

Working
with young
people and
vulnerable
groups to
improve
their health

UGANDA
REPRODUCTIVE
HEALTH BUREAU

STRATEGIC PLAN
2009 – 2013

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Foreword

This is an important opportunity for Uganda reproductive health bureau (URHB) to have had time off to think in depth and plan on the direction to take in the next five years (2009-2014).

This exercise that involved key staff members has been made possible out of the lessons and challenges learnt and the recommendations made in the various reports and baseline studies made by URHB, development partners and Ministry of Health.

The purpose of this five year strategic plan 2009-2014 is to guide URHB secretariat in fundraising, project implementation, organizational and programmes assessment. This document clearly brings out the organizational potential through the SWOT analysis to focus on the programmes here in.

On behalf of URHB, I am glad to share this strategic plan with all partners that are involved in Health programmes particularly HIV prevention initiatives.

I would like to thank the staff of URHB for their input in this strategic plan, the stakeholders and our donors for the support that is making our work possible to benefit our community members.

Wobusobozi Patrick
National Coordinator
URHB

Acronyms and abbreviations

URHB	Uganda Reproductive Health Bureau
AIDS	Acquired Immuno Deficiency Syndrome
HIV	Human Immunodeficiency Virus
NGO	Non Governmental Organization
RH	Reproductive Health
STDs	Sexually Transmitted Diseases
STIS	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities, Threats
PEST	Political, Economic, Social, Technological
MoV	Means of Verification
OVI	Objectively Verifiable Indicator
LFA	Logical Framework Analysis
UAC	Uganda AIDS Commission
MoH	Ministry of Health
VCT	Voluntary Counselling and Testing
ART	Anti Retroviral Therapy
HCT	HIV Counselling and Testing
TASO	The AIDS Support Organization
AIC	AIDS Information Centre
UYAAS	Uganda Youth Anti AIDS Association
MOLG	Ministry Of Local Government
MoH	Ministry of Health
MGLSD	Ministry of Gender, Labour and Social Development
ANPPCAN	African network for protection and prevention of child abuse and neglect
UPHOLD	Uganda Programme for Holistic Development
JSI	Johns Snow Inc.
IDAAC	Integrated Development Activities and AIDS concern
UCRNN	Uganda Child Rights NGO Network
VAD	Voluntary Action for Development
CSOs	Civil Society Organizations
SO	Strategic Objectives

1.0 Introduction

This strategic plan 2009 – 2013 is a review of the strategic plan 2004 – 2009. In July 2008 the Board of Directors recommended a critical review of the previous strategic plan in order to assess the progress reached as regards the strategic plan of 2004 – 2009. The review committee realized that there is a change of environment and shift in the demand for services. It was also evident that the organization was unable to achieve all the planned targets due to limited resources.

It was also noted that young people and other population groups are increasingly exposed to reproductive health risks, unintended or early pregnancy, HIV and AIDS, early child bearing, unsafe abortion and other health risks related to sexuality and reproduction. Risks are worse for women for a range of biological and social reasons.

In view of the above, the board realized that there is a big task ahead of the organization to move without realizing the strategic plan in order to develop clear programs and projects that meet the shifting demands for services in our target group. This plan will also support the accountability, planning, management and monitoring of the projects work.

Since 1994, URHB has been championing SRH programs for young people aged 10-24 in school and 15-30 out of school. Currently statistics show that, In Uganda, young people aged 10-24 years constitute a third of the total population with 24% aged between 10 and 19 years old (MoH, 2000). Based on a population growth rate of about 3.24 percent, adolescents aged 15-24 were estimated to number 4.7 million in 2000 and 5.5 million in 2005. As they mature, young people are increasingly exposed to reproductive health risks such as Sexually Transmitted Infections (STIs), unintended or early pregnancy, HIV and AIDS, child bearing, unsafe abortion and other health risks related to sexuality and reproduction.

However, young peoples reproductive health needs are often overlooked or viewed through a lens of cultural values that limit care. Young people often do not seek information or care, because they believe that they are at little or no risk of health problems (Aten et al, 1996; Meeker and Klein, 2002). Adults are often reluctant to discuss sexual and reproductive health with adolescents, some times for fear of embarrassment for raising “private matters”, sometimes because they think it will encourage promiscuity or at least experimentation with sex, Yet lack of experience in social negotiation, ignorance about their bodies and where to seek care, social stigma and poor treatment by providers often limit young people’s access to services they need.

Conversely, evidence available indicates that institutions /organizations that support and provide opportunities to young people seem to increase their opportunities for avoiding making risky decisions. They help to positively influence adolescents’ reproductive health decisions; there by protecting them from sexual and reproductive health risk and negative reproductive health outcomes, such as pregnancy and STIs. Arguably, the fact that young people have a variety of reproductive health needs based on their age, sex, marital status and social economic situation, different strategies are needed to influence the many factors that shape young people’s sexual reproductive health behaviors.

It’s against this background that URHB continues to come up with a strategic plan and programs to address the above problems. Therefore this new strategic plan will cost 52.5 billion Uganda shillings in the five districts of Bugiri, Kampala, Kaliro, Iganga and Jinja starting May 2009.

2.0 BACKGROUND TO THE STRATEGIC PLAN

Since 1994, URHB has been working to improve on the Reproductive Health status of young people and other population groups in the five districts of Bugiri, Jinja, Kaliro, Kamuli and Kampala. However, young people and other population groups continue to remain exposed to STIs, unwanted pregnancies, HIV and AIDS infection, early child bearing, unsafe abortion and other health risks related to sexuality and reproduction. The risks are higher for women since girls and young women are biologically and socially more vulnerable to RH problems than their male counterparts. The reduction of maternal mortality rate (MDG 5) and reduction of child mortality (MDG 4) by 2015 as clearly spelt out in the Millennium Development Goals have been compromised by the issues above

The Reproductive Health Situation in Uganda:

The major reproductive health issues affecting young people and other population groups in Uganda include among others; low uptake of contraceptives, mismatch between knowledge and practice, limited access to Reproductive Health services with government health facilities and cultural practices that may predispose people to health problems or risky sexual behaviour. The situation is not any different in our areas of operation especially in Eastern Uganda.

In the district of Bugiri for example, unique issues of commercial sex work, cross generation and teenage sex between the Long distance truck drivers and the young girls, having underserved Islands and fishing communities, multilingual and multicultural issues and the vibrant cross boarder trade present unique challenges that fuel reproductive health risks in the area. Kaliro district also has unique challenges including being a newly formed district with no government hospital, high poverty levels, HIV AND AIDS prevalence which is above national average and having no other NGO dealing with Reproductive Health and Child rights issues apart from URHB. These issues are replicated in the rest of our rural program areas. Kampala district being cosmopolitan, having high population, high cost of living, high levels of unemployment, poverty, high bureaucracy in health service delivery and many street children and commercial sex workers especially in the slum areas, has also got its unique issues that compromise the Reproductive Health of the population in the area.

Despite the early age of sexual debut, contraceptive use remains low in the country. Uganda has also one of the highest teenage pregnancy rates in the region. According to the Adolescent sexual reproductive health report of 2004, 25% of adolescents have begun child bearing before the age of 20 years.

The HIV and AIDS Situation:

HIV prevalence remains high despite declines experienced a few years ago with the average national prevalence rate of 6.4%. According to the President's Emergency Plan for AIDS Relief Uganda Country Profile Report (2007), over 1,000,000 Ugandans are estimated to be living with HIV, out of whom 520,000 are women and 110,000 are children. The number of children orphaned by the HIV epidemic is estimated at 2,000,000 and 20,000 HIV positive infants are born every year to HIV positive mothers. The primary modes of HIV transmission are sero-discordance among married and unmarried couples; transactional sex; cross-generational sex; and internal mobility and displacement. The trends of median HIV prevalence in major urban centres and other areas have been declining since 1992. The median HIV prevalence started stabilizing in 1999 through to 2005. The trend of events has had a similar pattern in the urban and rural areas of the country.

