.

The strategic plan also proposes a revised organisational structure that is aimed at addressing the current leadership and management challenges that NAFOPHANU is faced with, and at the same time is aligned with the revised mandate so that the organisation can make a significant contribution towards enhancing the welfare of PLHIV as well as strengthening the members' structures at all levels.

5.14 Monitoring and Evaluation

One of the greatest values of monitoring and evaluation of this strategic plan is the advantage of ensuring that the organisation is following the direction established during the strategic planning process. Pursuant to NAFOPHANU's core values of integrity and accountability for resources and results entrusted to all stakeholders, the monitoring and evaluation of this strategic plan will use approaches that increase accountability, stakeholder participation and utilisation of data for decision making. Knowledge of what works and what does not work will be the basis of developing rational allocation of resources. The first step in effecting monitoring and evaluation of this strategic plan will be the development of an M&E framework, plans and tools which will guide systematic implementation. Monitoring and evaluation will be carried out in five ways namely;

- Monitoring by NAFOPHANU BOD where the Executive Director will be expected to report on a quarterly basis to the full BOD about the status of implementation of the strategic plan, including progress towards each of the overall strategic goals.

- Monitoring by the Executive Director where on a monthly basis reports will be expected from Programme Manager, Finance and Administration Manager regarding the status towards achieving the goals and objectives assigned to them.
- Monitoring teams based at the secretariat will monitor implementation of the strategic plan in the field and district forums.
- Joint monitoring on an annual basis by NAFOPHANU secretariat, BODs and NAFOPHANU partners.
- Evaluations by external teams commissioned by NAFOPHANU and/or its partners at midterm and end of the strategic plan period.

The current ME&L system of NAFOPHANU will be modified, upgraded and re-designed to monitor and evaluate implementation of the strategic plan to achieve key outcomes and results from the respective interventions. A functional ME&L system will be established, and its functionality will depend on defined

- a) Institutional structures for NAFOPHANU ME&L function
- b) Human resource capacity
- c) M&E partnerships
- d) M&E framework
- e) M&E costed work plans
- f) Advocacy and communication for M&E
- g) Surveys
- h) Routine programme monitoring
- i) Knowledge management databases
- j) Supervision and data auditing
- k) HIV/sexual reproductive health rights learning and research and;
- l) Data dissemination and information sharing

ME&L partnerships will be essential for NAFOPHANU's M&E system to function and these will be linked with district planning units, district health offices, MOH-HMIS departments, UNAIDS M&E, UAC M&E department and situation room, among others. Although NAFOPHANU will not fund the establishment and maintenance of these partnerships, it will participate in MOH and UAC M&E and other relevant technical working groups.

An M&E framework will be essential to guide operationalisation of NAFOPHANU's M&E system and an M&E framework and plan will be developed with a set of outputs, outcomes and impact indicators as broadly defined in the implementation framework. Indicators will be in line with those applied by MOH, UAC and UDHS under Uganda Bureau of Statistics. Proposed key performance indicators include indicators directly related to HIV and AIDS prevention, treatment and mitigation, measures of systems strengthening, and measures of NAFOPHANU knowledge management. To the extent possible KPIs will be adopted from the NSP, United Nations General Assembly Special Session on HIV/AIDS (UNGASS) indicators, which Uganda as a country is already committed to collect and report upon. Indicators for NAFOPHANU knowledge management efforts will be adopted from national and global M&E frameworks for global health.

5.15 Strategic Areas:

In order to monitor progress of the implementation and coverage of HIV/FP/SRHR services to which NAFOPHANU interventions and projects will have contributed, data collection for routine program monitoring, focussing on all target populations to whom services will be provided. Routine programme monitoring data about bio-medical and non bio-medical services from implementing partners and health facilities will report increase in service delivery. However HIV services delivered in the community based on

specific target populations will be collected by district forums and NAFOPHANU implementing partners responsible for such projects. Lot Quality Assurance Sampling (LQAS) and survey data will also be collected and used to track results at the strategic objective level. All routine data collected will be based on Uganda's data collection protocols. NAFOPHANU will communicate and use M&E products through the following ways; targeted and comprehensive reporting, regular program and system review processes; publications and dissemination events; and national reporting to UAC, MOH, Donors and other NAFOPHANU partners and stakeholders. Feedback systems and approaches required in M&E systems will be applied to translate findings into improvement actions.

NAFOPHANU's M&E system will only be operationalised with funding and therefore a costed M&E work plan will be developed and updated on an annual basis and NAFOPHANU will dedicate at least 10% of its annual budget to M&E.

5.16 Projected implementation budget

In order to implement this strategic plan, resources are required to finance strategic actions and their attendant tasks. The projected implementation budget provides a forecast of costs required to implement the strategic plan. Specific financial commitments for individual activities shall be reviewed and determined on an annual basis based on available resources, and subject to Board of Directors review and approval. The projected budget areas include: programme costs, staffing costs and procurement for goods and services. In the computation of costs, salaries for staff and all other costs are expected to rise by 10% each year to cater for costs of living and inflation. Overall, the projected implementation budget amounts to Ush 13 billion over the 5-year period, which is expected to be raised mainly through resource mobilisation efforts locally and internationally.

5.17 NAFOPHANU Sustainability plan

The goal of NAFOPHANU's sustainability strategy is for it to mature as a local organisation with technical expertise, managerial and financial capacity for continuity with minimal dependence on external support. The objectives will be to: develop organisational stability, operationalise and strengthen a counselling and consultancy arm; and achieve greater control over resources.

5.18 Institutional sustainability

NAFOPHANU will focus on keeping within a well-articulated clear mission, developing strong innovative leadership, recruiting qualified staff and rewarding excellent performance, strengthening management systems at all levels, while remaining responsive to the changing PLHIV needs and environment.

5.19 Programme sustainability

This will remain relevant to its clients by continuously understanding PLHIV needs and how to meet them, providing high quality services, implement knowledge management activities to support application of evidence-based management and offering HIV/FP/SRHR services and programmes effectively to the PLHIV.

