



ARISE UGANDA HIV NETWORK

STRATEGIC PLAN 2019-2023



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FORWARD

Thanks goes to all Arise Uganda HIV Network stake holders to have come up with this strategic plan I would like on behalf of the General assembly to convey our appreciation to all those who put together their efforts, experience and expertise to produce this wonderful management tool.

For the Five years we have set six strategic directions on which we would like to put our focus as we steer Arise Uganda HIV network forward.

- 1. Continuous Free HIV/AIDS Counseling and testing in far, underserved and hard to reach areas**
- 2. Advocacy and capacity building for community and local leaders on HIV Prevention, early pregnancies and forced marriages**
- 3. Community, schools, churches and prisons sensitization awareness on HIV/AIDS**
- 4. Health Education and reproductive health and rights training to the community and young people**
- 5. Training of Life planning skills for the youth in and out of school and dissemination of key messages on HIV/AIDS and to the entire community**
- 6. Advocacy for the rights of people living with HIV/AIDS (e.g. orphans, sex workers and teenage mothers)**

Through these areas, we would like to develop sustainable individuals, families and communities. We would like to see that those levels of beneficiaries are empowered, involved in and impacted by what we do.

I am sure that with all our heads and hands together and with God's help we will manage to accomplish these tasks


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Chairperson

Arise Uganda HIV Network

ACKNOWLEDGEMENT

The Arise Uganda HIV network strategic plan 2019-2023 is a result of collective efforts from the whole family of Arise Uganda HIV network. It came out of consultations within different stake holders of the organization. These included the community, caregivers, staff, youth, children, teachers and local leaders who were represented at different levels.

Arise Uganda HIV network would like to appreciate especially the general assembly who gave mandate and support to management board to make this reality.

The tireless effort of the staff of Arise Uganda HIV network has to be mentioned and appreciated. The staffs were involved in consultations and documenting the whole process and finally producing this work.

Someone said that **“strategic plans are good in board rooms but failures in the field”** however Arise Uganda HIV network management would like to promise that it will do all it takes to prevent such to happen to this very important management document. We will see that the objectives and targets that were set and recorded in here are undertaking.

We trust God for the provision, guidance as we carry out the strategic directions as mentioned in this document.



Kakooza Patrick

Project Coordinator

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LIST OF ABBREVIATIONS

AUHN: Arise Uganda HIV network
HIV : Human Immunodeficiency Virus
AIDS: Acquired immunodeficiency syndrome
VSLA: Village saving loan scheme
OVC: Orphans and Other Vulnerable Children
PHA: Persons Living With HIV /AIDS
PLWHA: People living with HIV/AIDS
STDs: Sexually Transmitted Diseases
STIs: Sexually Transmitted Infections
PMTCT: Prevention of mother to child transmission (of HIV)
EMTCT: Elimination of mother to child transmission
ART: Anti-retroviral Treatment/ Therapy
IEC: Information, Education and Communication
BCC: Behavioural change communication
ARV: Antiretroviral (drug)
IGAs: Income generating Activities
M&E: Monitoring and Evaluation
MARPS: Most at risk persons

INTRODUCTION

Arise Uganda HIV network will operate on a five year strategy cycle. This strategic plan will maintain a five year not and not too long and not too short for stating strategic objectives with some level of precision. This strategy covers the period 2019-2023. This strategy has been developed as a result of a comprehensive involvement of staff and management team dialogue and guidance by the General assembly and an independent consultant.

SITUATION ANALYSIS.

The purpose of this strategic plan is to help Arise Uganda HIV network review its strength, weaknesses, opportunities and Threats to facilitate the organization to become more community based, helping the disadvantaged people and HIV/AIDS focused in its interventions.

The strategy will help Arise Uganda HIV network to ensure that its operations are based five pillars (community strengthened to respond to HIV, advocacy on child and forced marriages, gender based violence and equality, HIV Prevention and sensitization and sexual reproductive health) as agreed upon by Arise Uganda HIV network governance and management teams, Arise Uganda HIV network in partnership and partner communities. In this strategy, Arise Uganda HIV network has made choices in terms of sectors so as to achieve depth and move away from just addressing the symptoms of HIV but to deal with the root causes of HIV, Violation of sexual and reproductive health and rights of girls and women, Gender inequality and child marriages. **Therefore, the sectors have been scaled down to:**