Although the HIV prevalence in Uganda is reported to have declined, it still claims thousands of lives each year. This has severe consequences on the social and economic development indices since it usually claims lives of people in productive age categories. This depletes the country's labour force, and weakens educational and health services. The epidemic leaves behind hordes of orphaned children and grand parents thus putting an additional burden on the social fabrics of community or the state.

The Millennium Development Goals (MDG's) clearly spell out combating HIV AND AIDS, Malaria and other diseases (MDG 6) as one of the targets to be achieved by all countries by 2015. In the context of National Development Planning, HIV AND AIDS is treated as a development issue in the Poverty Eradication Action Plan (PEAP) (2004) under Pillar 5: (Human development) where the Multi-Sectoral HIV AND AIDS approach is also considered to be an integral part. The National Strategic Plan on HIV AND AIDS highlights the need to place HIV AND AIDS in the broader context of national policies on health and the poverty eradication programme.

URHB strategic interventions will contribute towards the Poverty Eradication Action Plan under the Pillar 5 on Human development. This pillar focuses on improving the health and education of the population as prerequisites to development. URHB will further contribute towards the PEAP through implementing interventions that focus on improving child and maternal health. This will be through URHB reproductive health interventions that focus on reducing prevalence of STDs, early sex, early pregnancies and marriages which are some of the predisposing factors to maternal and infant mortality.

Child Rights and Abuse Situation:

Violation of the Rights of Children especially sexual abuse is a serious problem and further aggravates the Reproductive Health risks and HIV and AIDS problem in Uganda and in our project areas in particular.

The provisions and principles of the United Nations Convention on the Rights of the Child (UNCRC 1989) are built on varied legal systems and cultural traditions; the Convention is a universally agreed set of non-negotiable standards and obligations. These basic standards—also called human rights—set minimum entitlements and freedoms that should be respected by governments. They are founded on respect for the dignity and worth of each individual, regardless of race, colour, gender, language, religion, opinions, origins, wealth, birth status or ability and therefore apply to every human being everywhere. With these rights comes the obligation on both governments and individuals not to infringe on the parallel rights of others. These standards are both interdependent and indivisible; we cannot ensure some rights without or at the expense of other rights.

The Convention on the Rights of the Child is the first legally binding international instrument to incorporate the full range of human rights—civil, cultural, economic, political and social rights. The Convention sets out these rights in 54 articles and two Optional Protocols. It spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. Every right spelled out in the Convention is inherent to the human dignity and harmonious development of every child.

The Convention protects children's rights by setting standards in health care; education; and legal, civil and social services. By agreeing to undertake the obligations of the Convention (by ratifying or acceding to it), national governments have committed themselves to protecting and ensuring children's rights and they have agreed to hold themselves accountable for this commitment before the international community. Uganda as one of the state parties to the Convention is obliged to develop and undertake all actions and policies in the light of the best interests of the child.

Uganda has a population of over 28 million people of which 14 million are children under age 15 and about 1.8 million children are orphans. The estimated number of orphans due to AIDS is 890,000 (45.6% of all orphans). About 3 million are categorized as vulnerable children and one in every 4 households has at least one orphan.

The Ministry of Gender, Labour and Social Development (MGLSD) in conjunction with other partners developed a National Orphans Policy (NOP) and the National Strategic Programme Plan for Interventions (NSPPI) in 2005. The NOP provides a framework for OVC response and emphasizes the multi-Sectoral, integrated, gender sensitive; rights based approach to reach out to the OVC. The objectives of the NOP to which URHB subscribes to include;

- Creating conducive environment for the survival, growth, development and participation of vulnerable children and households.
- Deliver integrated and equitably distributed quality essential services
- Strengthen the legal, policy and institutional frameworks
- Enhance capacities of households, communities and other implementing agents and agencies.

According to the research of child abuse in the year 2003 carried out by ANPPCAN, 9204 cases of child abuse were reported to the police force, 72.6% (6,680) were defilement cases. This clearly indicates that child sexual abuse is on the increase and children aged 10 years and below are the most victims. The Uganda police confirm the above in their report of 2004 in which 9821 cases were registered and this showed an increase in child abuse by 42% as compared to the previous year. The biggest problem here is that these figures did not capture the many unregistered cases in the rural communities which have been shielded by corruption and the culture of silence by families.

Gender Based Violence and Discrimination Project:

The Violation of the rights of women and girls is both direct and indirect links with the violation of the rights of Children. Much work is being done on the promotion of the rights of women and girls especially their rights to sexual and reproductive health and HIV prevention in Uganda.

However, there are still gaps in infrastructure, poor access to information, and discrimination which are leaving girls and women more vulnerable to HIV infection than boys and men. This can be seen in Ugandan HIV incidence which show that girls and women aged 15-24 are four times as likely to be HIV-positive than boys and men (2008 Report on the global AIDS epidemic, UNAIDS).

Health service and other service providers have also not prioritized women and girls and women still experience social discrimination. Whereas there are efforts in fighting the violation of the rights of women and girls, domestic violence, sexual abuse, neglect, physical abuse, denial of property rights, community ignorance, discrimination of women and girls in education and other service sectors, indiscriminate inheritance of women and women and family neglect and

abandonment by men among others, are still challenging problems in the project area and generally in Uganda.

It is against this background that URHB designed this five year strategic plan. This is yet another milestone in the journey towards guiding user friendly services for the young people and other population groups in our project area in Uganda. The plan aims at giving a strategic direction to the organization through which it will serve the vulnerable committees by providing them with life skills and services that make them live meaningful and productive lives. It will further guide the implementation of URHB interventions focusing on our thematic areas. In addition, it will be used as a resource mobilization, monitoring and evaluation tool to ensure efficient and effective resource utilization.

3.0 ORGANISATION BACKGROUND:

Uganda Reproductive Health Bureau (URHB) is an indigenous non-profit making organization that was formed and registered in 1994 with the NGO Board in Uganda under the NGO statue of 1989. This was after realizing that adolescents in Uganda lacked adequate knowledge on their own sexuality and reproductive health which puts them at a high risk of HIV / AIDS, STDs infections, unwanted pregnancies and early child bearing.

3.1 URHB Vision:

A prosperous generation, free from Reproductive Health risks

3.2 Our Mission:

To contribute to the reduction of the reproductive health risks among young people and other vulnerable population groups.

3.3 Our Goal:

To control the spread of HIV, STDs and other communicable diseases and mitigate HIV AND AIDS impact among young people and other population groups.

3.4 Management:

URHB good governance and management systems ensure transparency, accountability and cost effective use of resources. It has the governance, secretariat and the community components that combine together to facilitate the functioning of the organization.

3.4.1 URHB Board:

URHB has the Board as the supreme governing body of the organization responsible for policy making. It comprises of 7 members (2 females and 5 males) and sits after every four months to guide the strategic direction and monitors policies, procedures and reviews organizational reports. The Board is composed of a Chairman, a vice chairperson, a Treasurer, a Secretary and 3 other ordinary members. Below it is a secretariat.