5.20 Financial stability

This will entail diversification of funding sources, instituting cost containment measures as well as strengthening allocative efficiency while increasing local contribution to NAFOPHANU investment/ programs. In addition, NAFOPHANU will also invest in donor confidence; follow the finance management and accountability principles and policies.

Documents Reviewed included:

1. The Social Development Goals (SDGs)
2. The Uganda Vision 2040
3. The National Health Policy
4. The National HIV Prevention Strategy
5. The National HIV and AIDS Strategic Plan 2015/2016-2019/2020
6. Uganda AIDS Commission, National HIV and AIDS Priority Plan
7. Uganda (2018) Gender Assessment of Uganda's HIV and AIDS Response 2018
8. UAC (2018b): Presidential Fast-Track Initiative on Ending HIV & AIDS in Uganda. June 2017, Uganda AIDS Commission, Kampala
9. UAC (2018b): Progress on the Presidential Fast-Track Initiative on Ending AIDS as a Public Threat in Uganda by 2030. Uganda AIDS Commission, Kampala
10. The National Youth Policy Strategy towards 2020
11. Government of Uganda/UNFPA Eighth Country Programme 2016-2020
12. The Uganda National HIV Prevention Road Map
13. Partnering to Achieve Epidemic Control in Uganda-USAID PEPFAR
14. The Global Plan to end AIDS: 2016-2020

Appendices

6.0 IMPLEMENTATION PLAN AND STRUCTURE

6.1 Implementation Plan

The above strategic actions will be implemented over the 5 years as per table below. Monitoring processes are embedded within the implementation plan to enable easy tracking of outputs as implementation progresses.

Table 5-Year Implementation Plan

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
Strategic Objective 1: Strengthen governance, leadership & management systems of Secretariat & PLHIV networks.										
Strategic Action 1.1: Oversee implementation of the Strategic Plan										
I.1.1: Program reviews for quality assurance	Review meetings	# of meetings	Report	5	ED and PM					
I.1.2: carry out midterm evaluation	1 evaluation	# of reports	Report	1	ED					
I.1.3 Hold quarterly BOD Meetings	BOD meetings held	# of BOD meetings held	BOD reports	20	ED					
I.1.4. Carry out BOD development sessions	BOD development sessions	# of BOD development sessions	Report	2	ED					
I.1.5 Conduct AGM	AGMs conducted	# of AGMs conducted	AGM report	5	ED					
Strategic Action 1.2: Coordinate capacity building for PLHIV structures at all levels										

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
1.2.1 Roll out implementation of district Management Handbook & accompanying standards to other districts	Forum systems and structures strengthened	# of districts # of assessments	<ul style="list-style-type: none"> Capacity building Reports 	75	PONP					
1.2.2 Monitor implementation of district Management Handbook in districts	Implementation of the management Handbook	<ul style="list-style-type: none"> # of Districts # of monitoring visits 	<ul style="list-style-type: none"> Monitoring reports 	75	PONP					
1.2.3. Build capacities of national networks and district forums in governance, advocacy, resource mobilization, research & documentation to play their roles effectively at various levels.	Capacity of Networks and forums strengthened	<ul style="list-style-type: none"> # of capacity building trainings #of districts trained 	<ul style="list-style-type: none"> Training reports 	88	PM					
1.2.4. Put in place systems & structures to ensure effective and efficient programme delivery	Existing and functional systems and structures	<ul style="list-style-type: none"> # of functional networks 	<ul style="list-style-type: none"> Availability of policy documents ,SOPS and guidelines 	88	PM					
1.2.5. Solution training										

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)								
						1	2	3	4	5				
1.2.6 Establishment of post-test clubs to scale up male involvement														
Strategic Action 1.3: Expand NAFOPHANU's capacity to deliver programs for PLHIV														
1.3.2. Put in place mechanisms to strengthen referrals & linkages at all levels	Functional referrals and linkages	# of expert clients # of partners	M&E report	TBD	PM									
1.3.3. Support the district forums and national networks to establish functional offices	Functional networks established	# of district forum networks established	M&E report	75	PM									
1.3.4. Support district forums to establish and strengthen lower level networks	Sub county networks established	# sub county networks established	M&E report	75	PM & M&E									
1.3.5. Put in place strong systems for financial management, accountability and reporting at the Secretariat	Strong financial systems	# of quality financial reports submitted	Financial reports	TBD	FAM									
1.3.6. Put in place mechanisms to ensure proper functioning of NAFOPHANU BOD	Functioning BOD	# of BOD meeting conducted	BOD report	20	ED									
1.3.7. Attract, maintain and develop a committed workforce	Limited labour turn over	# of staff retained	Annual report	TBD	HR									
1.3.8. Establish an institutional home for NAFOPHANU	Land and resources for construction acquired	Home	Annual report	1	ED									
Strategic Action 1.4 Conduct and disseminate results of tailored OCA reviews for the PLHIV Networks														

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
1.4.1. Organizational capacity assessments(OCA) for Secretariat & forums	Systems and structures strengthened	# OCA assessments	OCA report	1	ED					
Strategic Objective 2: Mobilize resources for adequate & sustainable programming for PLHIV.										
Strategic Action 2.1: Review the resource mobilization strategy.										
2.1.1. Develop inventory of donors & funding timelines.	<ul style="list-style-type: none"> An inventory and data base developed 	# of donors mapped # of RFAs	Availability of a database Copies of proposals and grants submitted	1 data base 120 Proposals and grants submitted	PDO					
2.1.2. Submit concepts, EOIs & proposals in response to RFAs	<ul style="list-style-type: none"> Concepts & RFAs submitted 	#Number of concepts, EOIs and proposals submitted #Number of proposals won	<ul style="list-style-type: none"> Copies of submitted proposals Projects running 	120 concepts, EOIs and Proposals 15 Grants won	PDO					
2.1.3. Develop and implement strategies for resource mobilisation and diversification	<ul style="list-style-type: none"> Increased resource diversification Increased revenues generated A Resource mobilization and diversification strategy developed 	<ul style="list-style-type: none"> #Number of strategies developed #Percentage of funding to budgets 	<ul style="list-style-type: none"> Availability of the Resource mobilization strategy Membership contribution Resource contribution from Development Partners 	1 Copy	PDO					
Strategic Action 2.2: Strengthen capacity of PLHIV networks to mobilize resources.										