- a. To provide comprehensive HIV services, health counseling and testing focusing on children, youths, girls, women and the entire community
- b. Advocating for the rights of people living with HIV/AIDS focusing on children, sex workers, girls and women in underserved areas
- c. Reducing new infections through community sensitization and health education on HIV/AIDS related stigma and discrimination focusing on young girls, adolescents and young women
- d. Raising awareness about the HIV epidemic focusing on schools, churches, prisons and within communities
- e. Mobilizing people living with HIV/AIDS to access anti-natal care, PMTCT/EMTCT, HIV & AIDS care and treatment focusing on pregnant mothers

f. Disseminating information on key prevention messages about HIV and TB treatment on radios, TV, development of I.E.C materials and flyers focusing on schools, churches and the community

j. Ending child marriages, gender inequality and gender based violence and advocating for sexual and reproductive health and rights for young girls and women.

The strategy put in place specific and measurable indicators on community well-being outcomes for life and enjoying good health and Arise Uganda HIV network will facilitate monitoring and measurement of performance.

HIV/AIDS IN UGANDA

In 2016, an estimated 1.4 million people were living with HIV, and an estimated 28,000 Ugandans died of AIDS-related illnesses. The epidemic is firmly established in the general population. As of 2016, the estimated HIV prevalence among adults (aged 15 to 49) stood at 6.5%. Women are disproportionately affected, with 7.6% of adult women living with HIV compared to 4.7% of men and 52000 new infections were on rise. Other groups particularly affected by HIV in Uganda are sex workers, young girls and adolescent women, men who have sex with men, people who inject drugs and people from Uganda's transient fishing communities. In 2013, Uganda reached a tipping point whereby the number of new infections per year was less than the number of people beginning to receive antiretroviral treatment. However, as of 2016 around 33% of adults living with HIV and 53% of children living with HIV were still not on treatment. Persistent disparities remain around who is accessing treatment and many people living with HIV experience stigma and discrimination.

HIV prevalence are almost four times higher among young women aged 15 to 24 than young men of the same age. The issues faced by this demographic include gender-based violence (including sexual abuse) and a lack of access to education, health services, social protection and information about how they cope with these inequities and injustices. Indeed, young Ugandan women who have experienced intimate partner violence are 50% more likely to have acquired HIV than women who had not experienced violence. The lack of sexual education is telling. In 2014, only 38.5% of young women and men aged 15-24 could correctly identify ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission. HIV prevalence among sex workers was estimated at 37% in 2015/16. It is estimated that sex workers and their clients accounted for 18% of new HIV infections in Uganda in 2015/16. In 2015 evidence review found between 33% and 55% of sex workers in Uganda reported inconsistent condom use in the past month, driven by the fact that clients will often pay more for sex without a condom, you could be in a bad situation yet you are sick and on

medication. At the same time you may not have anything to eat... you look for a man who can help you. Then that man will give you conditions... if you are going to have sex with him with a condom he will give you Uganda Shillings (UGX) 2,000/=, then he says that if it is without a condom he will give you 20,000/=. Because you can't help yourself, there is no way you can leave UGX 20,000/= and go for UGX 2,000/=.

HIV prevalence among Uganda's fishing communities is estimated to be three times higher than the general population. A 2013 study of 46 fishing communities found HIV prevalence to be at 22% with no variation between men and women. The reason for such high prevalence among this community is thought to be the result of a complex range of factors including a high degree of mobility, lack of information, high rate of fisherman who pays for sex, injecting drugs use, and a lack of access to HIV prevention and testing services. .

Uganda is ranked 16th out of the 22 most TB-burdened countries in the world yet TB's a leading cause of death among HIV+people.TB is the leading cause of death in HIV worldwide . The majority of people contracting TB are in the reproductive age group (22-45) similar to HIV but there is much stigma and lack of awareness on TB facts especially those related to HIV e.g. that TB is 100% curable. It's also preventable using low community based public health methods that are easy and sustainable to implement. HIV is the leading risk factor for development of TB, and TB is the leading cause of death among people with HIV. In 2016, HIV prevalence in Uganda was estimated at 7.3% and 24% of people with TB were co-infected with HIV. (*Source UNAIDS data 2017*)

However, the HIV prevalence rate is estimated at 9.0%. in Buikwe district and has a higher proportion of its population 16% living and working in fishing communities thus an increase in HIV Prevalence in the district.Asurvey of lake basin fishing communities including Buikwe found that 22%of the adults aged 15-24 were infected with HIV (Opio, Muyonga and Mulumba, 2011(as compared to 7.3%in the general population (AIS 2011)

Interviews with key informants showed a high prevalence in a number of drivers,multiple sex partners, transactional sex,cross generation sex,incorrect and inconsistent condom use,alcoholism,sexual and gender based violence, presence of STI's,migrant/mobile populations(plantation workers),fisher folks, drug and alcohol abuse as identified by the national HIV prevention strategy 2011-2015(NPS).The major key populations include fisher folks,sex workers,Bodaboda ridders,discondart couples.HIV/AIDS continues to be a major development challenge in the region, particularly near Shores of Lake Victoria.