3.4.2 The Secretariat:

URHB secretariat is composed of the National Coordinator, Assistant Coordinator, Administrative/Senior Accountant, Programme Officer and other support staff. The secretariat is responsible for the day to day running of the organization, implementation of policies and projects, accountability and fundraising. Currently, the head office has 35 full time staff members that including the medical staff in Kampala. It has two branch offices, one in Bugiri district headed by the Branch Manager with 40 full time staff. Kaliro branch office is headed by

the branch manager with 10 full time staff. The branch managers are supported by Project Officers, support staff and our 90 trained Community Based Volunteers 30 per district office. All URHB offices have a medical centre attached to them. (For Organ gram see Appendix 1)

For effective implementation of its programs and activities, URHB has these departments:

❖ Finance and Administration	❖ Health Care and Service Delivery
❖ Program and Projects	❖ IEC and Community Outreach
❖ Training and Counseling	❖ Research and Consultancy
❖ Fundraising, Monitoring and Evaluation	

URHB Capabilities:

Since its formation, URHB has gained experience in the management of communicable diseases, family planning services, STD management, and Child abuse, VCT, Care and Support and in working with young people on issues concerning HIV AND AIDS, STDs, Adolescent Reproductive Health and behavioral change in general. URHB has as result built expertise in the following areas:

- Capacity building for community based volunteers (CBVs), in school peer counselors, life planning skills education, HIV AND AIDS outreach awareness seminars and Primary Health Care (PHC)
- Voluntary counseling and testing, care and support programs for people living with HIV AND AIDS.
- Management and control of communicable diseases e.g. malaria and trachoma.
- Designing and developing information, education and communication (IEC) materials that are youth friendly.
- Community mobilizations and working with community structures on RH issues.
- Management of school based behavior change clubs (BCC).
- Advocacy for child rights and prevention of Child Abuse
- STD management

URHB Achievements:

In the past 14 years of URHB's existence, the following are key registered achievements that have created a wide experience in addressing community challenges and enabling successful implementation of programs:-

- Through our three medical centres (Kaliro, Bugiri and Kampala), URHB has managed 210,000 STD cases among young people both in and out of school.
- URHB has trained 420 district based volunteers on HIV/AIDS, STDs and Reproductive Health to support our program staff in the community through community mobilization, follow-ups, referral and distribution of IEC materials and condoms.
- We have distributed 3350 cartons of condoms in our programme area to our target beneficiaries.
- Over 312500 out of school young people have been reached through our community seminars and community dialogue meetings with youth friendly messages on HIV/AIDS, STDs, Reproductive Health, Child Rights, and PHC.
- We have built capacity of 42,750 of the in school peer counselors in life planning skills, SRH and child rights in 950 post primary schools and formed 950 behaviour change clubs in the same schools.
- 1000 wheel chairs have been distributed in the programme areas to children with disabilities in an effort to support them and fight discrimination among person with disability with the support from Direct Relief International and free wheel chairs mission USA.

- We have tested and treated 1956 commercial sex workers for T.B, STDs and also offered information on HIV/AIDS, STDs prevention in Bugiri district under the UPHOLD funded project.
- Through our 3 medical centres we have managed 3,415,709 cases of communicable diseases such as malaria, Typhoid, Dysentery, and other opportunistic infections cases.
- The Medical Centres have been supported by MIVA with 2 Ambulances to manage immergence cases.
- 940,510 children of 5 years and below have been immunized from the six killer diseases at our medical centres in an effort to support the government in reducing child mortality.
- 14,540 mothers have been offered with antenatal and postnatal care services at our medical centres in an effort to improve maternal health.
- 19500 sexually abused children have benefited from our psychosocial support and treatment services at our medical centres.
- Through our HCT program 4,982,100 have been counseled and tested for HIV and Syphilis through our outreach and static strategies in order to create early awareness of their sero status and this has been a major contributor towards positive behavior change.
- Through our HCT programme we have supported 3620 persons living with HIV infection with ART services.
- Our radio call in talk shows have been very instrumental in reaching over 3,400,000 listeners with the messages of HIV/AIDS, STDs and child rights.
- URHB has participated both in national and international conferences and presented papers in areas of HIV/AIDS, STDs and Child Rights:
 - Conferences on Child Sexual Abuse organized by OAK Foundation in Ethiopia in 2006.
 - Conference on Child Sexual Abuse organized by ANNPCAN Kenya in Nairobi 2007
 - Conference in Peer Counseling in Bungoma Kenya 2007
 - Conference on HIV/AIDS and Child Sexual Abuse by ANNPCAN Uganda in Kampala.
 - Conference on financial management organized by institute of Certified Public Accounts in Kampala 2003.
 - URHB is proud to have created capacity through networking with line NGOs e.g. TASO ANNPCAN, Mildmay, IDI, AIC, Save the Children, UYAAS, AFC, UCRNN, EMESCO, JCRC and Government Ministries e.g. Ministry of Health, UAC, MoGLSD, MoES and Makerere University, Department of Social Work.

URHB Area of Operation:

URHB operates in the districts of Bugiri, Kaliro, Iganga, Jinja and Kampala. These districts were chosen carefully taking into account regional variations, magnitude of the Reproductive Health related problems and the underserved rural and densely populated areas with high fertility rates. Most of the HIV / AIDS and Child Rights organizations and projects have been concentrated in the urban than the rural areas. The people in the above named districts lack information about the HIV and AIDS Scourge and they still believe in local traditions, which use crude therapeutic methods. The districts of Bugiri, Kaliro, Iganga, and Jinja are mostly rural and lie in the Eastern region while Kampala district is largely urban and lies in the Central part of Uganda.

Eastern Region (Bugiri, Kaliro, Kamuli, and Jinja):

These districts have crosscutting factors that perpetuate the Reproductive Health related problems as follows:

- HIV and STDs prevalence rate is high in the rural areas as compared to urban setting and 80% of HIV positive people are young people. Sentinel surveillance data indicate that HIV infection cases begin to increase in the 15 -19 year age group and peak in range 20 – 24. (MoH, STD/ACP 2003)
- These districts are underserved in terms of social and economic infrastructure with only Jinja and Bugiri districts having one hospital each which are poorly equipped for a population of over 2,000,000 people.
- Maternal mortality rates are high (over 500/100,000 births) and of these 33.3% are adolescents (UBOS/UDHS 2008). Unsafe abortion is increasing among adolescent girls.
- Most adolescents do not use contraceptives including condoms, the general contraceptive prevalence is at a miserable low of 16% (statistics department, Uganda and macro international 2006)
- The proportion of adolescent pregnancies is also on the rise. By age 19, 17% of sexually active female adolescents are mothers (statistics department, Uganda and macro international 2006)
- School drop out rate of girls due to pregnancy is high in rural areas by 56% in the upper primary school than the urban schools (Passi and Kabera 1992, Barton and Wamai 1994, Ayiga 1997).
- High poverty rates in the rural areas that perpetuate increased HIV AND AIDS, STDs prevalence rates through early sex for survival, as they lack basic needs for themselves and families (Agyei and Epema 1992, Barton and Wamai 1994)
- As a result of poor and inaccessible health facilities in these rural districts infants and child hood mortality rates are higher than in the urban districts. Infant mortality rate is 89 deaths per 1000 live birth. One in every 13 babies born in Uganda does not live to their 1st birth day. (UDHS MOH 2007)

Central Region (Kampala):

URHB implements activities in Kampala which is an urban area and a capital city of Uganda. In particular URHB work is more in slum areas which are socially and economically underserved.

- Kampala has a population of about 4 million people, 55% being female, and 62% being young people below 35 years.
- Kampala district has the largest slums in the country, Katanga, Kikonyi in Kawempe Division, Kitintale in Nakawa Division, and Kisenyi in Rubaga Division.
- The district has the largest number of commercial sex workers and cross generation sex practices in Uganda.
- High costs of living and high demand for all Reproductive health services
- Highest numbers of abandoned and street children.

Our Core values:

In its endeavour to serve its target population, URHB cherishes the outlined core values which guide the individual staff and the operations of the organization as a whole to help us attain our vision and goal.

