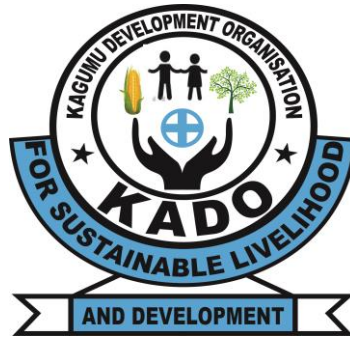


**KAGUMU DEVELOPMENT ORGANIZATION**

**(KADO)**



**STRATEGIC PLAN 2016 TO 2022**

**Contact Details**

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**Main Office Location: Kibuku District- Bulangira Road**



Board members



Home to home cancelling



Training of condom distributors

## **VISION:**

**A** self-reliant and sustainable community able to provide support to improve on quality of life.

## **MISSION:**

To improve the lives of communities by empowering them to participate in social and economic development initiatives.

## **OBJECTIVES:**

1. To promote and strengthen social economic empowerment of communities
2. To strengthen health care and community health systems
3. To promote, preserve, and sustain human dignity, equity and justice

## **OUR VALUES**

- Quality services
- Team work
- Integrity Transparency
- Accountability and
- Timeliness

# Contents

List of Abbreviations .....	5
<b>FOREWARD</b> .....	6
<b>ACKNOWLEDGEMENTS</b> .....	7
<b>INTRODUCTION</b> .....	8
<b>SITUATION ANALYSIS</b> .....	8
<b>GLOBAL CONTEXT</b> .....	8
<b>NATIONAL CONTEXT</b> .....	9
Child Protection .....	9
<b>Orphans and Vulnerable Children (OVC</b> .....	10
<b>Health and Well-Being;</b> .....	11
<b>HIV/AIDS</b> .....	11
<b>Malaria</b> .....	12
<b>HIV and Youth out of school</b> .....	12
<b>HIV and youth in schools</b> .....	12
<b>Non-communicable diseases</b> .....	13
<b>Family planning</b> .....	13
<b>Water and Sanitation;</b> .....	13
<b>ORGANIZATIONAL CONTEXT</b> .....	13
<b>Mission statement:</b> .....	14
<b>KADO Core Values</b> .....	14
<b>KADO ORGANIZATION CHART</b> .....	15
<b>WHY THE STRATEGIC PLAN</b> .....	16
<b>GUIDING PRINCIPLES</b> .....	16
<b>Participatory;</b> .....	16
<b>Empowerment;</b> .....	16
<b>Partnership and Networking;</b> .....	16
<b>Value for Money,</b> .....	17
<b>Building on the positive social cultural norms:</b> .....	17
<b>Confidentiality and privacy:</b> .....	17
<b>Promoting gender equity:</b> .....	17
<b>STRENGTHEN, WEAKNESSES, OPPORTUNITIES AND THREATS</b> .....	17
<b>Weaknesses</b> .....	18

<b>STRATEGIC DIRECTION</b> .....	19
<b>GOAL:</b> .....	19
<b>STRATEGIC OBJECTIVES</b> .....	19
<b>STRATEGIC AREAS OF FOCUS</b> .....	19
<b>KEY RESULTS/OUTCOMES</b> .....	20
<b>FRAME WORK OF STRATEGIC INTERVENTIONS</b> .....	20
<b>FRAMEWORK OF STRATEGIC INTERVENTIONS AND RESULTS</b> .....	22
<b>BUDGET ESTIMATES</b> .....	26
<b>IMPLEMETATION ARRANGEMENT</b> .....	27
<b>Implementation Considerations</b> .....	27
<b>Plans for Reviewing and Refining the Plan</b> .....	27
<b>Financing of the Plan</b> .....	27
<b>Streamline Procurement Processes</b> .....	28
<b>Monitoring and Evaluation System (M&amp;E)</b> .....	28
<b>Monitoring and Evaluation</b> .....	29
<b>Regular review meetings</b> .....	29
<b>Sustainability of KADO</b> .....	29
<b>Plans for Reviewing and Refining the Plan</b> .....	30
<b>Evaluation</b> .....	30
<b>FIVE YEAR INDICATIVE WORKPLAN</b> .....	31



## List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CSO	Civil Society Organization
IRS	Insecticide Residual Spraying
HIV	Human Immune-deficiency Virus
HH	Households
KADO	Kagumu Development Organization
SP	Strategic Plan
LLIN	Long Lasting Insecticide Treated Nets
NDP II	National Development Plan II
OVC	Orphan and Vulnerable Children
PEAP	Poverty Eradication Action Plan
PLHIV	Persons Living with HIV
SDGs	Sustainable Development Goals
UAIS	Uganda AIDS Indicator Survey
UDHS	Uganda Demographic and Health Survey
UNAIDS	Joint United Nations Program for HIV and AIDS
MOH	Ministry of health

## **FOREWARD**

This document is 'S Vision of operations to improve the livelihood, house hold incomes and the quality of life of communities in Uganda particular in eastern and northern regions of Uganda for the financial year 2016/1017 to 2021/2022. It is the participatory product of members and personnel in relation to its mission, Vision and objectives after thorough review of the previous plan, citing achievements and challenges.

KADO is hereby seek support from various partners to enable individual members and member groups to effectively and efficiently implement this plan. In this document we present a detailed background of KADO, strength, opportunities, weakness and opportunities, target beneficiaries, guiding principles, operational arrangement, financial plan budget and work plan ,

In this strategic plan we have put emphases on enhancing health services, food security, increasing household incomes environmental conservation and preservation, providing support to marginalized community members, strengthening the institutional capacity of the major actors to play a central role in the programmes and addressing raising awareness on some cross cutting issues.