It's against this background that Arise Uganda HIV network made a decision to focus on HIV/AIDS as a major sector for interventions in the year 2019-2023.

Despite some achievements, access to health services remains costly and out of reach by many people for example many HIV positive pregnant mothers don't deliver from health facilities and most of them don't go for anti-natal services and this is a very big gap that needs to be addressed.

There is need for improved access to affordable health care services to partner communities if they are to have sustainable improved health strategies to promote primary health care, community health clinics and health insurance systems need emphasis. There is also need for increased resource mobilization, increase in the number of projects, better implementation and better impact reporting .All these will be considered for greater impact

STRATEGY DEVELOPMENT PROCESS/PLANNING PROCESS

The strategy planning process for 2019-2023 kicked off with a strategy development meeting held 1n 2018 and attended by members of the executive board after consultations with various staff, parent's local leaders, youth leaders, children, community members and the General assembly members.

Children views were gathered through focus group discussions and consultations of children clubs at different levels. The strategy development was spearheaded by mainly Arise Uganda HIV network executive board and later by the general assembly. The draft strategy was circulated to Arise Uganda HIV network partnerships for comments. The strategy was further refined to clearly articulate the community's well-being outcomes Arise Uganda HIV network as community based organization.

STRENGTH, WEAKNESS, OPPORTUNITY AND THREATS (SWOT) ANALYSIS

STRENGTH	STRATEGIES TO UPHOLD STRENGTHS
Qualified Staff	Enhance on job training for skills' acquisition and improve remuneration
Team work	To promote openness and trust for creativity
Recognition from Government and local leaders	Recognition and support from government and local leaders for our activities will enhance project success
OPPORTUNITIES	STRATEGIES TO UPHOLD STRENGTHS
Availability of donors	Develop effective marketing and communication strategies and Build staff capacity in resource mobilisation
Partnership with Government	Seeking for available grants, information and technical

	skills ,sharing with government personnel and research institutions
Partnerships with other development agencies	Initiate collaboration with other N.G.Os and C.BOs and other foreign government agencies so as to access more resources to support activities
Good will from local government and communities	Seek partnership with local government and leaders to enhance community mobilization efforts
Electricity and ICT accessibility	Use these to put in place appropriate ICT systems and structures that enhance timely internal communication, information sharing and dissemination to various stakeholders
Large number of community members who need HIV services	Develop and put in place access to HIV services to the entire community
Conducive operational environment	Partner with local communities and health facilities for increased support of our activities.
WEAKNESSES	STRATEGIES TO ADDRESS WEAKNESSES
Relocation of clients	Encourage community members and sensitize them over service delivery
Limited funding	Engage more donor agencies to increase funding
THREATS	STRATEGIES TO COUNTER THREATS
Depreciation of Uganda shillings, high cost of living and price fluctuations	Improved budgeting and utilization of funds
Over expectation of the community members from the project	Encourage and motivate communities to own and get them involved in and to contribute towards service delivery
HIV testing in underserved Far and hard to reach areas	Procurement of a Project Van to carry staffs and health workers during HIV testing clinics
The increasing number of clients not reached with HIV services	Increased number of times for mobile HIV clinics in targeted areas

STRATEGIC GUIDING PRINCIPLES

This strategy has been developed based on the following guiding principles: Arise Uganda HIV Network core values, vision, mission and objective.

CORE VALUES

- We are evidence based
- We are transparent
- We avail equal opportunities.
- We are committed
- We work as a team

VISION

To see the community strengthened by its response to HIV

MISSION

Fostering healthy responses to HIV and related issues through health and education support, Community development and providing care for those directly affected and infected and made vulnerable by HIV/AIDS.