- **Transparency and accountability:** URHB is answerable to its beneficiaries and the stakeholders in whatever services and other resources it implements.
- **Integrity:** as we do our best to protect the children and serve our clients, the integrity of our staff and volunteers is a key value for URHB
- **Team work:** in the course of identifying, designing, implementing and evaluating our project work, all key stake holders including community groups are brought on board. As an organization, we value the strength of team work in order to achieve programme outcomes and ensure sustainability. URHB functional teams are built within the organization and

among its partners to efficiently implement its mandate. This has had the effect of timely delivery of services.

- **Honesty:** URHB provides value for money and effectively offers services and implements all activities in the interest and for the benefit of all our stake holders.
- **Confidentiality:** In our work confidentiality is a key and we ensure that keep client information out of reach from the non responsible parties and centres.
- **Dignity:** We respect the young people and other vulnerable groups regardless of age, status, location, colour, religious beliefs, race or tribe.

3.1 The Strategic Planning Process

The process adopted in developing this strategic plan was inclusive and participatory. It involved the URHB staff, the board and some of the beneficiaries at the various levels of its development. A workshop setting, documents review and continuous consultative approaches were the main methods used in developing this strategic plan. The strategic planning process provided a clear focus on URHB's strategic direction through adopting strategic options. The purpose was to reinforce the buy-in element that will facilitate ownership and implementation of the plan.

3.2 Strategic Analysis

This section presents the SWOT analysis. This provided the basis for in-depth analysis and reviewing the URHB vision, mission, goal, core values, programme areas and strategic objectives and strategies. The result of the analysis formed the basic ingredients in shaping URHB's future direction over the five years covering the period 2009-2014.

The SWOT Analysis:

In the SWOT analysis, URHB Strength and Weaknesses (internal environment) and Opportunities and Threats (external environment) were identified. This analysis was carried out with the recognition of the key functions of URHB. (See Appendix

3.3 URHB Strategic Intents for 2009-2014:

URHB strategic direction has been guided by the strategic analysis that critically scanned the internal and external environmental factors that impact on the organization.

Strategic Approach/ Methodology:

URHB will take on the adaptive management approach to guide its interventions. This approach will emphasize drawing from the lessons learnt as a result of URHB's long history of successful programme implementation to design interventions appropriate to beneficiary needs.

While focusing on its vision "A prosperous generation free from health risks", URHB will endeavour to achieve specific strategic objectives and goal. This will be through implementing interrelated set of activities while optimizing available resource utilization. Continuous information flow within and outside the organization will form the basis for M&E. The future of URHB will be guided by its vision, mission, goal and core values.

3.4 URHB Organizational Strategies:

Advocacy:

For the disadvantaged populations to be heard, URHB has taken up the mantle of raising the voice of the voiceless in influencing government policy in relation to youth friendly service provision. URHB will speak out for, empower and support the young people to influence policies in order to protect their rights. This will be aimed at advancing the children's own views and wishes at district and national level. This will enable the children take on more responsibility and control the decisions which affect their lives. URHB will also advocate for youth friendly

reproductive health services through strengthening its clinical and outreach services in the communities it serves.

Partnership Development:

URHB appreciates the role its implementing partners play in service delivery. To this end, partners are involved at all stages right from problem identification, planning and decision making. This is intended to share roles and responsibilities; achievements and challenges. URHB will work with other partners locally and internationally to be able to enhance the pragmatic and action oriented outcomes. This will involve other players like the government ministries, the private sector and civil society organizations.

Networking:

URHB will use this strategy to raise a critical mass of advocates for youth friendly services, policies and legislations. This will enable URHB reach out to a wider audience and jointly influence issues that are pertinent to its interventions.

Whereas the goal represents a desired outcome at the end of the planned period, the strategic objectives are specific and will be the basis for gauging the extent to which the country strategy has been implemented. It is important to note that for some of the strategic objectives it has not been possible to quantify the desired changes owing to lack of baseline data. The annual operational plans will provide details of the objectives in more specific and measurable terms.

3.5 URHB Thematic Areas and Strategic Objectives (SOS):

The organization adopted a strategic decision to widen its scope of interventions during the implementation of the 2009-2013 Strategic Plan. The 5 year strategic plan will focus on the five (5) Thematic areas which are in line with the National HIV AND AIDS strategic plan and will also contribute directly to the achievement of millennium development Goals with focus on MDG 4, 5 and 6 i.e. Reducing Child mortality, improving maternal health care and Combating HIV AND AIDS, Malaria and other diseases. The Thematic areas include:-

1. Health
2. Reproductive Health
3. Human Rights
4. Capacity Building
5. Research, Documentation and Consultancy

In line with our thematic area, we have developed the following program areas

1. Clinical Services
2. HIV AND AIDS
3. Child Care and Protection
4. Institutional Capacity Building
5. Research.

Thematic Areas	Program areas	Intervention	Key Activities
Health	Clinical Services	<ul style="list-style-type: none"> ➤ Community Hospital Project ➤ Malaria Control Project ➤ Sight for all Eye Care Project ➤ Primary Health Care Project ➤ Integrated Microbicides HIV AND AIDS Project ➤ Pediatric ART Centre Project 	<ul style="list-style-type: none"> ➤ Construction of 2 Pediatric ART clinics in Kaliro and Bugiri ➤ Upgrade the 3 URHB Medical centres to Community Hospitals ➤ Distribution of 50,000 treated mosquito nets to children and pregnant mothers ➤ 50,000 women and children will be treated for malaria 2,500 in each district every year. ➤ 120 workshops 30 in each district per year will be organized on prevention and control of malaria at village level ➤ 20,000 poor rural people in the project area will be offered free eye care and treatment 4,000 per year ➤ 200,000 children and 35,000 women will be provided with free immunization against the six killer diseases ➤ 35,000 women will be trained in child nutrition. ➤ Collaboration with research institutes Southern African AIDS Trust and PATH for integration and promotion of Microbicides in HIV/ AIDS in Uganda ➤ 15,000 children and 5,000 mothers living with HIV and AIDS will be provided with ART

Thematic Areas	Program areas	Intervention	Activities
Reproductive Health	HIV AND AIDS	<ul style="list-style-type: none"> ➤ Youth Voluntary Counseling and Testing Project ➤ School HIV and AIDS prevention project ➤ Community HIV AND AIDS Intervention project. ➤ Community HIV and /AIDS Care and Support project ➤ STD Control Project 	<ul style="list-style-type: none"> ➤ 100,000 young people and rural community members will be counseled and tested for HIV ➤ 27,000 in school young people will be trained as peer counselors in 600 workshops and 600 Behaviour Change Clubs will be established ➤ 9,000 school teachers will be trained as change agents in HIV/ AIDS in 600 workshops. ➤ Formation of 600 Change Agents Clubs ➤ 30 District Based Volunteers will be trained per district every year to support the URHB district based interventions. ➤ 162,000 out of school youths will be reached with information on SRH and HIV/ AIDS through 180 community seminars. ➤ 180 cartons of condoms will be procured and distributed each year. ➤ 20 HIV/ AIDS support groups will be established 4 per district. ➤ Weekly Home Care visits will be done to our HIV positive clients. ➤ 40,000 young people and commercial sex workers will be treated and supported by the end of 2013
Human Rights	Child Care and Protection	<ul style="list-style-type: none"> ➤ Child Rights Education, Treatment and Support Project 	<ul style="list-style-type: none"> ➤ 3,000 Child Community Policing agents 120 per district every year will be trained in child protection ➤ 10,000 abused children will be provided psycho social support and treatment 2,000 per year ➤ 162,000 out of school