This plan will also provide a clear frame work that will guide all stakeholders to the development programmes in the period. The interventions suggested in this document have been well thought out and carefully articulated to ensure that integrated and holistic approaches as out lined in the Second National Development Plan II 2015/16-2019/20

Further thank the staff and the members who generated the ideas to simulate this strategic plan



Nsenye Daniel  
Chairman Board of Directors

## ACKNOWLEDGEMENTS

The Board of Directors and staff of Kagumu Development Organization acknowledge appreciate the government of Uganda for the enabling environment that facilitated completion of 2010/2011 to 2015/2016 strategic plan, District local government of pallisa, Kibuku, Budaka, Butaleja, Namutumba, Kaliro, Iganga, Luuka, Mayuge, Kamuli and Buyende in eastern Uganda; sorority, Serere, Kaberamaido, Dokolo, AMolatar, Apac and Lira in Northern Uganda for the enabling policies that enabled the operations of our programmes in their areas of jurisdictions.

highly appreciate all the development partners( ministry of health, the aids support organization (TASO), STAR- E, Marriestop and Globalgiving who financially and materially funded the implementation of 2010/11- 2015/16 strategic plan which enables us realize success. We also appreciate other development partners Like Pallisa Civil Society Organizations Network for provision of information necessary for the development of this planned.

It is therefore, S' appeal to development partners to come to the rescue by providing support both financially and materially to facilitate the implementation of this strategic plan intervention as this contribution to the realization to some of the objectives the Second National Development Plan II 2015/16-2019/20and vision 20140.



Namwoyo Samson

**Executive Director**

## **INTRODUCTION**

Uganda's Vision (Vision 2040) is to have transformed Uganda from a peasant-based economy to a modern and prosperous society. This transformation will be characterized by independence and sovereignty, democracy, effective laws, informed and skilled labor, the ability to exploit and use its resources gainfully and sustainably, and strong positioning in federated East Africa.

The current five-year NDP II is a replacement of the Poverty Eradication Action Plan (PEAP) and serves as Uganda's national development framework and medium-term planning tool to achieve Vision 2035 and the SDGs. The NDP II highlights the critical issues that have to be addressed, with HIV/AIDS and OVC representing only a fraction.

The formulation of this KSP 2016-2022 follows the expiry of the Strategic Plan 2011-2016. The plan was developed through a highly participatory process involving all stakeholders. The plan is informed by the NDP II, SDG and other relevant national reports. It highlights key interventions to improve economic security, food security and nutrition, OVC protection, HIV prevention and environmental protection.

## **SITUATION ANALYSIS**

### **GLOBAL CONTEXT**

Globally there are 836 million persons living in extreme poverty and it is also estimated that in developing regions especially sub-Saharan Africa and South Asia, about one in five persons live on less than \$1.25 per day.

Poverty is more than the lack of income and resources to ensure a sustainable livelihood. Its manifestations include hunger and malnutrition, limited access to education and other basic services, social discrimination and exclusion as well as the lack of participation in decision-making. Economic growth must be inclusive to provide sustainable jobs and promote equality.

Soils, freshwater, oceans, forests and biodiversity are being rapidly degraded. Climate change is putting even more pressure on the resources people depend on, increasing risks associated with disasters such as droughts and floods. Majority of women and men in rural communities cannot make ends meet on their land, forcing them to migrate to cities in search of opportunities.



It is estimated that 795 million persons globally are undernourished and the majority of the world's hungry people live in developing countries. Over 45% of deaths in children under five are caused by poor nutrition while 25% of the world's children suffer stunted growth. In Africa alone 23 million primary school age children attend classes hungry.

Agriculture is the single largest employer in the world, providing livelihoods for 40% of today's global population. It is the largest source of income and jobs for households in communities. Investing in smallholder women and men is a strategic way to increase food security and nutrition for the poorest, as well as food production for local and global markets.

UNAIDS reports indicate that globally 35 million persons live with HIV and only 13.6 million PLHIV access ART. New HIV infections in 2013 were estimated at 2.1 million and 240,000 children were newly infected with HIV with a decline by 58% since 2001. Adolescent Girls and Young Women face gender based inequalities, exclusion, discrimination and violence, which put them at increased risk of acquiring HIV.

Over 6.2 million malaria deaths have been averted between 2000 and 2015, primarily of children under five years of age in sub-Saharan Africa. The global malaria incidence rate has fallen by an estimated 37% and the mortality rates by 58%. Between 2000 and 2013, tuberculosis prevention, diagnosis and treatment interventions saved an estimated 37 million lives. The tuberculosis mortality rate fell by 45% and the prevalence rate by 41% between 1990 and 2013.<sup>1</sup>

## **NATIONAL CONTEXT**

Uganda has a population of 34.6 million persons and 51.45 are female, the report indicates that 56.7% are children below 18 years of whom 14% are orphans while 18.4% are 18 to 30 years of age<sup>2</sup>.

### **Child Protection**

Uganda ranks among the top 10 countries in the world for high maternal, newborn and child mortality rates. HIV and AIDS is now the second leading cause of death among

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<sup>1</sup> SDG 2015-2030

<sup>22</sup> National Population & Housing Census Report 2014

adolescents, accounting for 300 deaths a day (UNAIDS, 2014). Malaria, diarrhea, pneumonia and infections like HIV account for 70% of under-five deaths (MoH, 2013b). Some of the biggest gaps in health service provision include insufficient and unmotivated health workers, inadequate health financing, frequent stock-outs of drugs, and weak institutional and community systems to address implementation bottlenecks.

Households bear most of the costs for health care, with household expenditure constituting 43%, donors 34% and government 23% (MOH, 2013a). Uganda loses \$899 million worth of productivity per year due to high levels of stunting, iodine-deficiency disorders, iron deficiency, and low birth weight. The percentage of children deprived of access to safe water decreased from 39% to 30% between 2010 and 2013 (MOGLSD et al., 2014).

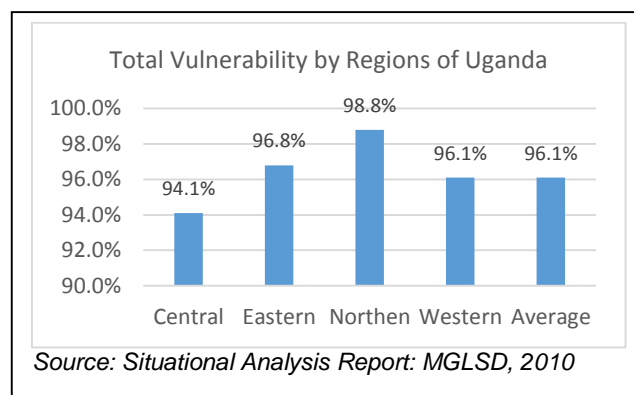
An emerging concern centers on children with disabilities, whose condition is often the result of ante- and neonatal complications related to capacity constraints in the delivery of basic health services.