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
2.2.1. Provide TA to member networks to enhance fundraising capacities	Capacity of member networks enhanced in fundraising	<ul style="list-style-type: none"> #Number of network members trained in fundraising #Number of proposals developed #Number of grants won 	<ul style="list-style-type: none"> A report A resource mobilization strategy by the networks 	75	PM PDO					
2.2.2. Collaborate with district networks to secure funding	<ul style="list-style-type: none"> Strengthen collaboration in resource mobilization 	<ul style="list-style-type: none"> #Number of joint grants secured # Joint resource mobilization meetings 	<ul style="list-style-type: none"> Availability of copies of joint grants secured 	15	PM PDO					
2.2.3. Conduct research, needs assessment & develop skills based on identified gaps.	<ul style="list-style-type: none"> Research & needs assessment conducted 	<ul style="list-style-type: none"> #Number of needs assessments conducted 	<ul style="list-style-type: none"> Availability of research & assessment reports 	20	PM M&E					
2.2.4.. Roll out sustainable savings mechanisms for PLHIV by increasing membership of PLHIV SACCO.	<ul style="list-style-type: none"> Increased PLHIV membership in the SACCO 	<ul style="list-style-type: none"> #of SACCO members % increase of the savings 	<ul style="list-style-type: none"> Financial reports Member list 	500	ED					
Strategic Action 2.3: Build collaborations & partnerships with other stakeholders for an effective HIV/AIDS response										

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
2.3.1. Identify and exploit opportunities for partnerships and collaborations at all levels	Strategic Partners identified and engaged	<ul style="list-style-type: none"> No of structures signing MoUs with strategic partners No of structures working with strategic partners No of meetings held with Partners No of meetings held with partners No of structures sharing reports with Partners 	<ul style="list-style-type: none"> District forum reports National network reports M&E reports 	<ul style="list-style-type: none"> 75 district forums 12 National networks 	PM Partnerships & Networking Officer					
Strategic Action 2.4: Establish & operationalize a consulting arm for the Secretariat										
2.4.1. Establish a consultancy team of expert PLHIV	A consultancy unit established	<ul style="list-style-type: none"> # Number of consultancies made % of resources generated 	Availability of a consultancy unit	15	ED					
2.4.2. Soliciting for consultancy assignments & projects	Consultancy projects	<ul style="list-style-type: none"> #Number of consultancy projects & tenders % of resources generated 	<ul style="list-style-type: none"> MoUs & Contracts signed Consultancy Reports developed 	15	ED					
Strategic Objective 3: Empower PLHIV to engage in programs, activities & enterprises that harness available resources for improved well being										
Strategic Action 3.1: Design and implement interventions that prioritise the key populations, elderly, refugees and PWDs in social support and protection services.										
3.1.1. Identify & link networks to income generating opportunities.	<ul style="list-style-type: none"> Networks identified & linked to IGA opportunities 	<ul style="list-style-type: none"> # of Networks linked #IGAs identified 	<ul style="list-style-type: none"> Reports IGA projects on ground 	<ul style="list-style-type: none"> 75 	PM Partnerships & Networking Officer					
3.1.2. Livelihoods/IGAs(Embedded in 3.1.1.										

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
3.1.3. Promote good nutritional practices among PLHIV	Improved nutritional practices among PLHIV Food security among PLHIV	# of sessions on good nutritional practices conducted # of PLHIV trained in good nutritional practices #Number of grants on nutrition	<ul style="list-style-type: none"> Training reports Financial reports Lists of members trained 	<ul style="list-style-type: none"> 75 trainings 	Livelihood Officer					
3.1.4. Promote home-based care programmes for PLHIV and their families	Home based care programs developed and promoted	<ul style="list-style-type: none"> # of home based care conducted 	<ul style="list-style-type: none"> Reports 	<ul style="list-style-type: none"> 20 	PM					
3.1.5. Entrepreneurship skills building for PLHIV	PLHIV equipped with entrepreneurship skills	<ul style="list-style-type: none"> # Number of trainings #Number of PLHIV training #Entrepreneurship schemes established 	<ul style="list-style-type: none"> Reports Lists of trained members 	<ul style="list-style-type: none"> 75 	Livelihoods Officer					
Strategic Action 3.2: Build and strengthen the capacity of PLHIV to use, save and invest available resources to mitigate vulnerability and access livelihood opportunities in all sectors.										
3.2.1. Support district networks to form branches for the national PLHIV SACCO.	Branches of network PLHIV SACCOs established	<ul style="list-style-type: none"> # of network PLHIV SACCOs 	<ul style="list-style-type: none"> Functional SACCO offices 	<ul style="list-style-type: none"> 10 	ED					
3.2.2. Outreach programmes	Outreach programs conducted	<ul style="list-style-type: none"> # Number of Outreach programs conducted 	<ul style="list-style-type: none"> Outreach reports 	<ul style="list-style-type: none"> 10 	PM					
3.2.3. Social Enterprise Projects	Number of social enterprise projects	<ul style="list-style-type: none"> #Number of social enterprise projects established 	<ul style="list-style-type: none"> Reports Availability of social enterprise projects 	<ul style="list-style-type: none"> 20 	ED Livelihoods Officer					
Strategic Action 3.3: Promote interventions that enhance integration of HIV and other related health services (Hepatitis B, NCDs, TB, FP, etc) for improved quality of life for PLHIV.										