	Gender based Violence		<p>youths will be reached with information on child rights through 180 community seminars.</p> <ul style="list-style-type: none"> ➤ 27,000 in school young people will be trained in child rights in 600 workshops. ➤ 9,000 school teachers will be trained as child rights advocates in 600 workshops. ➤ 30,000 advocacy materials will be developed and printed every year to support the campaign in child rights protection and care. ➤ 100 Community Sensitization Seminars on the Rights of women and girls ➤ Treatment and Psychosocial for 500 abused women and girls. ➤ Printing of 15,000 IEC materials ➤ 500 Community dialogue meetings will be conducted ➤ Training of 90 Community Human Rights Advocates and 450 Community Policing Agents. ➤ Form Human Rights Advocacy Clubs ➤ Networking with local government structures/institutions and other civil society Organisations.
Capacity Building	Institutional Capacity Building	➤ Human Resource development Project	➤ Capacity building and mentoring for 10 project

		<ul style="list-style-type: none"> ➤ Community Capacity Building Project ➤ Infrastructural Development Project 	<ul style="list-style-type: none"> staff and 10 volunteers in advocacy and gender. ➤ Capacity building for 3 Accounts staff in Computerized Accounting
Research, Documentation and Consultancy	Research	<ul style="list-style-type: none"> ➤ Consultancy ➤ Database Management ➤ Projects Monitoring and Evaluation 	<ul style="list-style-type: none"> ➤ Capacity building for staff in M&E ➤ Conducting Research in ART and Microbiscides.

Reproductive Health Services:

Under this programme, URHB will provide nutrition support to children, home based care and palliative care to PLWHAs including children. Other services will include clinical management of opportunistic infections and STIs at the static and outreach centres. This program will have the following projects.

Strategic Objective:

To control spread of HIV, STDs and other communicable diseases and mitigate HIV AND AIDS impact among young people targeted by URHB programme

Projects:

Community Care and Support Project:

This project will offer youth friendly services in form of psycho social support, medical and referral for further management and support through community and home based strategies.

Key Activities

- Home based care
- Treat opportunistic infections
- Provision of ART Services
- HCT
- ITNS distribution
- Community Awareness raising (print media – IEC, seminars, electronic media – radio, TV, Internet, Peer education)
- Peer Education
- Referral

HUMAN RIGHTS:

Strategic Objective:

To strengthen household, community and civil society capacity in promoting the rights of Special Interest groups and most at risk populations.

Specific Objectives:

- 1.To increase the capacity of communities to prevent, manage and reduce cases of Child Abuse.
- 2.To equip children with LPS in order to protect themselves from abuse.
- 3.To offer psycho-social support to abused children in order to restore their self worth.
- 4.To empower communities to advocate and demand for the rights of special interest and most at risk populations.
5. To improve access of women and girls to specialized and subsidized Reproductive Health Care services.

6. To increase the capacity of communities to prevent and manage gender based violence and discrimination.

Child Care Programme:

This program will focus on reducing and eliminating incidences and the impact of sexual abuse, neglect and exploitation through community/school empowerment to protect the rights of children and to mitigate the increasing problems of child abuse and neglect in the community. The program will offer psycho-socio support, treatment and referral of the abused children. We shall also collaborate with other stakeholders such as local authority, network with other NGOs, probation and welfare officers, Government line Ministries, Police and also to build the capacity and strengthen community/school system to support the mitigation on the problems of child abuse and neglect.

Community Child Rights Advocacy Project:

Drawing from URHB's previous experiences, it was realized that social and cultural factors within the communities significantly contribute to child abuse. Under this project, URHB will implement interventions that minimize cases of child abuse with specific focus on community sensitization on Child Rights. These will include legal aid in child protection and early child hood development. The services will cover in school and out of school youths. The purpose is to combat cultural and religious beliefs that promote child abuse which include sexual abuse, child neglect, teenage pregnancy and STDs and HIV AND AIDS.

Child Rehabilitation and Treatment Centre Project:

Under this project, URHB will provide Orphans and Vulnerable Children (OVC) with educational support, nutrition, psychosocial counselling, skills based training and income generating activities. This approach is intended to make the young people self reliant and contribute towards household income and welfare.

Community Childcare Integrated Project:

Basing on our previous community implemented activities and our rapid assessment on child rights and abuse status carried out in December 2005, we realized that the community lacks information on child rights which is further aggravated by the cultural norms which limit disclosure of child abuse and neglect in the community. This project will therefore carry out a comprehensive integrated strategy to address the appalling child sexual abuse situation. The project will achieve success by involving all stakeholders including relevant government departments and most especially the children in the project districts. This will be done through training of community policing Agents, radio talk shows, developing of IEC material, treatment of sexually abused children, referral of complicated cases to government hospitals and other agencies, mobilization of communities for seminars and dialogue meetings, psycho-social support and equipping children with life planning skills in schools.

Gender Based Violence and Discrimination Project:

URHB has worked in the project area for the last 14 years implementing Reproductive Health and Child Rights activities. During the implementation of Child rights Projects in the project area, it has been realized that the rights and wellbeing of Children are tagged on to the rights of their parents and guardians especially the mothers in a home setting. During a series of project progress and review meetings with the stakeholders in Child Rights and Child Protection, it was noted that the violation of the rights of women and girls was high and was contributing a lot to the violation of the rights of Children. The meetings identified that the violation of the rights of women and girls is a very challenging problem in our communities of Bugiri and Kaliro. Critical factors that contribute to this problem were identified and included; Community ignorance on the

rights of girls and women, poor community structures, lack of gender relations focused organisations and service providers, lack of government commitment and funding, and increasing poverty.

In this strategic Plan we have therefore decided to mainstream gender based violence into our Reproductive Health Programs. By involving all stakeholders including relevant government departments and most especially the project districts through a comprehensive integrated strategy, the project will go along way in furthering our objectives especially in protecting the Children and creating conducive home environments.

Strategies:

- Community Capacity Building through training CCA's, CBVs, CBOs, LCs and other stakeholders.
- Institutional Capacity Building for CSOs in Child Rights Advocacy
- Provide Static and Outreach Clinical Services
- Provision of Medical Services
- Psycho-social Support
- Health education
- Livelihood improvement through group and individual seed funding
- Educational Support for OVC
- Capacity Building for youths in Project Management

Key Activities:

- Advocacy
- Sensitization on the Rights of women and Children through community Seminars.
- Treatment of Abused Children and women/girls.
- Awareness raising (print media – IEC, Seminars, Electronic Media – Radio, TV, Internet, Peer Education
- Child Rights, Psychosocial Support and Treatment
- Community dialogue meetings
- Training of Community Human Rights Advocates and Community Policing Agents.
- Form Human Rights Advocacy Clubs
- Training of Child Rights Advocates
- Referral
- Capacity building and mentoring for project staff and volunteers in advocacy and gender.
- Networking with local government structures/institutions and other civil society Organisations.

Quality Medical Care / Clinical Services:

Strategic Objective:

To increase access to health services by young people through provision of youth friendly clinical and reproductive health services

Specific Objectives:

1. Provide static and outreach clinical services (Palliative care, PMTCT, STI management, TB
2. To create community awareness on availability of clinical services for the young people
3. To strengthen URHB staff capacity to provide appropriate health care services to the young people

4. Screening and Treatment, ART, RCT, VCT and laboratory services)
5. Community health education
6. To provide PMTCT services to young people and community members
7. Increase access to ART, treatment of opportunistic infections and preventive services for young people and communities.

Projects:

Malaria Control Project:

Under this project we shall offer prevention and treatment services as follows

- Provision of insecticide treated mosquito nets
- Community sensitizations
- Laboratory investigations and Treatment

Community Hospital Project:

Under this project, URHB medical centres are going to be upgraded to community hospitals through construction and equipping with modern medical equipments to improve on the health care and accessibility of services to the rural poor in our area of operation.