### **Orphans and Vulnerable Children (OVC);**

OVCs remains a serious issue with the rate increasing from 11% in 2000 to 13.4% in 2003 and 14% in 2010. Variations in vulnerability of children in all regions of Uganda tend to be associated with wealth distribution. There is more vulnerability in poorer regions of the north and Eastern compared to the relatively stable parts of the country such as the central region. The Constitution of Uganda defines a child as a person below 18yrs. There are over 13 million children in Uganda forming 56% of the total population, implying that for every ten people almost six are children (Housing and population census 2002). Of the total number of children in Uganda, two million are orphans (NSPPI) these children mostly live with one of the parents or their extended family or as child headed households. According to the National Orphans and other Vulnerable Children policy, at least one out of four orphans provides support for other orphans in form of shelter, clothing, medical care, education and food and other basic needs. The NOP also defines a vulnerable child as one whose circumstances make him or her in danger of suffering physical, moral, psychological harm.

According to the NSPPI, 38 % (9,272,000) of the people in Uganda were quoted to be living below the poverty line and 62% (5,748,640) of them are children. HIV/AIDS is still a big threat to the population and OVC are at a higher risk of being infected and affected. The NSPPI reports that approximately 10,000 are on Anti-Retroviral Therapy (ART) and children still have higher HIV/AIDS prevalence and if not checked will consistently cause more suffering to OVC.

Major causes of child vulnerability include poverty, armed conflict, HIV and AIDS, disability and other diseases. The difficult socio-economic circumstances that vulnerable children encounter are always compounded with other family related factors such as domestic violence, low incomes, household food insecurity, and poor child care practices. Inadequate capacity of families, communities and limited funding to key child protection programs also contributes to the vulnerability of children.



### Health and Well-Being;

Despite the improvements in the health of Uganda’s population over the years, the country is still far from the ultimate goal of health for all. The major challenge has been the high fertility in the country which has resulted into many poor health indicators such as maternal mortality ratio, infant and child mortality rates, under-nutrition among children below 5 years and women of reproductive age has remained high. Trends in health sector performance indicators reveal an improvement over the years. Uganda’s under-5 mortality rate has reduced over the years from 152 to 137 in 2006 and to 90/1000 live births<sup>3</sup>.

### HIV/AIDS

The National HIV AND AIDS Strategic Plan, 2015/2016 - 2019/2020, reveals that in 2011, Uganda witnessed a resurgence of the HIV epidemic to a prevalence of 7.3% among the adult population. Implying a total sum of 1.6 million people who are living with HIV; 176,948 of these are children (MOH 2014). HIV is predominantly higher in women (8.3%) than men (6.1%).

The National HIV and AIDS Strategic Plan, 2015/2016 - 2019/2020, further reveals that, HIV prevalence among key populations (KPs) is comparatively higher than the general population.

<sup>3</sup>UDHS, 2011.

Whereas the National HIV and AIDS Strategic Plan, 2015/2016 - 2019/2020, reveals that the trajectory of new infections stood at an estimated 162,294 in 2011 and 154,589 in 2012, to 137,000 in 2013, pockets of high HIV incidence still exist among key populations.

One study, carried out between 2009 and 2013, indicates that HIV prevalence among sex workers is more than 34.2%. This figure is a harsh reminder of the HIV epidemic among sex workers – it is more than the highest national average among the general population in sub-Saharan Africa (Swaziland - 27.4%).

The HIV/AIDS epidemic has had great impact on the population and the disease burden remains unacceptably high. The HIV prevalence among persons aged 15 to 49 years stands at 7.3%<sup>4</sup>, women standing at 8.3% compared to men 6.1%.

### **Malaria**

In Uganda, malaria remains the leading cause of morbidity and mortality especially among pregnant women and children. There has been slow progress towards reducing incidents of malaria cases which had a target of 15% by end of 2015, despite national efforts such as mass distribution of Long Lasting Insecticide Treated Nets (LLIN), Insecticide Residual Spraying (IRS), use of appropriate diagnostics and effective anti-malarial therapy and integrated community case management.

### **HIV and Youth out of school**

In Uganda, out-of-school teenagers consist of over 50% of all youth between the ages of 15 and 19 years. Females are by far the majority in this group. They have little access to information, are often intimidated and lack self-confidence. They rarely have opportunities to learn about health issues and even in the rare instances where sensitization sessions are held, they are not specifically invited, they are not welcome or involved in the discussion

### **HIV and youth in schools**

The Ugandan President's Initiative for AIDS Communication to Youth (PIASCY) requires schools to teach HIV/AIDS and sexuality. Since 2002, students have learned about reproductive health, life skills, and HIV transmission and prevention beginning in third grade through high school.

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<sup>4</sup>UAIS 2011

But this U.S.-funded program has lost steam. There has been little assessment and modification over the past 12 years, according to Sam Engingyu, senior health educationist for Ministry of Health.

### **Non-communicable diseases**

Non-communicable diseases such as high blood pressure, cancers, diabetes, injuries and disabilities, genetic diseases and others are on the increase. While some of these diseases are genetic in nature, majority of them are due to lifestyles. Mental illnesses are on increase mainly due to challenges of violence, alcohol and drug substance abuse.

### **Family planning**

According to the 2011 Uganda Demographic Health Survey (UDHS), the country's contraceptive uptake (any method) is estimated at 30% (UBOS and ICF International, 2011). This figure has doubled over a span of sixteen years – the contraceptive uptake in 1995 was about 15% (UBOS and Macro International, 1995). The country's contraceptive prevalence rate is lower than figures among neighboring countries namely Kenya (46%), Tanzania (34%) and Rwanda (52%) (ICF International, 2012).

### **Water and Sanitation;**

Safe water coverage in rural areas is reported to have improved from 61% to 65% and sanitation coverage has improved from 51% to 70% during the period FY2005/06 and FY 2013/14. The low sanitation coverage is attributed to poor priority setting among some rural communities and local governments, inappropriate toilet technologies and weak supply and enforcement mechanisms. There have been many efforts to educate the populace and increase the demand for improved sanitation services, but with limited progress. In addition, utilization of the sanitation services remains a major challenge. Water sources like boreholes are scarce and the most of the existing water springs are not protected leaving key population with limited access to safe water for drinking and use for domestic work.

