MOST AT RISK POPULATIONS INITIATIVE - MARPI

STRATEGIC PLAN
2021 - 2025.

Most At Risk Populations Initiative

MARPI

STRATEGIC PLAN 2021-2025.

Vision:	Health People, Socio-economically Empowered Communities
Goal:	Universal access to HIV/TB/STI/ SRH&R and other health services by the Most At Risk, Key and Vulnerable populations, coupled with Socio-economic Empowerment

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LIST OF ABBREVIATIONS AND ACRONYMS

AMICALL	Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa
CSO	Civil Society Organizations
EAC	East African Community
FC2	Female Community 2
IDI	Infectious Disease Institute
KCCA	Kampala Capital City Authority
HIV	Human Immunodeficiency Virus
LGBTI	Lesbian Gay Bisexual Transgender and Intersex
MARPI	Most At Risk Populations Initiative
M&E	Monitoring & Evaluation
MdM	Medicines du Monde
MOH	Ministry of Health
MSM	Men who have Sex with Men
SRHR	Sexual Reproductive Health Rights
STI	Sexually Transmitted Infections
TB	Tuberculosis
MUJHU	Makerere University John Hopkins University
RMNCAH	Reproductive Maternal New borne Child and Adolescent Health
TASO	The AIDS Support Organization

FOREWORD

The last 10 years of existence of MARPI have been years of learning, venturing, and positioning. MARPI pioneered interventions in Key populations, Young people at risk and other At risk populations that are socially marginalized, stigmatized, discriminated, facing legal barriers, and ably demonstrated that it is possible to reach out to these populations despite the constraining existing environments and that it has a greater public health benefit that goes far beyond the target populations.

MARPI will continue to work with all stakeholders in expanding coverage and reach to those most affected by HIV/TB/STI and missing on critical Sexual Reproductive Health and Rights.

In this strategic plan MARPI will aim at enhancing capacity and resilience to deliver services to Key populations, Young people particularly adolescent girls and young women, and other at risk populations, enhance capacity building, advocacy and community Empowerment, and Generation of evidence, research, innovation, documentation and dissemination.

I therefore call upon all partners that have relentlessly supported MARPI to continue and also welcome new partnerships aboard for a cause that is clear to all of us. Nobody should be left behind in the struggle to end AIDS and in the fight for better health for all.

Dr. Peter Kyambadde

EXECUTIVE DIRECTOR

ACKNOWLEDGMENT

This strategic plan is a key milestone and a major turning point in the history of MARPI since its inception in 2008. It has taken into account the huge numbers of people that are not adequately reached with Sexual Reproductive Health interventions, the increased vulnerabilities and risk to HIV/TB/STI among Most at risk, Key and Vulnerable populations (particularly young people more so adolescent girls and young women).

MARPI is sincerely grateful to a host of development partners, organizations, networks and individuals who have supported and contributed to the development of this strategy in one way or another and are too many to be mentioned individually.

Special mention goes to Ministry of Health-AIDS Control Program, The National STI Control Unit-Mulago, Mulago National Referral Hospital, Global Fund, PEPFAR through its Implementing partners (Makerere University Joint HIV/AIDS Program- MJAP, Infectious Diseases Institute-IDI), Medicines du Monde- MdM, DANIDA, SIDA, The AIDS Support Organization-TASO, Kampala Capital City Authority-KCCA, AMICAALL, Positive Parenting and Responsible Child-POPARC, who have persistently supported MARPI programs since its inception to date.

I would like to sincerely appreciate the Key populations, Young people, and other Most at Risk Populations, CSO, Youth Clubs& Groups, Networks, and individuals who supported this process.

Special thanks go to the Chairman Board of Directors-Dr. Kambugu Fred and the Board Members, the Executive Director Mulago National Referral Hospital-Dr. Byarugaba Baterana, and the entire staff of MARPI for the support and effort to have this process accomplished.