Pediatric ART Center Project:

This project will focus on children infected with HIV by offering treatment, nutrition, psycho-social support and preventing malaria through provision of insecticide treated mosquito nets. (ITNs)

Key Activities:

- Treatment of Opportunistic Infections
- Management of Malaria and other Communicable Diseases
- Provision of ART Services
- Provision of HCT
- Provision of ART
- Distribution ITNS
- Primary Health Care
- Immunization

CAPACITY BUILDING:

URHB provides Training of Trainers (TOT) at community and school level to act as change agents and support our project staff in reaching the target beneficiaries. It also trains HCT counselors, PTC members, Community Counseling Aides (CCAs), teacher change agents (TCAs), Community Child Advocate (CCAs), Community Mobilizers, Peer Counselors, Model Couples and the different stakeholders.

URHB in addition conducts community sensitization to create awareness about its programmes and create local support and ownership. All the trained categories of URHB community members are regularly provided with refresher courses to enable them cope with the ever changing situations in the programme areas.

Strategic Objective:

To strengthen the responsiveness of the community structures in managing youth related issues.

To build the capacity of URHB to effectively mobilize and efficiently utilize resources for improved organizational performance

Specific Objective:

1. To strengthen URHB's human resources management system for effective and efficient implementation of programs
2. To strengthen URHB's financial management system for efficient and effective sustainable implementation of programme
3. To mobilize adequate resources to support URHB implement its strategic plan.
4. To empower the youths to advocate for and demand youth friendly services.
5. To equip young people with communication and basic counseling skills necessary to support their peers towards positive behavior change

Projects:

1. Human Resource Development Project:

URHB will review its staff capacity building policy to ensure that a needs based approach is adopted to provide training for staff. This will be done in line with the aspirations of the URHB strategic plan. Further efforts will be made to minimize dependency on development partners especially for core activities through strengthening the clinical services. URHB will also strengthen its organizational development strategies through reviewing all the necessary guidelines and policies in place e.g. M&E system, Finance management system, Human resource management, logistics management and URHB governance structure among others. These will be streamlined along the different provisions of the strategic plan.

2. Community Capacity Building Project:

This project will build the capacity of community structures for sustainability purposes in order to effectively respond to the health challenges and issues of violation of child rights.

Strategies

- Train staff in fundraising and Monitoring and Evaluation.
- Training Community Based Volunteers
- Training of trainers in SRH and HIV
- Training of peer counselors
- Training of teacher change agents
- Refresher trainings for staff
- Training of HIV prevention counselors
- Training of community structures
- Staff learning exchange workshops and conferences

RESEARCH, DOCUMENTATION AND CONSULTANCY PROGRAM

Over the period of 14 years, URHB has been involved in implementation of various programs in sexual and reproductive health and gained experience plus expertise in these areas. In the course of implementation, we have encountered emerging issues that we feel compelled to research about so as to get more information on these issues and to contribute to government efforts to identify solutions to the many medical and social problems. Over the next five years URHB will embark on research in the following areas:-

- Pediatric ART
- Provision of Youth friendly services
- Child abuse

Strategic Objective:

To build capacity and inform program implementers and government with new ideas and emerging issues in the areas of child protection, HIV AND AIDS and pediatric ART

Specific Objectives:

- 1) To strengthen the capacity of URHB staff to conduct and disseminate research
- 2) To equip program implementers with new ideas and information on child care
- 3) To equip program implementers with new ideas and information on pediatric ART
- 4) To establish a well managed research resource centre with focus on youth friendly services.

Strategies:

1. Staff capacity building
2. Resource mobilization
3. Strengthening organizational development

Key Activities:

- Research
- Documenting
- Offering consultancy services in Reproductive Health, Child rights and HIV AND AIDS

3.6. The URHB Results Chain:

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
	<p>Impact</p> <ul style="list-style-type: none"> • Reduced HIV prevalence among young people who are beneficiaries of URHB programmes • Reduced STD prevalence among young people who are beneficiaries of URHB programmes • Reduced early pregnancies among young people who are beneficiaries of URHB programmes 	<p>National demographic and health survey reports</p> <p>National behavioral sero surveillance survey reports</p> <p>URHB programme evaluation reports</p>	<p>Government will continue putting in place supportive policies</p>

(A) Human Rights Programme:

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
Strategic objective I			
<i>To strengthen household and other civil society organizations capacity in managing cases of Child Abuse</i>	<ul style="list-style-type: none"> • Percent reduction in cases of child abuse reported • Proportion of CSOs implementing programmes that focus on preventing child abuse 	<ul style="list-style-type: none"> -Police reports on child abuse -Probation officer reports on child abuse -URHB periodic evaluation reports 	<p>More CSOs and schools will be able to take on child rights programmes</p>
Specific objectives			

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
<p>To increase knowledge levels on child rights and child abuse in the community.</p> <p>To equip children with LPS in order to protect themselves from abuse.</p> <p>To build capacity of local leaders and teachers in handling child abuse cases</p> <p>To offer psycho-social support to abused children in order to restore their self esteem</p>	<ul style="list-style-type: none"> • At least 50% of community members knowledgeable on issues of child rights • Number of children trained in life planning skills • At least 50% of the children in URHB program areas knowledgeable about their rights • At least 50% of the local leaders in URHB program areas knowledgeable about children rights • At least 30% of the community leaders reporting cases of child abuse in URHB program areas • Proportion of abused children able keep in school after counseling 	<p>URHB periodic evaluation reports</p> <p>-URHB annual performance reports</p> <p>-URHB quarterly progress reports</p>	<p>More CSOs and schools will be able to take on child rights programmes</p> <p>URHB current crop of counselors will continue providing counselling services to the young people</p>
Strategic Objective II			
<i>To reduce incidences of gender based violence and discrimination against women and girls</i>	Percentage reduction in incidences of domestic violence	<p>Reports of the District Probation and Police departments</p> <p>Annual Police Crime Report</p>	Government will continue putting in place supportive policies
Specific Objectives			
<p>To increase the capacity of communities to prevent, manage and reduce cases of domestic Violence.</p> <p>To equip women and girls with LPS in order to protect themselves from abuse.</p> <p>To offer psycho-</p>	<ul style="list-style-type: none"> • Number of bylaws made by the district local councils to limit on gender based violence and discrimination against women and girls • Number of women and girls trained in Advocacy and lobbying. • At least 80% of the women and girls in URHB program areas knowledgeable about their rights 	<p>-URHB periodic evaluation reports</p> <p>-URHB annual performance reports</p> <p>-URHB quarterly progress reports</p>	<p>District Local Government is still very supportive of URHB programmes</p> <p>District Councilors and community leaders are committed to serving the people they represent and lead.</p>

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
<p>social support to abused women in order to restore their self worth.</p> <p>To empower communities to advocate and demand for the rights of women and girls.</p> <p>To improve access of women and girls to specialized and subsidized Reproductive Health Care services.</p>	<ul style="list-style-type: none"> • At least 80% of the local leaders in URHB program areas supportive of the rights of women and girls • At least 80% of the cases of gender based violence and discrimination against women and girls in URHB program areas are reported. • Number of women able to access subsidized or free specialized Health Care services. • Number of originally dependant mothers able to support themselves as a result of equal opportunities 		

(B) HIV and Reproductive Health:

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
Strategic objective III			
<i>To increase access to health services by young people through provision of youth friendly clinical and reproductive health services</i>	<ul style="list-style-type: none"> • Number of young people accessing treatment services at URHB static and outreach clinics • Proportion of young people reporting having been abused accessing URHB clinical services 	<p>-URHB quarterly progress reports</p> <p>-URHB monthly clinic reports</p>	Young people will be able to overcome stigma associated with child abuse and come for URHB clinical services
Specific objectives			
To create community awareness on availability of clinical services for the young people	<ul style="list-style-type: none"> • Number of abused children referred from the community for treatment at URHB clinics • Number of complicated cases referred for further management in higher level health facilities • At least 50% of communities knowledgeable about 	<p>-URHB quarterly progress reports</p> <p>-URHB monthly clinic reports</p> <p>-URHB client satisfaction surveys</p>	URHB will be able sustain its resources to meet the increased demand for services