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
3.3.1. Capacity building for staff in SRHR & related issues.	<ul style="list-style-type: none"> Capacity of staff built in SRHR and related issues 	<ul style="list-style-type: none"> # of SRHR trainings conducted for staff # of staff trained 	Training manuals Training reports	<ul style="list-style-type: none"> 4 trainings 	PM					
3.3.2. Map out funding on integrated health services.	Funders mapped	<ul style="list-style-type: none"> # Number of donors 	A report Funders inventory	<ul style="list-style-type: none"> TBD 	PDO Partnerships & Networking Officer					
3.3.3. Establish counselling centre	A counselling centre established	# of counselling centres	A report	I	PDO					
3.3.4. Promote WASH services among PLHIV	WASH programs promoted among PLHIV	<ul style="list-style-type: none"> # Number of persons reached 	M&E report	<ul style="list-style-type: none"> TBD 	PM					
3.3.5. Integrated HIV/TB/Hep B/NCDS services promoted	Integrated services officers to PLHIV	# of people reached	M&E report	TBD	PM					
3.3.6. GBV services promoted among PLHIV	GBV services promoted among PLHIV	# of people reached	M&E report	TBD	PM					
3.3.7. Advocate for increased access to paediatric treatment, care and support	Advocacy issues affecting paediatric treatment and care influenced Increased referrals and access to paediatric treatment and care services	# of children referred for paediatric HIV services. #reached with Paed services	M&E report	TBD	PM					
3.3.8. Provide nutritional education to PLHIV households	Nutritional education to PLHIV households provided	# of educational sessions # of People reached	Training report	TBD	PM					
. Strategic Action 3.4: Implement interventions that support PLHIV to access WASH, GBV, SRHR, and nutrition services to improve their wellbeing.										

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)									
						1	2	3	4	5					
4.1.11 Streamline use of Expert Clients in facility & non facility based HTS															
4.1.12 Expand programming for Positive Health, Dignity & Prevention (PHDP)															
Strategic Action 4.2: Mobilise and strengthen cultural, religious institutions, community support systems and PLHIV networks to address human rights inequities and stigma.															
4.2.1. Sustain a stigma reduction programme in service provision	Stigma reduction	# of stigma reduction campaigns	Activity report	20	PM										
4.2.2. Involve FBOs and cultural institutions in HIV&AIDS advocacy and stigma reduction	Stigma reduction	# of partnerships established	Activity	TBD	PM										
Strategic Action 4.3: Design and implement interventions to eliminate discrimination of women and girls, and PWDs in the context of HIV and AIDS															
4.3.1. Revitalize NAFOPHANU website	Website revamped	# of web sites	Functional website	1	PRO / Communication										
4.3.2. Utilize all available social media platforms for communication in the HIV response.	Media platforms utilised and visibility enhanced	# of media engagements # of reports & IEC materials uploaded # of visitors on the website	Report Functional website Hit rate report	5	PRO										
4.3.3. Review of the Communication Strategy.	Communication strategy reviewed	Reviewed strategy	Report	1	PM										
1.1 Strategic Action 4 Strengthen interventions that involve men and leaders in the fight against HIV and AIDS in the national response.															
Strategic Objective 5: Improve knowledge management for evidence-based programming, advocacy, communication, learning & accountability															

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
Strategic Action 5.1: Conduct community score cards to generate evidence and new knowledge to inform service delivery, advocacy and programming.										
5.1.1. Identify knowledge gaps & research mapping	Knowledge & research gaps identified	# of researches conducted	Research report	12	M&E					
5.1.2. Developing HR (Staff career development promoted)	Staff capacity enhanced	#Number of staff trained	Training certificates awarded	20	ED					
5.1.3. Participate in local & international conferences.	Local & International conferences attended	# of local and International conferences attended	Event report Abstracts developed	6	Staff					
5.1.4. Build capacity of peer-support groups in documentation, resource mobilisation, advocacy	Capacity of peer support groups strengthened	# of peers trained	Training report List of peers trained	200	PM Advocacy Officer					
5.1.5. Conduct regular research to inform advocacy, programming and communication	Action research conducted to inform advocacy, programming & resource mobilization	# of action researches	Reports	12	M&E Advocacy					
Strategic Action 5.2: Strengthen PLHIV strategic information management systems for monitoring, reporting and decision making.										
5.2.1. Capacity building for strategic management	Improved capacity in strategic management	# of network s # of secretariat staff # of capacity building sessions	Capacity building reports	10	PM					

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
5.2.2. Enhancing information & communication infrastructure.	Required ICT infrastructure acquired	# of ICT infrastructure Proportion of staff utilizing ICT infrastructure	Training ICT reports Data base system	ICT Database	ICT staff M&E					
5.2.3. Promoting knowledge generation	Increased research & knowledge generation	# of networks conducting research # of networks with an information and management system	Research reports Functional information and management systems	20	M&E ICT support staff					
5.2.4. Acquire and implement strong ICT systems at NAFOPHANU	Required ICT hardware and software acquired	# of ICT infrastructure acquired # of staff capable of using the assigned ICT infrastructure	Reports from the database Training reports on ICT	Database system Quarterly Electronic newsletters All staff using ICT	ICT support staff M&E					
5.2.5. Build capacity of national and district networks to generate and utilise data	Improved capacity of national and district networks to collect, analyse and utilize data	# Number of national and district networks generating and utilizing data # Number of networks conducting own research	Research reports	75 district forums 12 National networks	M&E					
Strategic Action 5.3: Establish a PLHIV resource hub and counselling service centre										

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
5.3.1. Establish knowledge hubs	Functional knowledge hub established	# of reports and materials uploaded # No of visitors	Functional website Functional library Hit rate report	Fully functional Hub At least 500 visitors per year	PRO/ Communications					
5.3.4. Create an information hub which will act as a reference point for information on PLHIV related matters	Functional NAFOPHANU website	No of reports and other IEC material uploaded on the website	Functional website Hit rate report	At least 500 people reached	M&E Staff PR/Communications					
Strategic Action 5.4: Strengthen efforts against stigma and discrimination										
5.4.1. Conduct research on stigma to inform development of effective interventions against the drivers of stigma	Stigma index survey conducted	# of surveys conducted	Stigma Index survey report I	I	PM and ED					
5.4.2. Conduct community dialogues on HIV related stigma and discrimination	Community dialogues conducted	# of people reached with dialogues	Activity reports	TBD	PM					
5.4.3. Build capacity for PLHIV leaders and Expert Clients to speak against stigma and discrimination	Changed attitudes of leaders and expert clients stigma	# of trainings conducted	Quarterly reports	TBD	PM					
5.4.4. Implement Stigma Reduction Framework to reduce stigma at service delivery points.	Reduced stigma at service points	# of stigma reduction recommendations implemented	Quarterly reports							

.2 Proposed organisation structure for NAFOPHANU

The organisation structure proposed below is aimed at addressing the current leadership and management challenges that NAFOPHANU is faced with, and at the same time; it is aligned with the revised mandate so that the organisation can make a significant contribution towards enhancing the welfare of PLHIV as well as strengthening the members' structures at all levels.