MARPI remains indebted to the founders for had it not been their vision this would not have been possible. Special gratitude to Dr. Rhoda Wanyenze, the Dean- Makerere University School of Public Health who supported us right from the beginning when no one was willing to listen. This strategy is not cast in stone but rather will remain a living document that will be revised as learning, innovations, technologies, and policies evolve.

Dr. Kambugu Fred

BOARD CHAIR

EXECUTIVE SUMMARY

This strategic plan lays out priorities and strategic intents of which MARPI will base its implementation of interventions, within its mandate and in line with its vision, goals and objectives. MARPI will continue to build on the successes that have been realized but strongly align to current dynamics in the HIV/TB epidemic, STI control and Sexual Reproductive Health & Rights programming.

The strategic direction is also informed by the global commitments, strategies and targets such as the Sustainable Development Goals-SDGs, the triple 90 targets by 2020, Ending HIV/HIV by 2030, "Every Women Every Child" (EWEC) commitments, the "FP2020" commitments among others. The strategic actions are hinged on existing policies and guidelines, remaining highly flexible to innovation, learning and evidence based intervention programming.

MARPI is remains cognizant of bottlenecks and barriers and more so the fact;

That Key and other At risk populations like young people in transaction sex remain heavily burden by HIV in Uganda with HIV prevalence ranging from 33% in sex workers, 13.2% in MSM, (crane survey, 22-35% (Fishing Community survey),

That there is a significant overlap of risk and vulnerabilities in young people particularly adolescents and young women who may also belong to one or more of the key populations or engage in activities associated with the key population.

That stigma, discrimination and violence and other structural, behavioral and biomedical limitations are widespread and increase vulnerability of Most at risk and Key populations, young people and other vulnerable populations to HIV, GBV and economic marginalization.

That there is a shift of the HIV epidemic to young people as highlighted by the UPHIA-Uganda Population-Bases HIV Impact assessment 2016-2017

That Uganda is one of the countries with a very high teenage pregnancy rate and that modern contraception prevalence remains very low.

That the TB burden in the country is unacceptably high and that case detention, retention, lost to follow up and Multidrug resistant TB still pose significant challenges and constantly require new innovations and strategies.

It is on the basis on those considerations that the following priority areas have been selected to inform the interventions during this period of implementing the strategic plan.

1). Capacity Building

2). Service Delivery

3). Community Empowerment

4). Advocacy

5). Research & Innovation

In order to deliver on these priorities, a wide range of strategies and innovations will be deployed to achieve our objectives.

CHAPTER 1

INTRODUCTION AND BACKGROUND:

1.1 INTRODUCTION

Most At Risk Populations Initiative-(MARPI) is a legally constituted Private Not for Profit (PNFP) organization registered in 2008 under the laws of Uganda, registration No: 104041 and also registered as a Non-Governmental Organization-(NGO) under the NGO board. Its foundation was informed by the fact that risk and the vulnerability to HIV/TB/STI are greatly influenced by social, legal and economic variabilities in populations resulting in disproportionately higher burden in certain groups of people. MARPI therefore aims to bridge the existing gaps in access to SRHR/HIV/TB/STI services and other interventions among Most at Risk, Key and vulnerable populations in Uganda.

Location:

The organization main offices are located in Mulago National referral hospital – Adjacent to the National STD clinic.

Collaborations and Networks

The organization closely collaborates with a number of partners and agencies including the National STD control unit- Mulago of the STD/ACP-Ministry of Health, PEPFAR implementing partners, Makerere University- Infectious Diseases Institute, UN agencies, Global Fund- TASO, Medicines du Monde and other stakeholders

Target populations:

i). **Key populations have been taken to include:**

Sex workers, MSM/LGBTQ, People Who inject drugs (IDUs) and Incarcerated persons- (People in Prison), while

ii). **Most At risk/Priority and vulnerable populations include:**

Young at risk populations (Adolescents and youth both girls and boys in and out of school, young people involved in transactional sex, urban youth in slums, persons using drugs- Non-Injecting Drug Users, migrant workers, Refugees, People with Disability (PWD), Truckers- (Long Distance Trucker Drivers), Fisher folk, Bodabodas cyclists, Uniformed forces, Students in tertiary institutions and At Risk Men/Women in the general population

Key considerations taken into account were that these populations are involved in high risk behaviors and therefore at increased risk of HIV, STI and some are surrounded by legal, social, cultural, religious and political environments that increase their vulnerability to HIV/TB/STI and often they miss out on Sexual Reproductive Health &Rights (SRHR) interventions.