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
<p>To strengthen URHB staff capacity to provide appropriate health care services to the young people</p> <p>To provide PMTCT services to young people and community members</p> <p>Increase access to ART, treatment of opportunistic infections and preventive services for young people and communities at URHB clinics</p>	<p>availability of clinical services for young people in URHB programme areas</p> <ul style="list-style-type: none"> • At least 50% of the clients accessing services at URHB clinics express satisfaction with service provided at URHB clinics • Number of people accessing HCT from URHB clinics desegregated by young people and community members • Number of URHB HCT outreaches • Number of couples accessing PMTCT services from URHB clinics • Number of TB positive cases identified at URHB clinics • Number of HIV positive cases identified at URHB clinics • Number of STD cases identified at URHB clinics • Number of referrals to higher level health facilities made for better management • Number of clients enrolled for ART • Number of condoms distributed • Number of IEC material with abstinence messages reaching the youth and communities • Number of patients 	<p>-URHB monthly clinic reports</p> <p>-URHB PMTCT attendance registers</p> <p>-URHB laboratory records</p> <p>-URHB referral register</p> <p>-URHB ART register</p> <p>-Condom distribution register</p> <p>-IEC distribution inventory</p> <p>-URHB monthly clinic reports</p> <p>-URHB monthly HBC reports</p>	

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
	accessing palliative care services • Number of clients accessing home based care		

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
Strategic Objective IV			
<i>To strengthen the responsiveness of the community structures in managing youth related issues</i>	<ul style="list-style-type: none"> • Number of cases of child abuse reported by community structures to enforcement agencies 	<ul style="list-style-type: none"> -Police reports on child abuse -Probation officer reports on child abuse -URHB quarterly progress reports 	Trained community structures will continually remain active
Specific Objectives			
<p>To strengthen the capacity of community based volunteers and youths in addressing reproductive health issues at community level.</p> <p>To improve the capacity of teacher change agents in training and supporting in and out of school youths</p> <p>School youths</p> <p>To empower the young people and youths with information and skills relevant in reducing reproductive health risks</p> <p>To empower the youths to advocate for and demand youth friendly services.</p>	<ul style="list-style-type: none"> • Number of CBVs and youths trained in RH issues • Proportion of trained CBVs and youths who are actively involved in training the youth on RH issues • Proportion of CBVs referring clients for SRH to URHB • Proportion of CBVs referring child abuse cases to relevant authorities • Number of teacher trained as change agents • Proportion of trained teacher change agents who are actively involved in training the youth on RH issues • At least 50% of the youth with information on RH risks (Early sex, early pregnancies, STIs/HIV transmission) • Number of out of school 		

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
To equip young people with communication and basic counseling skills necessary to support their peers towards positive behavior change	<ul style="list-style-type: none"> youth reporting using condoms during sexual encounters • Proportion of youth delaying sexual relationships • Number of youth advocacy groups formed • Presentations made at different fora advocating for youth friendly services • Number of youth peer educators trained • Proportion of trained youth peer educators actively involved in sensitizing youth on positive behavior change 		
(C) Capacity Building Programme: Strategic Objective V			
<i>To build the capacity of URHB to effectively mobilize and efficiently utilize resources for improved organizational performance</i>	<ul style="list-style-type: none"> • Adequate and Sustainable resource base • Efficient use of resources and Programme implementation 	<ul style="list-style-type: none"> -Annual reports (both financial and non financial) -Audited accounts 	Stakeholders' willingness to support institutional capacity development
Specific Objectives			
To strengthen URHB's human resources management system for effective and efficient implementation of programmes	<ul style="list-style-type: none"> • Strong multi skilled, committed, motivated and efficient work force • Increased number of staff trained • Reduced number of staff turnover 	Human resource strategic plan Staff development and training policy Reward systems/procedures	URHB will have competent departmental leadership
To strengthen URHB's financial management system for efficient and effective sustainable implementation of programme	<ul style="list-style-type: none"> • Timely financial Reports • Favorable Management Report 	Financial Reports Annual audit reports Financial and accounting statements and work plans	Stakeholders' willingness to support the institution
To mobilize adequate	<ul style="list-style-type: none"> • Number of institutions supporting URHB 	Financial reports	URHB will have capacity to mobilize

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
resources to support URHB implement its strategic plan.	<ul style="list-style-type: none"> programmes Number of proposals developed Increased no. of proposals funded Resources (clinical services) for development and recurrent expenditure available 	URHB budget (Reduced budget deficit)	

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
To strengthen URHB's information, monitoring and evaluation systems	<ul style="list-style-type: none"> A functional M&E framework Efficient communication system 	M&E reports	Stakeholders acceptance
To strengthen the corporate image of URHB	<ul style="list-style-type: none"> Increased local membership New partners (donors) Increased demand for URHB services Positive media reporting 	Local print and electronic media Signed agreement	Cooperation with stake holders
To strengthen URHB's logistics management system for efficient program implementation	<ul style="list-style-type: none"> Efficient transport system Timely procurement 	Financial Reports Annual audit reports Financial and accounting statements and work plans	The inflation rate will remain stable
To strengthen URHB's HIV / AIDS implementation systems	<ul style="list-style-type: none"> Increased up take of HIV / AIDS knowledge 	Annual reports	Stakeholders' willingness to support the institution
To improve good governance for effective programmes implementation	<ul style="list-style-type: none"> Proportion of board /management reporting improved collaboration with all stake holders 	Minutes Annual reports Progress reports	Policies adhered to

(D) Research and Consultancy Programme:

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
Strategic Objective VI			

Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
<i>To build capacity and inform program implementers and government with new ideas and emerging issues in the areas of child protection, HIV AND AIDS and pediatric ART</i>	<ul style="list-style-type: none"> Number of cases of child abuse reported by community structures to enforcement agencies 	<ul style="list-style-type: none"> URHB research reports URHB quarterly reports URHB annual performance reports Photographs of research activities 	<ul style="list-style-type: none"> Availability of funding for research projects Enabling political and social environment Government support
Results Chain	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
Specific Objectives			
<p>To strengthen the capacity of URHB staff to conduct and disseminate research</p> <p>To equip program implementers with new ideas and information on child care</p> <p>To equip program implementers with new ideas and information on pediatric ART</p> <p>To establish a well managed research resource centre with focus on youth friendly services.</p>	<ul style="list-style-type: none"> Number of staff in research department equipped with knowledge on research through workshops and further studies Established research department Presentations made at different fora advocating for youth friendly services and in the area of research Proportion of people visiting and using the resource centre 		

5.0 Risk analysis and mitigation:

During the Strategic Plan development, the Secretariat has made some assumptions on which URHB would carry out successful operation of its work. In addition, possible risks that would hinder the progress of URHB's work have also been analysed and measures for mitigation have also been suggested. The Secretariat will constantly monitor these risk factors so that the relevant mitigation measures are applied appropriately. A risk management framework will be developed.

4.0 Strategic Plan Implementation strategies:

In order to implement this strategic plan, URHB will require high level of coordination, a competent human resource structure, M&E and financial management systems.

4.1 Coordination:

URHB Board and Secretariat have a strategic role in the implementation of the Strategic Plan. The Secretariat will need to continuously monitor the existing and changing external environment, adapt and respond in active and innovative ways that helps URHB to deliver its mission. The Board is expected to provide strong, visionary, supportive and nurturing kind of leadership. The Secretariat will provide regular progress of the Strategic Plan to the Board and facilitate regular meetings.