The structure proposes three departments: Finance & Administration; Programme Management; and Quality Assurance, each headed by a manager. Finance and Administration will be responsible for managing the financial, administrative and human resource function of NAFOPHANU. Programme management will be responsible for programme design, resource mobilisation and implementation and will constitute sections for advocacy, networking & partnerships, livelihood as well as programme development (resource mobilisation). Quality assurance will be responsible for ensuring programme quality (in both design and implementation) and will provide management, the board and key stakeholders with information for decision making through its knowledge management functions: mapping, gathering, and filtering information; developing new knowledge; converting personal knowledge into shared knowledge resources; understanding and learning; adding value to information to create knowledge; enabling action through knowledge (performance and management); processing shared knowledge resources; delivering (transferring) explicit knowledge; and building adequate technical infrastructures. The quality assurance department will constitute M&E as well as research and knowledge management.

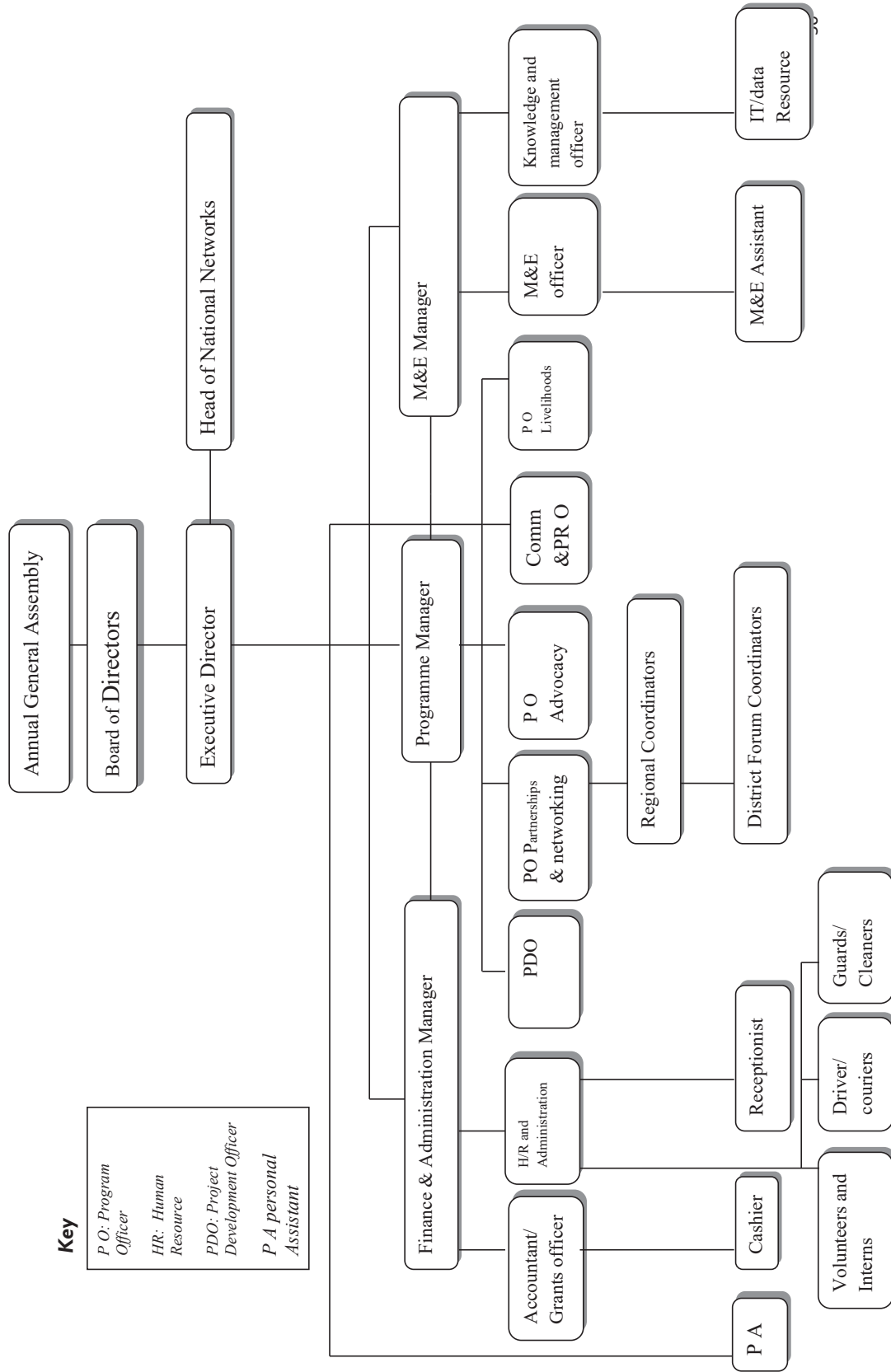
The proposed structure also seeks to strengthen the Executive Director (ED)'s office to allow it focus on strategic aspects of the organisation including public relations and partnerships. To this end, 2 new positions of Personal Assistant and Communications & Public Relations Officer are proposed under the ED's office.