1.2 What MARPI does?

MARPI is a national NGO implementing programs in over 20 districts across the country. It is a multifaceted organization providing a wide range of programs and interventions including behavioral, biomedical and structural interventions. The focus is majorly on high risk, marginalized and vulnerable populations who are commonly underserved because of one reason or another. Some of the programs include:

i). **Sexual Reproductive Health and rights program:**

Focused on provision of information, products and services, we do family planning education offer choices and referrals. Annually we reach over 10000 clients with services. We deliberately provide information on prevention of unsafe abortion practices and referral for Prevention of Mother to Child Transmission -PMTCT. The four prongs as pillars of PMTCT are closely and critically adhered to as we provide services to our clients and a number of children of sex workers found positive have been enrolled into care using the family centered approach.

ii). **Cervical Cancer Screening and proctology Program:**

This program focuses on delivering cervical cancer screening for females and proctologic examination for anal lesions and pathologies. The program serves over 2000 clients annually at the clinic.

iii). **STI screening and treatment program**

Focused on screening, treatment and health education promoting early care seeking behaviors, STI prevention and control. We reach over 20000 clients with STI services annually

iv). TB screening and treatment program

Focused on screening for TB, health education promoting early symptom recognition, and referral for TB identified cases. Major focus has been the HIV positive clients and over 2000 clients are reached annually

v). Condom Program:

This program promotes 100% condom use for our target populations. Under this program we distribute 3-5 million condoms annually to target populations including both male and female condoms. We have set up over 250 condom outlets in hot spots and installed over 100 condom dispensers.

vi). HIV testing Services program:

We ran a key populations and other vulnerable populations clinic with a sex workers' cohort of over 5000 sex workers attending the clinic regularly and tested for HIV; with an (HIV prevalence of 35%). We test over 15000 persons annually. We ran a Drop in center at the facility serving Most at risk, Key and vulnerable populations that is linked to the clinic and provides all services including Testing services. We employ a number of innovative strategies in HTS including assisted partner notification, Snowballing, Social Network testing, among others.

vii). Prevention with Positives activities:

We have Strengthened referral linkages and collaboration with our partners to ensure that all identified positive clients in our program are linked to care and continue to be supported through our positive health dignity and prevention programs.

viii). HIV care and treatment:

We ran an ART clinic with about 1200 adults and 30 children accessing care and ART treatment from the clinic

ix). Communication for social and individual behavioral change:

We deliver behavior change programs including messaging, small group targeted community dialogues and one to one (individual dialogues). Annually we reach over 12000 individuals with risk reduction and other health related messages.

x). Learning site program:

As a learning site we innovate, pilot and replicate intervention for national level scale up. We have innovated and piloted successfully a MARPI key population's friendly clinic model which is being scaled in the entire country for MARPs. And as such we ran a "Training and Capacity building program" targeting; Health workers, community resource persons, peer educators, Community Based Organizations-CBOs and other civil society organizations. In that regard we have trained over 300 peer educators

for sex workers, MSMs and general community, 250 community condom distributors including an FC2 module as part of the training. We have built capacity of health care providers on targeted interventions for MSMs, Sex-workers, Injecting Drug Users, and other vulnerable populations for various partners including IDI, MUJHU, TASO, Baylor, KCCA, Entebbe Grade B, Naguru Teenage Centre, Mbuya Outreach, Kitebi HCIII, Mukono HCIV, Bwaise Health Clinic and Lusaka Life Care among others. We also ran a joint leadership training program for sex workers with FAHAMU under the-Sex Workers Leadership Institute (SWLI) initiated by Fahamu,[1] with a purpose of developing the leadership of the SW organizations. The SWLI pilot program targets Uganda, Kenya, Tanzania, Zimbabwe and Namibia. We have trained over 1000 health care providers from various health facilities in Gender and sexual diversity.