### **ORGANIZATIONAL CONTEXT**

Kagumu Development Organization (KADO) is an indigenous Civil Society Organization founded in 1998 with its principle offices in Kibuku District and branch office in Dokolo District in northern Uganda. The organization was initiated in 1998, registered in 1999 as a community based organization (CBO), as NGO in December 2004 and company Ltd by Guarantee in 2006.

## **KADO Vision**

*“A self-reliant and sustainable community able to provide support to improve on quality of life”*

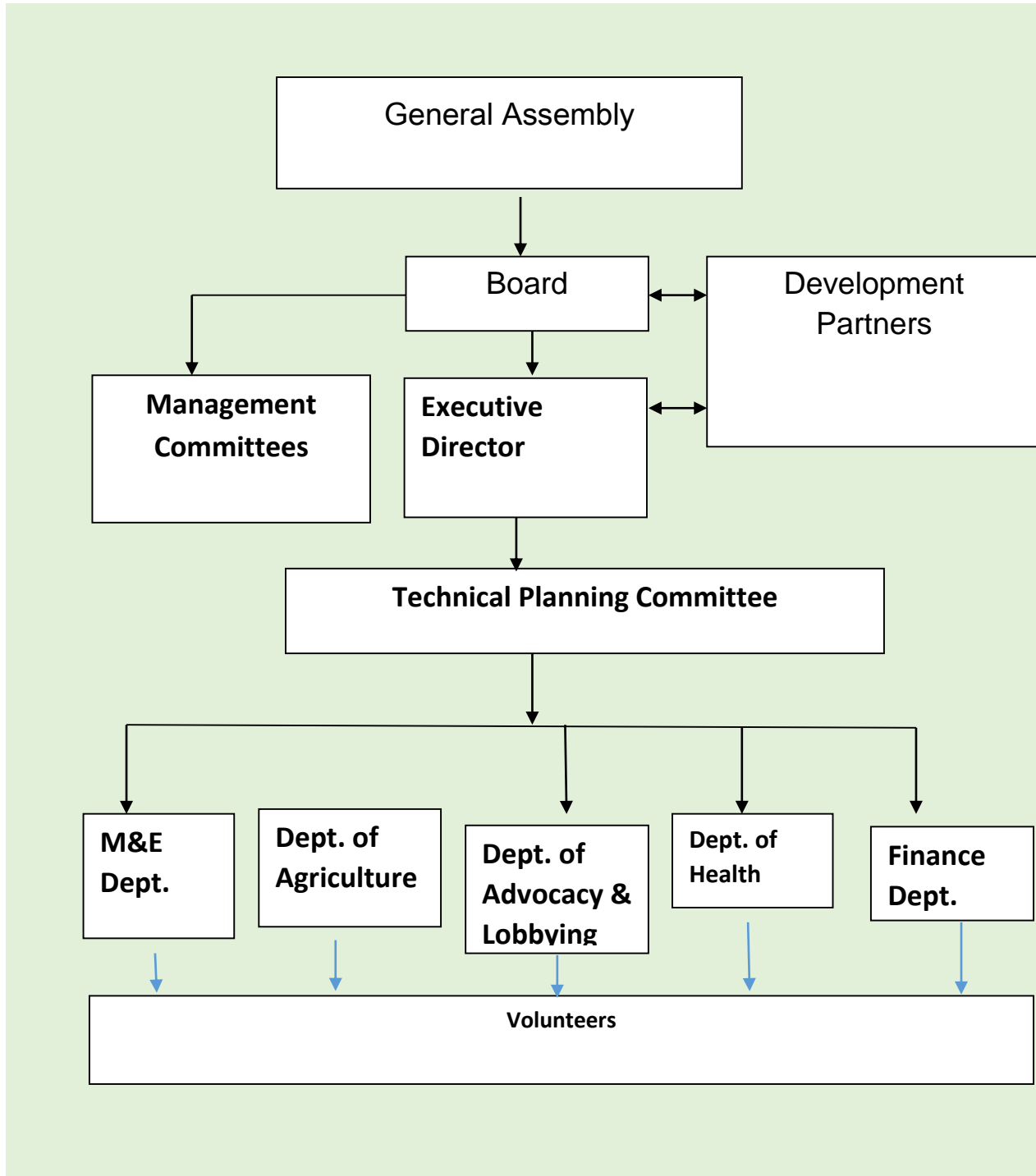
## **Mission statement:**

*To improve the lives of communities by empowering them to participate in social and economic development initiatives through sensitization, training, resource mobilization, advocacy and lobbying, service delivery and networking with development partners”.*

## **KADO Core Values**

Timeliness Quality services, Teamwork, Accountability, Integrity and Transparence

## ORGANIZATION CHART



## **WHY THE STRATEGIC PLAN**

As Kagumu Development Organization grows, it has become more important that all those involved are well versed with the KADO's vision and mission. At its most simple, the Strategic Plan explains what KADO is planning to achieve and how it plans to do it. This then sets the direction for KADO and enables all those involved with the Organization particularly those in leadership and management positions – to review periodically how well the organization is performing and to take appropriate action. If there is no plan, there is nothing in writing against which a review can be carried out, and performance and impact are left to personal opinion.

Strategic planning has helped KADO to formulate a strategy on how to best achieve its goals and how to define an operational plan to get there. It looks into the future and provides direction for the entire organization. As a management tool, strategic planning will aid KADO in its quest for excellence in attaining its goals.

## **GUIDING PRINCIPLES**

The management, operations, and administration of the organization is guided by several agreed-upon principles. These will include the following:

### **Participatory;**

This Stresses total participation of stakeholders at all levels to discuss issues, planning, implementation and provision of feedback through different stakeholders meetings. This will therefore, foster and enhance sustainability, ownership and stewardship within.

### **Empowerment;**

Empowerment of the targeted groups of beneficiaries with skills and information within communities will be hold in order to achieve social economic transformation, improved governance, food security and community responding appropriately to HIV and other communicable diseases.

### **Partnership and Networking;**

An effective and sustainable response requires a high degree of partnership between the Government departments/programs, other CSOs, of Uganda, civil society, and development partners and this will be fostered.



**Value for Money,**

Organization will promote its vision and mission by observing transparency and Accountability and this will strengthen systems and seek effectiveness, value for money, transparency, and accountability.