This structure is aimed at improving NAFOPHANU's management efficiency and effectiveness through promotion of separation of duties, pro-activeness, focus on the core business through evidence-based programming, as well as providing for adequate support functions.

With this new structure, 11 new positions will be introduced to the existing 11 positions. This structure has implications on staffing costs. However, it is anticipated that with programme management focussing efforts on programme design and management and being supported by quality assurance and the strengthened ED's office, resource mobilisation and partnerships will be scaled up.

All the above functions are summarised in figure 4 below.

Figure 1: Proposed Organisation Structure for NAFOPHANU



7.0 MONITORING AND EVALUATION FRAMEWORK

The monitoring and evaluation framework that highlights the results to be achieved in the core business areas is contained in table 8 below.

Table 1: NAFOPHANU's Monitoring and Evaluation Framework

Not e: 1) ED can Delegate to any of the managers during her absence
2)The head of departments mutually reinforce each other

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
Strategic objective 1: To strengthen governance, leadership management systems of Secretariat & PLHIV networks	Review meetings conducted	# of review meetings	0	5	Annual	Activity reports	
	Midterm evaluation conducted	# of midterm evaluations	0	1	Mid term	Evaluation report	
	Quarterly BOD meetings conducted	# of BOD meeting conducted	0	20	Quarterly	BOD report	
	BOD development sessions conducted	# of BOD development sessions conducted	0	5	Annual	Reports	
	AGM held	# of AGMs held	0	5	Annual	AGM report	
	Forum systems and structures strengthened by assessing capacity and roll out of the management Hand book	# of assessed and implementing the management hand book	13	75	Quarterly	Capacity building report	
	Management hand book implemented	# of Districts that implemented the	13	75	Quarterly	Monitoring visit report	

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
		Mgt Handbook # of monitoring visits conducted					
	Capacity of Networks and forums in governance, advocacy, resource mobilization strengthened	# of capacity building trainings conducted #of districts trained in governance, advocacy, resource mobilization	0	88	Quarterly	Training reports	
	All PLHIV structures develop functional systems	# of functional PLHIV systems and structures	0	88	Quarterly	Availability of policy documents , SOPS and guidelines	
	Members trained in soft skills and solutions	# of people trained in solutions	0	10,000	Quarterly	Training reports	
	Post test clubs established	# of post test clubs established	0	400	Quarterly	Quarterly M&E report	
	Functional referrals and linkages	# of expert clients trained and doing referrals # of partners collaborations	0	TBD	Quarterly	M&E report	

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
Strategic Objective 2: Mobilize resources for adequate &	district forums and national networks establish functional offices	#Functional networks established	0	75	Quarterly	M&E report	
	district forums supported to establish and strengthen lower level networks	# of sub county networks established	0	TBD	Quarterly	M&E report	
	strong systems for financial management, accountability and reporting at the Secretariat put in place	# of quality financial reports submitted	0	TBD	Quarterly	Financial report	
	mechanisms in place to ensure proper functioning of NAFOPHANU BOD	# BOD meetings held	0	20	Quarterly	BOD report	
	Committed work force attracted and retained	# of staff retained	0	TBD	Annual	Annual report	
	institutional home for NAFOPHANU completed	Home constructed	0	1	Once	Annual report	
	Secretariat and networks undergo OACA	# of OACA assessments done	0	TBD	Quarterly	OACA report	
	inventory of donors & funding timelines develop	# of donors mapped # of RFAs responded to	0	1 data base 120 Proposals and grants submitted	Quarterly	Availability of a database Copies of proposals and	

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
sustainable programming for PLHIV.	concepts, EOIs & proposals in response to RFAs Submitted	#Number of concepts, EOIs and proposals submitted #Number of proposals won	0	120 concepts,EOIs and Proposals 15 Grants won	Quarterly	grants submitted # of Copies of submitted proposals # of Projects running	
	Resource mobilisation strategies developed and implemented for resource mobilisation and diversification	#Number of strategies developed #Percentage of funding to budgets	0	1	Quarterly	<ul style="list-style-type: none"> • Availability of the Resource mobilization strategy • Membership contribution • Resource contribution from Development Partners 	
	TA Provided to member networks to enhance fundraising capacities	# of network members trained in fundraising # of proposals developed # of grants won	0	75	Quarterly	<ul style="list-style-type: none"> • A report • A resource mobilization strategy by the networks 	
district networks to secure own funding	#Number of joint grants secured # joint resource mobilization meetings	0	15	Quarterly	<ul style="list-style-type: none"> • Availability of copies of joint grants secured 		

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
	Research and needs assessments to identify gaps conducted	# of needs and assessments and research conducted	0	20	Quarterly	Availability of research assessment reports	
	Sustainable savings mechanisms for PLHIV rolled out with increased membership of PLHIV SACCO.	#of SACCO members subscribed % increase of the savings among PLHIV	0	500	Quarterly	<ul style="list-style-type: none"> Financial reports Member list 	
	Strategic Partners identified and engaged	No of structures signing MoUs with strategic partners No of structures working with strategic partners No of meetings held with Partners No of meetings held with partners No of structures sharing reports with Partners	0	75	Quarterly	District forum reports National network reports M&E reports	
	A consultancy unit established	# Number of consultancies	0	15	Quarterly	Availability of a consultancy unit	

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
Strategic Objective 3: Empower PLHIV to engage in programs, activities & enterprises that harness available resources for improved well being	made	% of resources generated					
	Consultancy assignments & projects solicited	#Number of consultancy projects & tenders	0	15	Quarterly	MoUs & Contracts signed	
	Networks identified & linked to IGA opportunities	% Amount of resources generated				Consultancy Reports developed	
	PLHIV involved in Livelihood and IGAs	# of Networks linked #IGAs identified	0	75	Quarterly	• Reports IGA projects on ground	
	Improved nutritional practices and food security among PLHIV	# of sessions on good nutritional practices conducted # of PLHIV trained in good nutritional practices #Number of grants on nutrition # of home based care conducted	0	10,000	Quarterly	M&E reports	
Home based care programs developed		0	TBD	Quarterly	• Training reports • Financial reports Lists of members trained	Activity reports	