xi). Centre of Excellence clinic:

We have established a model "Drop in Centre" -DIC at MARPI clinic-Mulago which serves key populations and young people at the National referral hospital. This is one of its type in the country and it is a model that the Ministry is using to scale up friendly services in other facilities. Has been scaled up in Regional Referral Hospitals

xii). Regional referral Hospitals Key Populations Drop in Centers and Hubs Program:

We ran Drop in Centers for Key and vulnerable populations in over 23 facilities majorly regional referral hospitals and some facilities strategically placed in high volume areas for Key and vulnerable populations. This is a Ministry of Health program aimed at scaling up friendly key populations interventions in regional referral hospital supported by Global fund through TASO. We are currently expanding the program to reach 40 facilities by 20***20.***

xiii). PrEP:

We are implementing a Pre-Exposure Prophylaxis Program- PrEP and we are among the first of the 6 selected sites in the country that service. Program started in 2018 July and to date we have enrolled over 2000 clients making MARPI a site that contributes to over 70% of the total number of clients on PrEP in the country.

xiv). School program:

Working with POPARC-Positive Parenting and Responsible Childhood- a local NGO, we have reached over 10,000 children in school with sexuality education, sensitized over 500 teachers and held dialogue meetings with over 200 parents.

1 *Fahamu is a pan-African social justice organisation based in Nairobi, Kenya.*

xv). **Needle exchange Program for People Who Inject Drugs- PWID:**

We have piloted a needle Syringe Program supported by Global fund through KANCO-Uganda Harm Reduction Network and findings are going to inform further programing for PWID.

xvi). **HIV self-testing Program:**

Started in September 2018, we are targeting to distribute 9142 self-testing kits to high risk men. The aim is to reach the deeply hidden populations with HIV testing services. 330 kits have been distributed in the last two months and the program continues

xvii). **Gonococcal Antimicrobial Resistance surveillance:**

We are one of the sites supported by Makerere University - Infectious Disease Institute (IDI) to implementing the Gonococcal Antimicrobial Resistance Surveillance Program (GASP) under WHO Antimicrobial Global Security Program.

1.3 Situation analysis

The Policy context:

The strategic direction taken is informed by the global commitments, strategies and targets such as the Sustainable Development Goals (SDGs, the triple 90 targets by 2020, Ending HIV/HIV by 2030, "Every Women Every Child" (EWEC) commitments, and the "FP2020" commitments among others. The strategic actions are hinged on existing policies and guidelines, remaining highly flexible to innovation, learning and evidence based intervention programming. Worth noting is the global recognition and push for better health demands that health systems become more equitable and responsive to the ever changing health needs, deliver care that is trusted, acceptable, accessible and affordable by all people irrespective of their age, sex, gender or socio-economic status. The Global shift from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) with a broad focus on health is one key framework that has informed this strategic plan, particularly SDG 3 and 5.

SDG 3 aims to "Ensure health lives and promote wellbeing for all at all ages" with the following targets;

1). **Target 3.3:**

End the epidemics of AIDS, Tuberculosis, Malaria and neglected tropical diseases and combat hepatitis, waterborne diseases, and other communicable diseases by 2030.

2). **Target 3.7:**

To ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs by 2030

SDG 5 focus effort on "Gender Equality" highlighting empowering all women and girls and having targets including;

i). **Target 5.1:**

End all forms of discrimination against all women and girls everywhere

ii). **Target 5.2:**

Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

iii). **Target 5.3:**

Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

iv). **Target 5.5:**

Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

v). **Target 5.6:**

Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

vi). **Target 5.a:**

Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

vii). **Target 5.b:**

Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

The Regional frameworks in place or under review such as the EAC- HIV/AIDS strategic plan, the EAC-RMNCAH policy guideline, the EAC Health Sector Knowledge Management strategy and the local relevant sector frame works including the National Development Plan II, the Health Sector Strategic and Investment plan, the National Strategic Plan for HIV&AIDs 2015-2020 among others have been consulted and aligned to in the process of developing MARPI strategic plan 2018/19-2022/2023.