**Building on the positive social cultural norms:**

All programs to be implemented during this strategic plan will aim at recognizing the role of the positive and supportive socio-cultural beliefs, norms, and practices in addressing community issues. This will work to integrate context specific positive social cultural norms in all interventions.

**Confidentiality and privacy:**

In all programming issues of confidentiality and privacy shall be highlighted and/or promoted to ensure free and effective participation of the children and women in program activities.

**Promoting gender equity:**

This KSP 2016-2022 shall entail taking into account and examining the relationship between men and women, boys and girls as beneficiaries of services. These relationships shall be considered during planning, programming, monitoring and evaluation, with a special focus on OVC, women, PHAs, PWDS and communities to ensure neither gender is disproportionately marginalized nor excluded.

**STRENGTHEN, WEAKNESSES, OPPORTUNITIES AND THREATS**

Status	Way forward
<p><b><u>Strength</u></b></p> <ul style="list-style-type: none"> <li>Has a good reputation among donors, district authorities in terms of transparency and accountability of grants.</li> </ul>	<p>Build upon the successes realized so far. Make use of the skilled HR, systems, and understanding of the epidemic and the response to improve the effectiveness of the</p>

<ul style="list-style-type: none"> <li>• Has M&amp;E systems with necessary data for planning.</li> <li>• Has experienced and skilled staff. is Legally registered with NGO board and Ministry of Internal Affairs</li> <li>• has established systems of operation, coordination, and stakeholder engagement</li> </ul>	<p>programs. All the strengths indicated have been applied in setting strategic interventions to enhance performance.</p>
<p><b><u>Weaknesses</u></b></p> <ul style="list-style-type: none"> <li>• The governance and operational manuals are not fully functional</li> <li>• Limited funding for programs</li> <li>• Over dependence on donor grants</li> <li>• Inadequate transportation facilities.</li> </ul>	<p>Each of these key aspects is represented in at least one objective or intervention. The strategy has addressed major weaknesses in the operations</p>
<p><b><u>Opportunities</u></b></p> <ul style="list-style-type: none"> <li>• There are existing sources of data beyond that can inform management decisions and/or be used to verify performance.</li> <li>• The Community appreciates community programs and there is evidence that these programs are yielded desired results.</li> <li>• Expanded ICT and social media in the rural communities</li> </ul>	<p>The strategic response has exploited these opportunities. Various strategic interventions have been based on the existence of these key opportunities</p>

<p><b><u>Threats:</u></b></p> <ul style="list-style-type: none"> <li>• The number of current donors is limited. Has no long-term guarantees for funding.</li> <li>• Operations depend on available funds rather than the other way around. Soliciting of funds based on need has not yet taken root.</li> <li>• Continuity and sustainability at the organization and community level remains an issue.</li> </ul>	<p>All the listed key threats are within area of influence. Is now planning to take a proactive approach in influencing the actions of the various stakeholders to support the achievement of its goals. Each of these threats has been addressed in this strategic plan.</p>
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## **STRATEGIC DIRECTION**

### **GOAL:**

The overall goal of this strategic plan is to contribute to the national efforts of scaling up the national response to reach the critically and moderately vulnerable children and women with comprehensive, effective and quality services.

### **STRATEGIC OBJECTIVES**

**Strategic Objective 1:** To mitigate the impact of HIV/AIDS and TB among (widows, OVCs, people living with HIV/AIDS and disability) by 2021/2022.

**Strategic Objective 2:** To contribute to strengthened capacity of communities to protect and preserve the rights of children by 2021/2022.

**Strategic Objective 3:** To contribute to the strengthening of an effective community health systems in our districts of operation by 2021/2022.

**Strategic Objective 4:** To contribute to the level of access to health care services for PHLA and other most vulnerable communities by 2021/2022.

**Strategic Objective 5:** To contribute to the reduction of HIV incidences among the general community and key populations by 2021/2022.

## **STRATEGIC AREAS OF FOCUS**

- 1) Social - Economic Empowerment

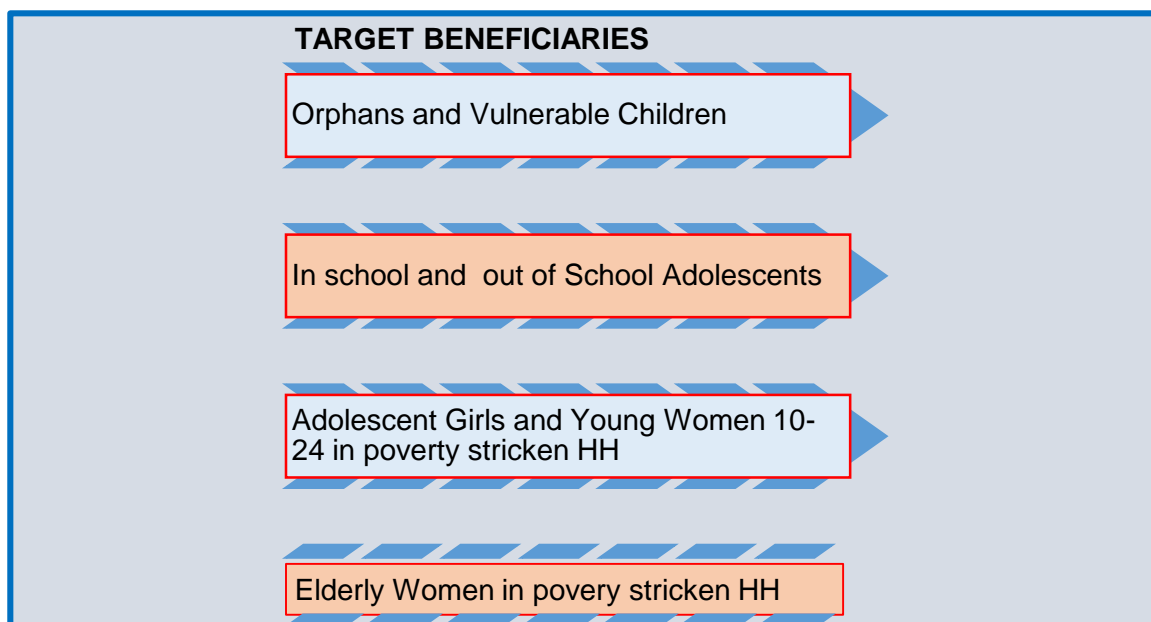
- 2) Child rights protection.
- 3) HIV Prevention and management
- 4) Health service delivery
- 5) Community health systems strengthening

## **KEY RESULTS/OUTCOMES**

- Improved Socio- Economic Security for vulnerable community members (widows, OVCs and PLHIV)
- Improved Food security among most vulnerable households
- Improved Nutrition in the most vulnerable households
- Improved health service delivery to PHAS and other vulnerable community members
- Improved child rights protection and access to justice for OVCs, their caregivers and families/households
- Improved protection of child rights
- Reduced incidences of HIV among the general and key population in the districts of operation.