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
	and promoted						
	PLHIV equipped with entrepreneurship skills	<ul style="list-style-type: none"> # Number of trainings #Number of PLHIV training #Entrepreneurship schemes established	0	75	Quarterly	<ul style="list-style-type: none"> Reports Lists of trained members 	
	Branches of PLHIV network SACCOs established	# of active PLHIV SACCO branches	0	10	Quarterly	Functional SACCO offices and report	
	PLHIV sensitised on saving using outreach programs	# Number of outreach programs conducted # of persons joining the SACCO	0	10	Quarterly	Outreach reports	
	Establish social enterprise projects	# of social enterprise projects implemented	0	20	Quarterly	Progress report	
	Increased demand for paediatric , care and treatment	# of person who accessed paediatric , care and treatment services	0	TBD	Quarterly	M&E report	

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
Strategic Objective 4: Enhance advocacy & communication for PLHIV in the national response.	Nutritional education provided to PLHIV households	# of educational sessions reached # of People reached	0	TBD	Quarterly	Training reports	
	Treatment programs accelerated	# of people reached with treatment literacy	0	TBD	Quarterly	M&E reports Treatment literacy manuals	
	PFTI accountability forums attended and Advocacy agenda advanced	# of accountability forums attended. # Advocacy agendas advanced	0	TBD	Quarterly	Activity report	
	DSD model implementation monitored	# Number of districts monitored	0	TBD	Quarterly	M&E report	
	RVLT engagements & dialogues to scale up demand among PLHIV	# of persons engaged # Dialogues conducted	0	TBD	Quarterly	M&E report	
	Stock out campaigns	# of stock out campaigns conducted	0	TBD	Quarterly	M&E report	
	Progress of 95-95-95 monitored	# of districts monitored	0	75	Quarterly	M&E report	
	Participation in HIV advocacy days.	# of advocacy days attended # of persons that participate in the	0	4	Quarterly	Activity report	

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
Strategic Action 4 Strengthen interventions that involve men and leaders in the fight against HIV and AIDS in the national response.	Advocacy strategy reviewed	advocacy days					
	Media platforms utilised and visibility enhanced	# of strategies reviewed	0	1	Once	Revised advocacy strategy	
	Develop BCC /IEC messages	# of media engagements # of reports & IEC materials uploaded # of visitors on the website	0	TBD	Quarterly	Report Functional website	
	Communication strategy reviewed	# of IEC material developed and disseminated	0	TBD	Quarterly	Hit rate report M&E report	
	Expert clients at facilities role in HTS stream lined	Reviewed strategy	1	1	Once	Reviewed communications strategy	
	PHDP program expanded	# of Expert clients involved in HTS	0	TBD	Quarterly	M&E report	
	Sustained a stigma reduction programme in service provision	# of districts have rolled out PHDP program	0	TBD	Quarterly	M&E report	
	FBOs and cultural institutions Involved in HIV&AIDS advocacy and stigma reduction	# of stigma reduction campaigns # of partnerships established	0	TBD	Quarterly	M&E report	
				TBD	Quarterly	MOUs	

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
	NAFOPHANU website Revitalised and up-to-date	Operational website	0	1	Once	Functional website	
	Enhance NAFOPHANU visibility using all media platforms	# Of media engagements. # of reports and IEC materials posted # of website visits	0	TBD	Monthly	Quarterly reports and website traffic	
	Revised communication strategy	Communication strategy in place	1	1	Annually	Annual report	
	Knowledge & research gaps identified	# of researches conducted	0	12	Quarterly	Research report	
	Staff capacity enhanced	#Number of staff trained	0	20	Quarterly	Training certificates awarded	
	Local & International conferences attended	# of local and International conferences attended	0	6	Quarterly	Event report Abstracts developed	
	capacity of peer-support groups in documentation, resource mobilisation, advocacy built	# of peers trained	0	200	Quarterly	Training report List of peers trained	
	Action research conducted to inform advocacy, programming & resource	# of action researches conducted	0	12	Quarterly	Reports	

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
Strategic Action 5.2: Strengthen PLHIV strategic information management systems for monitoring, reporting and decision making	mobilization						
	Improved capacity in strategic management	# of networks # of secretariat staff # of capacity building sessions	0	10	Quarterly	Capacity building reports	
	Enhanced information & communication infrastructure	ICT infrastructure in place. Proportion of staff utilizing ICT infrastructure	0	20	Quarterly	ICT Database ICT staff M&E	
	Increased research & knowledge generation	# of networks conducting research # of networks with an information and management system	0	TBD	Quarterly	Research reports Functional information and management systems	
	Required ICT hardware and software acquired	# of ICT infrastructure acquired # of staff capable of using the assigned ICT infrastructure	0	TBD	Quarterly	Reports from the database Training reports on ICT	

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
	Improved capacity of national and district networks to collect, analyse and utilize data	# Number of national and district networks generating and utilizing data	0	75 district forums 12 National networks	Quarterly	Research report	
	Functional knowledge hub established	# Number of networks conducting own research # of reports and materials uploaded # No of visitors	0	Fully functional Hub At least 500 visitors per year	Quarterly	Quarterly report	
	Research on stigma to inform development of effective interventions against drivers of stigma	# of stigma reduction interventions conducted	0	TBD	Quarterly	Quarterly reports	
	Advocate against stigma tendencies in communities	# of community dialogues conducted	0	TBD	Quarterly	Quarterly report	
	Changed attitudes of PLHIV leaders towards stigma	# of trainings on stigma for PLHIV Leaders.	0	TBD	Quarterly	Quarterly report	
	Stigma reduction framework for service delivery points developed	# of recommendation implemented	0	TBD	Quarterly	Quarterly report	