The HIV/TB/STI/ SRH&R context:

MARPI is remains cognizant of the local context, bottlenecks and barriers surrounding provision of HIV/TB/STI/SRHR services including accessibility, acceptability, affordability, stigma, discrimination, gender based violence among others. The organization takes into account the existing situation and the fact;

That Key and other At risk populations like young people in transaction sex remain heavily burden by HIV in Uganda with HIV prevalence ranging from 33% in sex workers, 13.2% in MSM, (crane survey, 22-35% (Fishing Community survey),

That there is a significant overlap on risk and vulnerability as young people particularly adolescents may also belong to one or more of the key populations or engage in activities associated with the key population.

That stigma, discrimination and violence particularly gender based violence are widespread and increase vulnerability of Key populations, young people and other at risk populations to HIV/TB/STI.

That there is a shift of the HIV epidemic to young people as highlighted the fact that 33% of the new HIV infections are occurring in young people (UPHIA-Uganda Population-Bases HIV Impact assessment 2016-2017.

That Uganda is one of the countries with a very high teenage pregnancy rate and that modern contraception prevalence remains low. The Uganda Demographic survey 2016, further highlights significant gaps in Sexual Reproductive Health services putting percentage of women aged 15-19 who have begun child birth is 35%, Prevalence of modern contraceptive methods among married women is at 35%, Unmet need for family planning standing at 28%, abortion rate at 39 per 1000 women of reproductive age.

That access to services by Key populations, Young people more so adolescents and young women and other At Risk populations is heavily impacted on by structural, behavioral and biomedical limitations including legal and political environments, Sexual Gender based violence and inequalities, religion, culture and economic factors among others. And that providing services that are friendly,non-stigmatizing, non-discriminatory, tailored to individual context, gender sensitive and inclusive is critical for us to reach the population we serve.

1.4 The Process

The process of developing this strategic plan was consultative, involving the technical staff of MARPI, the board members, technical people of Ministry of Health, Implementing Partners, Civil society organizations, Networks, Communities of the populations served and other relevant stakeholders.

The technical lead of the development process did a desk review of MARPI organization documents including reports for completed and ongoing projects, organization annual reports, policy documents, Memorandum of Understanding both of ongoing and completed grants, special organization reports among others.

Additionally, review of global regional and local policies, guidelines, surveys and program reports was done. Many of these have been alluded to in the situation analysis section and they greatly informed the direction of this strategic plan.

CHAPTER 2

MARPI's STRATEGIC DIRECTION 2018/2023

2.0 INTRODUCTION

In the next five years MARPI seeks to build on the previous achievements and further position itself to empower Most At risk, Key and vulnerable populations address their Health and socio-economic constraints, and contribute towards HIV reduction, gender, sexual and reproductive health. Guided by this strategic plan, MARPI aims to make a contribution to resilient and sustainable systems that respond to HIV/TB/STI and Sexual Reproductive Health needs &Rights of the Key populations, young people and other at risk populations

2.1 VISION, GOAL, MISSION, VALUES AND GUIDING PRINCIPLES

VISION:

Health people, socio-economically empowered communities

GOAL:

Universal access to HIV/TB/STI/ SRH&R and other health services by the Most at Risk, Key and Vulnerable populations coupled with Socio-economic Empowerment

OUR MISSION:

To reach out to the socially, economically and legally marginalized, stigmatized and discriminated populations with HIV/TB/STI/Sexual Reproductive Health &Rights services and social economic interventions.