OBJECTIVE

To Contribute to the reduction of HIV prevalence and mitigate its impacts in Najjembe, Iugazi central and Kawolo divisions/Sub-counties in Buikwe District and restore hope for children, youths, women and their households orphaned and made vulnerable by HIV/AIDS and care for those directly affected and infected by HIV/AIDS.

STRATEGIC OBJECTIVES

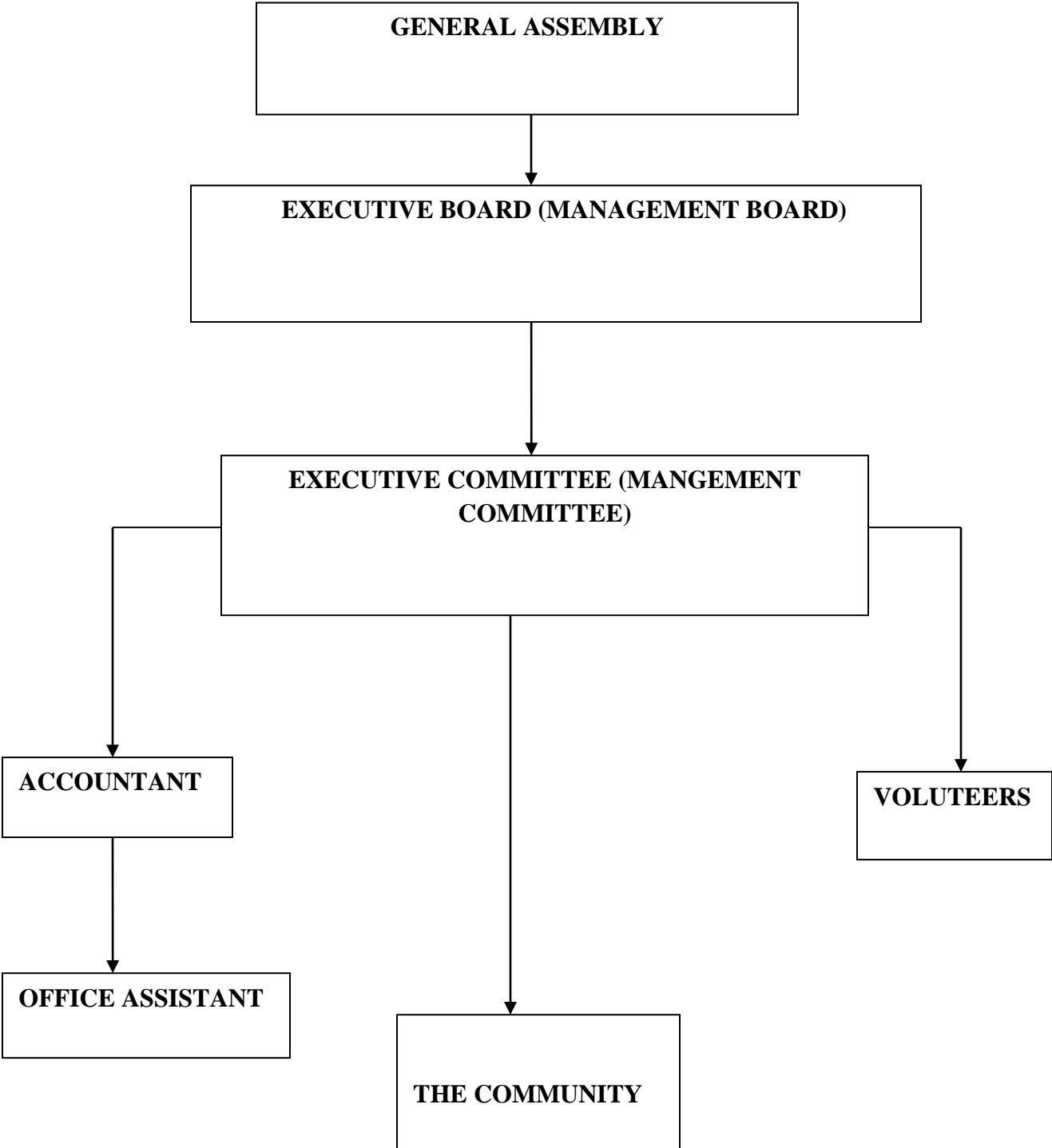
1. To provide comprehensive HIV services, health counseling and testing of people at a risk of contracting HIV through outreaches and mobile clinics.
2. To reduce new infections among women and girls through community sensitization and health education on HIV/AIDS related stigma and discrimination.
3. To rise continued awareness sessions for reproductive health and rights in schools, churches, and within communities about the HIV epidemic.
4. To mobilize pregnant mothers and HIV positive mothers access anti-natal care, PMTCT/EMTCT, HIV& AIDS care and treatment through outreaches.