## **FRAME WORK OF STRATEGIC INTERVENTIONS**

This section introduces the framework of interventions that are a priority under KSP 2016-2022. It also presents the most target f vulnerable groups that are children and women. .



The categories described above are meant to act as a guide during implementation in the selection of vulnerable target beneficiaries, households and communities in need of services. Comprehensive assessment of vulnerability shall be done in the communities and households by service providers before a beneficiary is enrolled on a program. Each program may develop specific selection criteria to identify beneficiaries of a particular intervention that is within the framework of KSP 2016-2022. However, the communities and local leaders shall be involved in determining the criteria.

## FRAMEWORK OF STRATEGIC INTERVENTIONS AND RESULTS

Outcomes	Strategic Interventions	Key Milestones/Outputs in 5Years
<b><i>Strategic Objective 1:</i></b> To mitigate the impact of HIV/AIDS and TB among (widows, OVCs, people living with HIV/AIDS and disability) by 2021/2022.		
Improved Economic Security of vulnerable community members (widows, OVCs and PLHIV)	<b>1.1.</b> Build capacity of OVC, widows and people with disability households and women in saving and small business entrepreneurship.	75 households built capacity
	<b>1.2.</b> Establish community and group saving schemes for OVC, widows and people with disability households	75 households built capacity
	<b>1.3.</b> Provide start kits to support small business activities for OVC and their caregivers to generate income	50 caregivers
Improved food security vulnerable households (widows, OVCs and PLHIV)	<b>1.4.</b> Training in less labour intensive technologies for OVC households	100 households
	<b>1.5.</b> Train vulnerable households in climate change adaptation, coping and resilient	100 households
	<b>1.6.</b> Provide high quality agricultural inputs/tools, seeds/plantings and stocking materials	100 households
	<b>1.7.</b> Link OVC HH to relevant agricultural program such as NAADS, and advocate for their targeting to enable them access agricultural advice	75 OVC households
Improved nutrition of vulnerable community members	<b>1.8.</b> Sensitize child care takers on feeding practices for OVC with HIV/AIDS	250 child caretakers
	<b>1.9.</b> Provide and disseminate balanced diet IEC Materials to the community	5000 IEC Materials
	<b>1.10.</b> Facilitate Education/Trainings on Kitchen gardening for OVC H/holds to ensure access to locally available nutritious foods.	75 households

(widows, OVCs and PLHIV)	<b>1.11.</b> Quarterly monitoring and evaluation visits to assess impact of social –economic activities	40 monitoring visits
<b><u>Strategic Objective 2:</u> To contribute to strengthened capacity the communities to protect and preserve the rights of children by 2021/2022.</b>		
Improved child protection and access to justice for OVCs, their caregivers and families/households	<b>2.1.</b> Community mobilization and sensitization out reaches on child rights awareness	50 out reaches conducted (700 members )
	<b>2.2.</b> Mobilize and train teachers on child rights protection practices	400 teachers trained
	<b>2.3.</b> mobilize and train parents on child rights protection practices	570 parents trained
	<b>2.4.</b> Hold radio talk shows and sports and child rights protection practices	60 radio talk shows and 200 radio spots conducted
	<b>2.5.</b> Training Community Leaders on OVC and child rights protection practices	500 community leaders trained
	<b>2.6.</b> Identify and train parish based volunteers to monitor child abuses and reporting.	240 parish volunteers trained
	<b>2.7.</b> Production & dissemination of IEC Messages on OVC related issues –( In order to halt child abuse, defilement, sexual abuse)	5000 IEC materials disseminated
	<b>2.8.</b> Facilitate abused children to settle disputes and secure legal services	50 children facilitated
<b><u>Strategic Objective 3:</u> To contribute to the strengthening of an effective community health systems in our districts of operation by 2021/2022</b>		
Strengthened capacity of community health	<b>3.1.</b> Train VHTs on malaria , HIV/AIDS and TB	450 VHTs trained
	<b>3.2.</b> Provide support supervision to VHTS to ensure quality services	500 visits conducted

systems to provide health services at community level	<b>3.3.</b> Hold quarterly review meetings community health workers/VHTS to share experiences and lessons learnt.	40 review meetings conducted
<b><i>Strategic Objective 4:</i> To contribute the level of access to health care services for PHLA and other most vulnerable communities by 2021/2022</b>		
Improved health service delivery to PHAS and other vulnerable community members	<b>4.1.</b> Provide comprehensive health services of OPD Inpatient, immunization, antenatal, Deliveries, PMTCT, option +B, HCT at our health center III in Kibuku district	50,500 clients received assorted services at the health center
	<b>4.2.</b> Distribute long lasting insecticide treated nets to pregnant mothers and children less than five years.	145, 000 LLINS Distributed
	<b>4.3.</b> Train youth in school on malaria prevention and management strategies among	1800, youth trained
	<b>4.4.</b> Hold community health education out reaches on appropriate hygiene and sanitation practices (water purification, waste management etc.)	200 community out reaches conducted
	<b>4.5</b> Hold community mobilization and sensitization on HIV, malaria and TB.	200 community out reaches conducted
<b><i>Strategic Objective 5:</i> To contribute to the reduction of HIV incidences among the general community and key populations by 2021/2022</b>		
	<b>5.1.</b> Train youth out of school on HIV prevention and management strategies	67, 000 youth trained
	<b>5.2.</b> Train youth in school on HIV prevention and management strategies	25,000 youth trained
	<b>5.3.</b> Community based HCT and referral	25,000 households tested
	<b>5.4.</b> Initiating People Needing treatment into ART	100 people initiated on ART
	<b>5.5.</b> promoting consistent and correct use of condoms	15,000 condoms distributed