CORE VALUES:

i). Professionalism
ii). Integrity
iii). Respect & Team Work
iv). Innovation & Quality

GUIDING PRINCIPLES:

i). Most At Risk focus and People-Centered Approach
ii). Enhanced Partnership and networking
iii). Socio-economic, Gender, Sexual and Reproductive Health empowerment

2.2 PRIORITY AREAS, OBJECTIVES, STRATEGIES AND ACTIONS

Strategic priority Areas:

The following priority areas will be the basis of focus and interventions during this period of implementing during the strategic plan.

1). Capacity Building

2). Service Delivery

3). Community Empowerment

4). Advocacy

5). Research and Innovation,

STRATEGIC PRIORITY AREA 1: Capacity building

BROAD OBJECTIVE:

Enhance the capacity of service providers, communities and the targeted populations (the Most at risk, Key populations, young people and other vulnerable populations) and their CSOs, CBOs, Networks, groups and youth clubs to deliver appropriate and context specific HIV/TB, STI and SRH services and information

Capacity for delivery of comprehensive SHR&R, HIV/TB, STI services will be built for service providers, service beneficiaries including Key populations, adolescent girls and young women including other young people, vulnerable and other at high risk populations. This will be through trainings, placements, on job mentorships, coaching and support supervisions

Key activities

i). Train health care providers in provision of friendly, non-discriminatory and stigma free services to key, young people and other at risk populations

ii). Train Peer educators from key populations, young people, adolescent girls and young women and other at risk populations to create demand, deliver appropriate interventions, and provide information and life skills.

iii). Train health, care providers in Gender and Sexual Diversity including management of Gender Based violence- GBV.

iv). Train Health care providers in provision of comprehensive SRH care services including abortion care

v). Conduct training and skills development for the Stop GBV& Stigma champions, role models, among KPs, Young people and other At risk and marginalized populations groupings, and networks

vi). Conduct on job mentorships and supervisions and capacity/quality service audits

vii). Orient and mentor teachers, parents, guardians and community gate keeper in parenting skills and responsible childhood

viii). Train, mentor and couch Key populations, young people and other at risk populations in delivery of tailored, appropriate services, messaging on HIV/TB/STI/SHR and other interventions

ix). Conduct Organizational Capacity Assessment (OCA) using the tool –OCAT and training of the CBO leaders, peer leaders of youth and KP/PP organization in leadership, organization development and other capacity gap areas

x). Provide experiential learning to CBOs and youth groups and networks

STRATEGIC PRIORITY AREA 2: Service Delivery

BROAD OBJECTIVE:

Increase access to quality, tailored, comprehensive, context and age-specific HIV, TB, STI and Sexual Reproductive Health services, information and utilization to Key and Priority populations, young people and other at risk and vulnerable populations

Despite the availability of HIV/TB/STI and SRH services in facilities, key populations, young people and other most at risk populations fail to access and sometimes shy away from these services and interventions. A wide range of factors contribute this poor uptake and utilization of services including; stigma, discrimination, attitude of service providers, lack of information about the services offered among others. We will work with all stakeholders; government, partners, key populations, young people and other most at risk populations to address factors that hinder access and utilization of HIV/TB/STI/SRH and other service, increase demand and create an enabling environment for increased access to services

KEY ACTIVITIES:

i). Hold multilevel stakeholders' orientations and sensitizations for consensus, buy in, partnership and ownership of programs targeting Key and Priority populations, Young people, and other at risk and vulnerable persons.

ii). Orient and sensitize service providers, law enforcement agencies, politicians, communities and other duty bearers on impact of stigma, discrimination, poor attitude and the legal environment to key populations, young people and other at risk populations regarding access to services.