Coordination of the various URHB programmes at the district level and with its stakeholders will be an important aspect of the work of the Secretariat. This will involve effective implementation of the Strategic Plan, ensuring smooth flow of information from the secretariat to the stakeholders and vice versa; and ensuring smooth flow of funds to the branches.

4.2 Human Resource Development:

The most important resource URHB has is its staff. This resource must be preserved during URHB existence but taking into account that some staff will leave the organization for one reason or the other. As such, URHB will ensure that staff work in a conducive environment and have the necessary skills to deliver on URHB mandate. URHB will identify the skills gap critical in implementing the Strategic Plan and develop methods of acquiring or developing the required skills.

4.3 Financial Resources:

In order for URHB to function effectively, it must have a reliable source of funding from within its own operations and from different funders. URHB management will continue with its fundraising activities by approaching various funders locally and beyond. It will further strengthen its clinical services which have been one of the major income generators to support the core activities. At the moment donors are providing more than 80% of the URHB budget, with the rest being generated internally.

4.4 Funding and Accounting:

The current and future funders will provide programme funding to URHB to support its Strategic Plan. The amount budgeted is Uganda shillings **XXXX**. URHB secretariat will ensure that all financial transactions are within the confines of the financial and accounting manual and that annual audits by an external firm are conducted in time.

4.5 Budget Summary:

URHB will need a total of Uganda shillings **XXXX** to run its programmes, activities and the institutional development during the five year strategic planning period. Given the huge amount of work needed to make an impact on its beneficiaries, it is clearly evident that URHB will require substantial financial support from development partners/funders. The budget summary is shown in Table 1. Due diligence measures will be made by the Secretariat to keep administration costs as modest as possible with a higher percentage of funding dedicated to programmes.

Table 1: Five Year Budget (2009 – 2014)

Item	Yr 1 (Ug shs '000)	Yr 2 (Ug shs '000)	Yr 3 (Ug shs '000)	Yr 4 (Ug shs '000)	Yr 5 (Ug shs '000)	Total (Ug shs '000)	% of total budget
Child Care Programme							
Health programme							
Capacity building Programme							
Institutional development							
(a) Monitoring and evaluation							
(b) Administration							
(c) Staff development							
TOTAL							
Available funding							
Funding short fall							

5.0 Risk Analysis and Mitigation:

During the Strategic Plan development, the Secretariat has made some assumptions on which URHB would carry out successful operations of its work. In addition, possible risks that would hinder the progress of URHB's work have also been analyzed and measures for mitigation have also been suggested. The Secretariat will constantly monitor these risk factors so that the relevant mitigation measures are applied appropriately. A risk management framework will be developed.

SWOT Analysis Matrix :

Strength Element	Strategies
Strength	Strategies to Maximize
<ul style="list-style-type: none"> -Qualified, motivated, experienced, dedicated and multi skilled staff -Strong and hard working volunteers 	<ul style="list-style-type: none"> -Providing on job training for staff -Conduct regular staff appraisals -Providing refresher trainings -Rewarding staff for good performance -Human Resource policy to be clear on volunteers
<ul style="list-style-type: none"> -Availability of physical Infrastructure: land, buildings, motor vehicles, computers, Motor cycles 	<ul style="list-style-type: none"> -Strengthen infrastructural management system -Develop guidelines for management of organizational assets -Conduct routine stock taking
<ul style="list-style-type: none"> -Active and supportive board of governors -Wide scope of operations -Strong community support -Strong partnerships with key ministries e.g MoH, Ministry of gender and social development, Ministry of education and sports; and local governments -Strong partnerships with CSOs 	<ul style="list-style-type: none"> -Strengthen board participation through regular information sharing -Strengthen support supervision function -Strengthen participatory planning and implementation management of community programmes -Provide more avenues for information sharing and involving stake holders in URHB programmes
Weaknesses	Strategies to Minimize
<ul style="list-style-type: none"> -Inadequate equipments -Non competitive salary scale -Lack of staff appraisal system 	<ul style="list-style-type: none"> -Fundraise for more resources to procure more equipment -Review the human resource policy and make salaries more competitive through fundraising -Review the Human Resource manual and provide for regular staff appraisal
Opportunities	Strategies to Harness
<ul style="list-style-type: none"> -URHB has the capacity to attract more development partners -Conducive government policies on HIV AND AIDS -High community demand for URHB services -Political stability -Strong political support at national and district level 	<ul style="list-style-type: none"> -Strengthen the resource mobilization strategies -Develop programmes that are in line with government policies -Ensure participatory planning and management that takes care of the community expectations -Expand URHB programmes to reach out to a wide community -Ensure that all URHB programmes are within the national and district development framework -Keep political leaders involved in all programme planning and implementation

Threats	Strategies to minimize
-Short term funding -Changing donor priorities -Political interference -Many NGOs providing similar services among same target beneficiaries	-Develop proposals that have long term funding -Build capacity of staff in resource mobilization -Strengthening the operations of the clinic by introducing more services to increase on its income -Strengthen NGO representation and stay neutral -Be continuously innovative in providing unique services

URHB STAKEHOLDERS

URHB has worked with several stakeholders on different capacities as summarized below

Government	<ul style="list-style-type: none"> • Health centres • Ministry of Health • Ministry of Local Government • Ministry of Education and Sports • Makerere University Kampala • Uganda AIDS Commission 	Government Ministries and Departments supported URHB with technical, policy guidance and in-kind support
Local Non-Governmental Organizations (NGOs)	<ul style="list-style-type: none"> ○ ANPPCAN ○ UPHOLD ○ UYAAS ○ AFC ○ UCRNN ○ VAD ○ SAVE THE CHILDREN ○ EMESCO ○ AIC ○ MILD MAY 	URHB networks with the line NGOs for purposes of sharing information and referral for further management and support.
Donors	Pacific Institute for women's Health	Supported our school education activities in life planning skills for one year.
	PATH - USA	Funded the designing, development and printing of our Information, Education and Communication networks (IEC) for one year.
	CIDA	Supported our voluntary counseling and HIV testing in Namwiwa sub county in Kaliro district for one year.
	MIVA	Funded our Ambulance support for our medical centre in Bugiri district.
	Global Fund	Funded our HIV AND AIDS

		education in school of Bugiri district for one year.
	Uganda AIDS Action Fund	Funded our workshop on Sexual and Reproductive Health
	OX-Firm-Uganda	Funded our mainstreaming of HIV in our Reproductive Health Programs in Jinja, Kampala and Wakiso district for one year.
	USAID	Supported a care and support project in Bugiri for PLWAS through distribution of ITNs, couple counseling, T.B screening for two years
	GOAL	Supports our HIV AND AIDS and STI prevention project in Bugiri Islands and commercial sex workers for three years
	FEED THE MIND	Supported the designing and printing of our Information, Education and Communication materials for Sexual and Reproductive Health for one year in Kampala, Bugiri and Kaliro.
	Elton John AIDS Foundation	Supported our HIV AND AIDS school activities for Kampala and Bugiri districts for two years.
	OAK Foundation	Supported our child abuse project for the treatment of the sexually abused and psycho social support in three districts of Bugiri, Kaliro and Kampala district for four years.
	SIMAVI	Supported our HIV AND AIDS prevention and education among in and out of school young people in Bugiri, Kaliro and Kampala district for six years.
	CHILDHOPE/BLF	Supported our joint project with UYAAS on integrated Project on HIV AND AIDS in seven districts of Uganda for four years.
	DRI	Supported our three medical centres Kampala, Bugiri and Kaliro districts with medical equipment and drugs support for six years
Community	Local councils, schools, churches youth leaders, CBOs, Teachers, posttest clubs and MDD group	For ownership and sustainability of our projects and programs URHB works with local community actors including local council leaders, teachers, youth leaders, churches among others.