<b>Reduced incidences of HIV/AIDS</b>	<b>5.6.</b> Strengthening sexual behavior change communication events to address social-cultural, gender and other drivers of HIV infection.	300 sexual behavioral change events conducted
	<b>5.7.</b> Train counseling aides to provide support and home based care supporting HIV/AIDS affected Households	450 counseling aides trained
	<b>5.8.</b> Train Adolescent girls and young women provided planning knowledge and skills on family planning and HIV.	2880 adolescent girls and 3300 young mothers trained

## BUDGET ESTIMATES

The total budget estimates for activities detailed in this strategic plan amounts to Uganda Shillings (UGX) 14,947,444,110 for the four years. This is an equivalent of about US\$ 4152067.808 in accordance to prevailing open market foreign exchange rates as of UGX 3,500 per dollar. A detailed budget breakdown and projection will be done each year for the period of the plan.

Programme	Budget projections				
	Year1	Year2	Year3	Year4	Year5
Institutional development	185,000,000	165,000,000	145,000,700	145,500,750	134,560,500
Operational costs	120,000,000	120,000,000	134,004,300	136,780,350	132,675,500
Economic security	350,000,000	460,450,660	567,456,670	456,780,000	345,500,600
Food security	430,000,000	560,570,300	500,367,000	750,000,450	580,000,000
Child rights protection	123,500,000	120,000,000	120,000,000	460,450,660	134,560,500
Reduction of HIV incidences	750,000,000	456,780,000	567,456,670	500,367,000	136,780,350
Health systems strengthening	385,000,000	580,000,000	136,780,350	136,780,350	120,000,000
Health service delivery	650,760,000	750,000,450	543,000,000	456,780,000	750,000,000
Monitoring and evaluation	180,350,000	120,000,000	105,000,000	115,450,000	128,000,000
<b>Total</b>	<b>3,174,610,000</b>	<b>3,332,801,410</b>	<b>2,819,065,690</b>	<b>3,158,889,560</b>	<b>2,462,077,450</b>
<b>Grand total</b>	14,947,444,110				

## **IMPLEMENTATION ARRANGEMENT**

### **Implementation Considerations**

The successful implementation of this strategic plan will require commitment from the entire family members of KADO i.e. council members, management, program staff, Community monitors, community multipliers, civil and local government leaders, col-laborators and support from donor community. This plan is a tool that will be used to enable KADO to better serve her clientele by ensuring that all projects are conceived within specific strategic areas and implemented in a holistic manner. This strategic plan shall widely be disseminated to all relevant stakeholders at all levels.

### **Plans for Reviewing and Refining the Plan**

Continuous improvement in regard to organizational quality and performance focuses on improving client satisfaction through continuous and incremental improvements to processes. The strategic plan through the process of monitoring and evaluation will be regularly improved by changing or modifying activities and variations taking into consideration emergent strategies, and changes affecting KADO intended course.

KADO will implement this strategic plan with development partners. These include multi nationals, international NGOs and global health initiatives – e.g. TASO. These stakeholders provide funding and material support to KADO programmes. KADO will endeavor to attract and maintain the support of a number of donors to its programmes. Its sustainability strategies rely on the diversification of the funding base so that more donors are attracted

### **Financing of the Plan**

In a more practical term, a fund raising strategy will be formulated and implemented to meaningfully mobilize the required resources for the plan. This is expected to provide the organization with a more robust focus on how, where and how much resource can be attained. The organization will make deliberate move to identify, create and maintain strategic partnership with potential donors in and outside the country. As a means to finance the plan, KADO will be patterned towards the following:

- Endeavour to maintain the current donor partners to ensure continuity of the interventions pursued.

- Enhance founding members' commitment to fundraising
- Respond to call for proposals for our work
- Tapping into the current national level competitive funding opportunities by bilateral agencies and government.
- Running health center III on a cost sharing basis.
- Offering consultancy services in the areas of our expertise.
- Publication and dissemination of the strategic plan using various means i.e. web-based, hard and soft copies.
- Establishing and widening income-generating activities both at organization and community levels (youth, women and PLHA).

### **Streamline Procurement Processes**

The organization should seek to reduce the total time and cost to procure partnerships by streamlining the process, eliminating unnecessary red tape and reducing dependency on external advisors. In particular they should seek to reduce the time from notice to contract award. • Manage relationships as well as the contract – Rethinking Service Delivery contains important guidance on the building and management of relationships with suppliers, which is a vital ingredient to the successful delivery of services within the framework of a partnership. This docket will aim to continuously improve the quality of goods and services delivered by KADO

### **Monitoring and Evaluation System (M&E)**

The sector shall strengthen the knowledge and information management through developing and operationalizing an organizational wide M&E plan. The management information system will be strengthened by redesigning the thematic area databases, training of the staff and realigning the reporting and feedback mechanisms. In all cases, efforts shall be geared towards creation of user-friendly ICT systems for access by the different stakeholders within the organization. A strengthened monitoring and evaluation system shall be the basis upon which strategic plan implementation will be tracked to specifically focus on the objectives and the set targets. It shall also be a management tool for performance measurement over the next five years. Public relations and advocacy. Harmonized internal and external communication will be enhanced through the

public relation function. This will aim at ensuring correct information flow within and outside the organization.

### **Monitoring and Evaluation**

Monitoring and evaluation Systematic monitoring is important to track and analyze activity implementation and provide feedback on performance. KADO will monitor and evaluate its programs through a reliable and functional M&E system to capture achievements of its interventions. The monitoring and evaluation system shall be strengthened through development of a comprehensive management information system to bring together the various directorates. Evaluation of this strategic plan will be carried out to make a comparative assessment of the results (outcomes and impacts) of the interventions at mid and end term. Annual reviews and experience sharing shall be conducted to provide regular updates.

### **Regular review meetings**

Essentially a review is an opportunity to have a discussion with a team member about their work, their personal development and their future career. Successful reviews benefit the team member, the team, the department and the organization as a whole. Review meetings provide an opportunity for the team member to have time with the project implementers to discuss their performance and development, to discuss and agree future targets and objectives, to discuss personal and career development, to consider past performance and recognize successes and to identify where improvements/changes could be made. Therefore, Activity, quarterly, bi annual and annual review meetings shall be hold by the staff and all stake holders to ascertain the progress of all organization projects and programmes.