iii). Support existing and set up new friendly corners, drop in centers and safe spaces in facilities, communities and other settings

iv). Conduct community mobilizations, sensitizations, campaigns to create and increase awareness and uptake of HIV, TB, STI, SRH services and other targeted interventions among the key populations, young people and other at risk populations

v). Work with and utilize Key populations, young people and other at risk people organizations, youth clubs in and out of school, CSO, peer to peer networks to create demand, manage referrals, support retention, dialogue on prevention; care and treatment, adherence to ART and TB treatments, sexuality education, reduction of risk to drug and alcohol abuse,

vi). Conduct targeted outreaches and use peer to peer approaches to increase access to HIV/TB/STI/SRH services and other interventions

vii). Engage media and innovative technologies, social media, m-Health, and others media to provide context and age appropriate information/messages about HIV/TB/STI/ SRH and other interventions, and increase demand and utilization of services

viii). Provide psychosocial support to Key populations, young people and other at risk populations

ix). Expand and strengthen availability, accessibility, usability, and quality of data, including expansion of electron data collection, management, use of unique identifiers, to support client management and programmatic interventions to advance epidemic control, uptake of SRH &R, and other relevant interventions

x). Identify, prioritize and optimize interventions and customize packages that enhance provisions of interventions and identification of undiagnosed PLHIV and linkage to quality prevention, care and treatment and SRH services using innovative approaches like Assisted partner Notification, Social Networks strategies, Snowballing, escorted referrals among others.

xi). Support M&E functions and processes internally and with partners and other stakeholders

STRATEGIC PRIORITY AREA 3: Community Empowerment

BROAD OBJECTIVE:

Empower communities to participate in Health, Economic and Leadership activities

In the context of this strategic plan community empowerment will be assumed to encompass community involvement and participation in the decisions and actions that affect them. In health services delivery and management, it will enhance acceptability and use by members of the community because they can easily identify with the services that are provided. A broader and wider perspective of community will be subsumed to consist key population networks, women, young people and adolescents' groupings, peer support groups (PSGs), community based organizations (CBOs), village health teams (VHTs) and community health volunteers (CHeVs), civil society networks, networks of persons living or affected by the diseases, treatment buddy groups among others as determined from time to time. Same or similar groupings will be utilized for economic, social and leadership empowerment.

Key Activities

i). Support formation of Peer support groups

ii). Create role models and champions in communities to motivate communities for the uptake of HIV/TB/STI and Sexual Reproductive Services, addressing silence and stigma associated with living with HIV, support roll-out of community based TB-DOTS, improve contact tracing, retention, follow up and TB&ART treatment adherence.

iii). Build community linkage systems that can facilitate HIV/TB/STI/SRH services uptake referrals, follow up and retention in care and other prevention programs

iv). Conduct Community group meetings and education session on SRH rights and legal services and other negative social norms

v). Provide or link to organizations that provide seed grants, cash transfers to young people and other vulnerable populations

vi). Orient communities in basic economic principles and skills that can improve their economic engagements and income

vii). Build partnerships at community and other level of society including CBOs, youth groupings, networks to for improved synergies, coordination, enhancing impact and minimizing duplication

viii). Conduct Life skills building orientations and economic and leadership empowerment trainings for young people

ix). Initiate and expand Orphans and vulnerable Children -OVC interventions including strengthening case management to provide evidence based OVC service packages to prevent incident HIV infections among HIV negative children, maintain viral suppression among HIV positive children and facilitate transitioning, and address their demand, access, knowledge and uptake issues of SRH&R services.

x). Build capacity and support young people (adolescents, young women and youth), Key and vulnerable population to engage in Income Generating Activities –IGAs.

xi). Empower young people to contribute towards environment protection including creation of awareness

STRATEGIC PRIORITY AREA 4: Advocacy

BROAD OBJECTIVE:

Build capacity for advocacy, empower and jointly work with communities and other stakeholders to advocate for uptake of HIV/TB/STI/SRH interventions, elimination GBV and economic empowerment at community and other levels

Advocacy is one of strategies that MARPI is going to use to increase awareness, uptake, acceptability, usability of services and interventions for the targeted populations and communities. A number of advocacy activities will be conducted targeting duty bearers and beneficiaries.