5. To disseminate information on key prevention messages about ending child and forced marriages, HIV and TB treatment through radios, TV, development of I.E.C materials and flyers.
6. To Sensitize and advocate for the rights of widows living with HIV/AIDS.

STRATEGIC OBJECTIVES	EXPLANATION/MEANING OF THE OBJECTIVES	INDICATORS
1. To provide comprehensive HIV services, health counseling and testing to people at a risk of contracting HIV through outreaches and mobile clinics.	Carry out free voluntary HIV testing and counseling in the community	<ul style="list-style-type: none"> • Increased access to HIV health services by the community
2. To reduce new infections among women and girls through community sensitization and health education on HIV/AIDS related stigma and discrimination.	Conducting community sensitization meetings on HIV prevention and positive living, health education, stigma and discrimination at community level, schools and at work place	<ul style="list-style-type: none"> • Increased community participation in the HIV struggle campaign to end stigma and discrimination • Increased knowledge on HIV prevention, management and positive living by women and young people
3. To rise continued awareness sessions in schools, churches, and within communities about ending child and forced marriages, reproductive health and rights and the HIV epidemic	Sensitizing the youth on behavior change approach through formation of peer support groups, life planning skills sessions and providing information on sexual and reproductive health and HIV/AIDS and also within churches, communities and schools.	<ul style="list-style-type: none"> • Increased number of the youths getting HIV prevention messages and ending child marriages • Increased Number of school children reached with life skills sessions • Increased number of

		<p>schools with Anti-AIDS clubs formed</p> <ul style="list-style-type: none"> • Increased knowledge on HIV/AIDS by church leaders
<p>4. To mobilize pregnant mothers and HIV positive mothers access anti-natal care, PMTCT/EMTCT, HIV& AIDS care and treatment through outreaches.</p>	<p>Carrying out community home based outreaches/clinics and home visits for pregnant mother's living with HIV to go for ant-natal and to follow up their adherence for their refills and appointment</p>	<ul style="list-style-type: none"> • Increased utilization of anti-natal care and treatment by pregnant mothers • Increased utilization of EMTCT/PMTCT services by pregnant mothers
<p>5. To disseminate information on key prevention messages about HIV and TB treatment through radios, TV, development of I.E.C materials and flyers.</p>	<p>Printing of I.E.C materials possessing key messages on HIV/AIDS, organizing radio talk shows to educate the community and to promote the organization values, mission and vision</p>	<ul style="list-style-type: none"> • Increased knowledge on HIV facts and TB by the community members • Increased number of community members reached with key prevention messages on HIV and TB. • Increased number of community members reached with key messages on HIV/AIDS
<p>6. To Sensitize and advocate for the rights of people living with HIV/AIDS</p>	<p>Conducting community sensitization meetings on their rights for people living with HIV/AIDS</p>	<ul style="list-style-type: none"> • Increased number of HIV positive people reached and trained on their rights

STRATEGIC PLAN IMPLEMENTATION STRUCTURE



information on key prevention messages about HIV and TB treatment through radios, TV, development of I.E.C materials and flyers						
6. To Sensitize and advocate for the rights of people living with HIV/AIDS	1,900,000	1,900,000	1,900,000	1,900,000	1,900,000	9,500,000
7. Participate in international, National, District and local functions	90,000	90,000	90,000	90,000	90,000	450,000
Grand Totals						100,000,000

MONITORING AND EVALUATION PLAN

Arise Uganda HIV Network will ensure that the project will have M&E plans with clearly defined monitoring indicators. Project monitoring will inform reporting .Reporting will be monthly, quarterly and annually. Arise Uganda HIV Network executive will meet monthly and hold weekly debriefs to track progress of activities. The project will be managed in project cycles which will involve conducting Needs assessment, designs, baselines, implement and monitor, evaluate/review and redesign/exit. The project will have midterm reviews and end of term evaluations to reveal the impact of their impacts among the project communities which will be communicated to the stake holders



Jill Lanz a volunteer from Canada in one of the HIV testing clinics working on the client



Nurse from Najjembe Health Centre 111 in one of the school health education and reproductive health talks