### **Sustainability of KADO**

This will mainly be at three levels namely: Institutional; Programmes; and Financial sustainability. Each of the levels is described in detail as follows: Institutional Sustainability during the strategic planning period. KADO will set into motion processes to establish and strengthen most of the elements required for a sustainable organization. To achieve this, KADO will

restructure the organogram, retool and reskill the human resource in line with the strategic plan mandate.

Programmes sustainability will involve venturing into new programmes to address emerging needs particularly people living with HIV&AIDS; lack of health services, social economic security, protection of child rights, OVCs, youth out of school, youth in schools, young girls and women and application of an evidence-based approach across all its programme areas.

Financial Sustainability Resources will be mobilized to implement this strategy through engaging more development partners and strengthening internal revenue generation. Cost containment strategies and risk management interventions will be developed to sustain the organization.

### **Plans for Reviewing and Refining the Plan**

Continuous improvement in regard to organizational quality and performance focuses on improving client satisfaction through continuous and incremental improvements to processes. The strategic plan through the process of monitoring and evaluation will be regularly improved by changing or modifying activities and variations taking into consideration emergent strategies, and changes affecting KADO intended course.

### **Evaluation**

Mid-term evaluation will be undertaken to assess the progress and outcomes made. The purpose here is to determine what needs to be strengthened or reinforced in order to consolidate the gains made. At the end of the strategic plan in 2020, an external evaluation will be conducted with all strategic stakeholders and implementers. This will be done through a workshop to examine the Strategic Plan, contribution to the Vision, Mission, the Goals and Objectives of the Centre and to redesign the way forward. In all, a comprehensive M&E system will be developed immediately to guide the process of tracking the Organization performance and evaluate the outcomes realized.

## FIVE YEAR INDICATIVE WORKPLAN

OBJECTIVE/ACTIVITY	YEAR 22016/17-2021/2022				
	YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE
<b><i>Strategic Objective 1: To mitigate the impact of HIV/AIDS and TB among (widows, OVCs, people living with HIV/AIDS and disability) by 2021/2022.</i></b>					
1.1. Build capacity of OVC and women led households in saving and small business entrepreneurship.	X	X	X	X	X
1.2. Establish community and group saving schemes for OVC, widows and people with disability households	X	X	X	X	X
1.3. Provide start kits to support small business activities for OVC and their caregivers to generate income	X	X	X	X	X
1.4. Training in less labour intensive technologies for OVC and widow led households	X	X	X	X	X
1.5. Train vulnerable households in climate change adaptation, coping and resilient	X	X	X	X	X
1.6. Provide high quality agricultural inputs/tools, seeds/plantings and stocking materials	X	X	X	X	X

1.7. Link OVC HH to relevant agricultural program such as NAADS, and advocate for their targeting to enable them access agricultural advice	X	X	X	X	X
1.8. Sensitize child care takers on feeding practices for OVC with HIV/AIDS	X	X	X	X	X
1.9. Provide and disseminate balanced diet IEC Materials to the community	X	X	X	X	X
1.10. Facilitate Education/Trainings on Kitchen gardening for OVC H/holds to ensure access to locally available nutritious foods.	X	X	X	X	X
1.12. Quarterly monitoring and evaluation visits to assess impact of social –economic activities	X	X	X	X	X
<b><i>Strategic Objective 2: To contribute to strengthened capacity the communities to protect and preserve the rights of children by 2021/2022.</i></b>					
2.1. Community mobilization and sensitization out reaches on child rights awareness and protection	X	X	X	X	X
2.2. Mobilize and train teachers on child rights protection practices	X	X	X	X	X
2.3. Mobilize and train parents on child rights protection practices	X	X	X	X	X



2.4. Hold radio talk shows and sports on child rights protection practices.	X	X	X	X	X
2.5. Training Community Leaders on OVC policy and child rights	X	X	X	X	X
2.6. Identify and train parish based volunteers to monitor child abuses and reporting.	X	X	X	X	X
2.7. Production & dissemination of IEC Messages on OVC related issues –( In order to halt child abuse, defilement, sexual abuse)	X	X	X	X	X
2.8. Facilitate abused children to settle disputes and secure legal services	X	X	X	X	X
<b><i>Strategic Objective 3: To contribute to the strengthening of an effective community health systems in our districts of operation by 2021/2022</i></b>					
3.1. Train VHTs on malaria , HIV/AIDS and TB	X	X	X	X	X
3.2. Provide support supervision to VHTS to ensure quality services	X	X	X	X	X
3.3. Hold quarterly review meetings community health workers/VHTS to share experiences and lessons learnt.	X	X	X	X	X
<b><i>Strategic Objective 4: To contribute the level of access to health care services for PHLA and other most vulnerable communities by 2021/2022</i></b>					

4.1. Provide comprehensive health services of OPD Inpatient, immunization, antenatal, Deliveries, PMTCT, option +B, HCT at our health center III in Kibuku district	X	X	X	X	X
4.2. Distribute long lasting insecticide treated nets to pregnant mothers and children less than five years.	X	X	X	X	X
4.3. Train youth in school on malaria prevention and management strategies among	X	X	X	X	X
4.4. Hold community health education out reaches on appropriate hygiene and sanitation practices	X	X	X	X	X
Hold community mobilization and sensitization on HIV, malaria and TB.	X	X	X	X	X
<b><u>Strategic Objective 5: To contribute to the reduction of HIV incidences among the general community and key populations by 2021/2022</u></b>					
5.1. Train youth out of school on HIV prevention and management strategies	X	X	X	X	X
5.2. Train youth in school on HIV prevention and management strategies	X	X	X	X	X
5.3. Community based HCT and referral	X	X	X	X	X
5.4. Initiating People Needing treatment into ART	X	X	X	X	X

<b>5.5.</b> Promoting consistent and correct use of condoms	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>5.6.</b> Strengthening sexual behavior change communication events to address social-cultural, gender and other drivers of HIV infection.	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>5.7.</b> Train counseling aides to provide support and home based care supporting HIV/AIDS affected Households	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>5.8.</b> Train Adolescent girls and young women provided planning knowledge and skills on family planning and HIV.	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>