8.0 PROJECTED BUDGET FOR IMPLEMENTATION

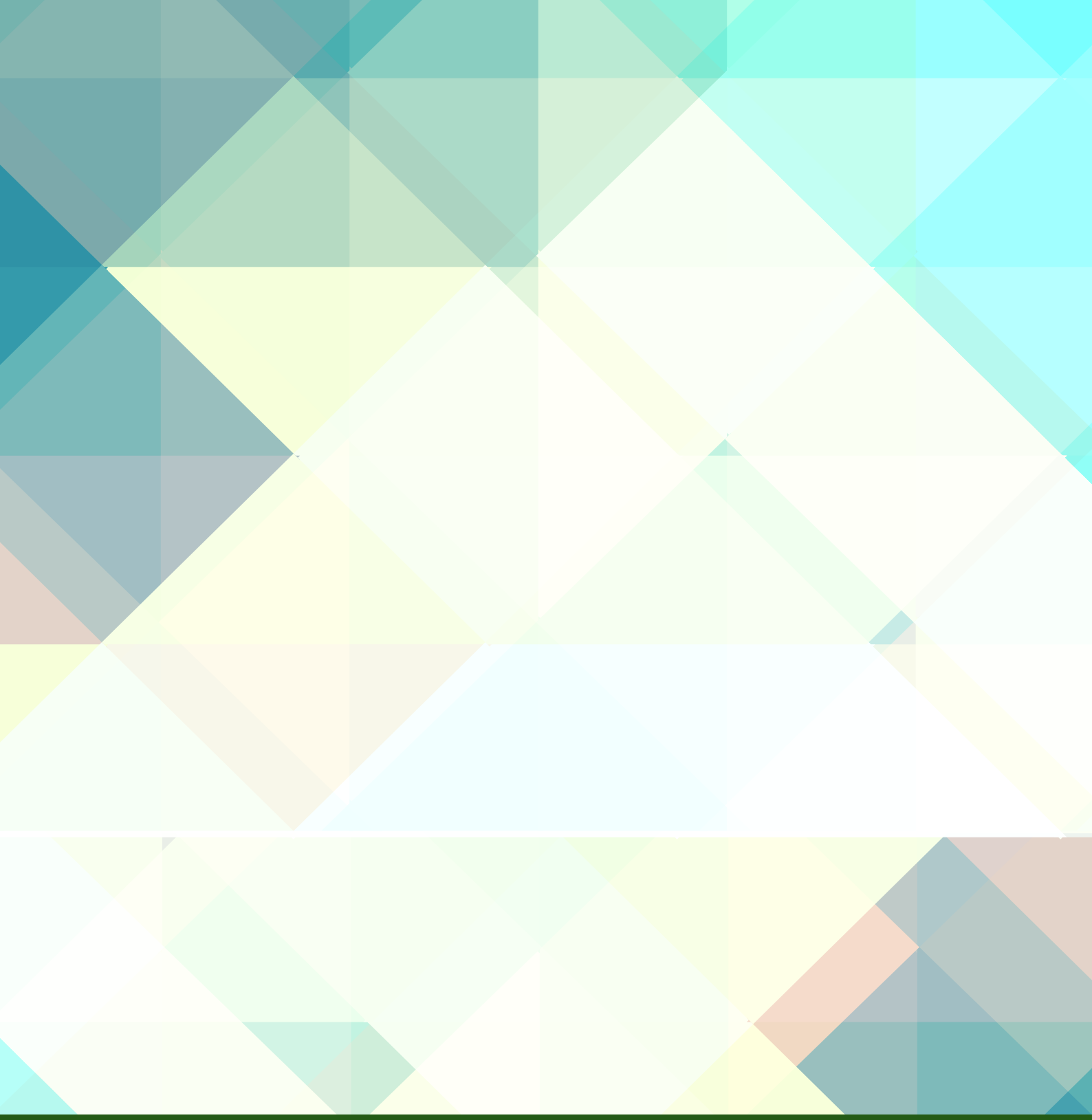
In order to implement this strategic plan, resources are required to finance strategic actions and their attendant tasks. The projected implementation budget provides a forecast of costs required to implement the strategic plan. Specific financial commitments for individual activities shall be reviewed and determined on an annual basis based on available resources, and subject to Board of Directors review and approval. The projected budget areas include: programme costs, staffing costs and procurements for goods and services. In the computation of costs, salaries for staff and all other costs are expected to rise by 10% each year to cater for costs of living and inflation.

Table 9 below summaries these costs per strategic objective.

Table 2: Summary of the Projected Budget for Implementation

Strategic objectives	Projected Budget over the Implementation Period (Years)				
	Year 1 (U s h '000')	Year 2 (U s h '000')	Year 3 (U s h '000')	Year 4 (U s h '000')	Year 5 (U s h '000')
Pillar 1: PLHIV welfare					
1.1 Improve access and utilization of comprehensive services by PLHIV for improved quality of life	1,268,730	1,270,995	1,446,540	1,502,085	1,617,630
1.2 Enhance sustainable livelihood for PLHIV households	127,900	34,980	38,160	41,340	44,520
Pillar 2: Members' networks strength					
2.1 Strengthen the capacity of PLHIV structures at all levels for improved coordination	408,000	132,000	144,000	156,000	168,000

Strategic objectives	Projected Budget over the Implementation Period (Years)				
	Year 1 (U s h '000')	Year 2 (U s h '000')	Year 3 (U s h '000')	Year 4 (U s h '000')	Year 5 (U s h '000')
Pillar 1: PLHIV welfare					
2.2 Strengthen linkages and partnerships between PLHIV and partners at all levels	4,000	4,400	4,980	5,200	5,600
Pillar 3: Organisational capacity					
3.1 Improve resource acquisition and management	31,100	21,010	22,920	24,830	26,740
3.2 Strengthen governance of NAFOPHANU	32,860	36,146	39,432	42,718	46,004
3.3 Improve effectiveness and efficiency of management	700,900	762,740	832,080	901,420	970,760
3.4 Strengthen knowledge management at NAFOPHANU	22,900	18,590	20,280	21,970	23,660
Total projected implementation costs	2,596,390	2,280,861	2,548,392	2,695,563	2,902,914
Other recurrent costs					



Published by
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