KEY ACTIVITIES:

i). Popularize and disseminate information on proven evidence based interventions and models for scale up

ii). Sensitize duty bearers on policies, laws, guidelines, directives, social norms that enhance and those that hinder access to HIV/TB/STI/SRH services and interventions

iii). Dialogue with cultural, religious, political leaders, parents, guardians, community gate keepers on negative socio-cultural gender norms that affect access and acceptability of HIV/TB/STI/SRH interventions

iv). Train, orient and sensitize key population, young people and other most at risk populations in advocacy

v). Advocate with communities to eliminate discrimination, violence, harmful practices against women, girls and other persons

vi). Empower and promote women's full and effective participation in making decisions on their health and other related issues with special focus on adolescent girls and young women

vii). Educate communities on sexual and reproductive health and rights

viii). Orient and educate communities on use of enabling technology and platforms for information and communications technology to promote the empowerment, learning and sharing of valuable information

STRATEGIC PRIORITY AREA 5: Research, innovation and e-Health

BROAD OBJECTIVE:

Foster implementation research, Innovation and e-Health

MARPI will promote innovation, generate and advance new knowledge and understanding using implementation science approaches. This will involve demonstration and pilot activities aiming to show technical and operational feasibility to improve processes, services and technologies. Special focus will put on e-Health/m-Health to enhance reach, and access to Key and Priority populations, young people, vulnerable and other at risk Populations.

Key Activities:

i). Innovate and support use of e-technologies and platforms to enhance communication between individuals and health services such as use of Toll free lines

ii). Promote and enhance use of technologies and innovative platforms to augment treatment adherence, appointment reminder

iii). Enrich community mobilization and health promotion campaigns using m-health

iv). Boost consultations among individuals and between service providers and beneficiaries using m-Health

v). Stimulate m-learning by increasing access to online educational materials and information

vi). Support communities and individual utilize m-health in decision making using decision support systems

vii). Expand emergency management and reporting systems to deepen and widen use of m-health in emergency situation like Sexual Gender Based Violence - SGBV

viii). Explore use of e-platforms and technologies to enhance data collection, management and reporting on health and other interventions

ix). Conduct implementation research and demonstrations models to inform programs and policies

x). Widen and deepen innovative interventions and demonstrations for effective linkage, care, retention and treatment for People Living with HIV-(PLHIV), TB, STI, GBV, SHR&R with greater focus on young people especially adolescent girls and young women(AGYW)

STRATEGIC PRIORITY AREA 6: Organizational capacity building, learning and sustainability

BROAD OBJECTIVE:

Strengthen Internal organization capacity, learning and sustainability mechanisms

In the next five years MARPI will strategically aim to strengthen and grow itself into a learning, strong and sustainable organization. Systems, visibility and branding will be enhanced and position strengthened.

Key Activities:

i). Use e-Platforms to enhance organizational identity, visibility, branding and strengthen its positioning as one of the most effective, efficient and reliable organization in the country and globally in provision of HIV/TB/STI/SRHR and other health services

ii). Conduct organization structure reviews and strengthen organizational set-up, structures and procedures with the purpose of ensuring that we continuously address ourselves to the organization goals, objectives, mission and vision.

iii). Develop a comprehensive sustainability plan to inform long term intervention and organization continuity and alignment with the changing global and local context

iv). Develop a staff development plan to strengthen shared and/or joint learning, enhance team building and synergy both within and without; and conduct needs assessment, trainings and team building activities.

v). Review financial/administrative systems to further strengthen and enhance finance and administrative policies including joint budgeting and review of budgeting by the different programs & harmonized, auditing and other procedures aimed at ensuring transparency and accountability

vi). Develop a partnership agenda, coalitions to enhance and strengthen synergy and a greater benefit of leveraging.

vii). Procure needed Infrastructure, equipment, services, space and human resource to support organization functions

viii). Build capacity for grants management in the context of sub-grants management

CHAPTER 3

RESOURCE MOBILIZATION AND FINANCING OF THE STRATEGIC PLAN

MARPI will use a multi-pronged approach to mobilize resources for the implementation of this strategy. This will be done solely or jointly with other partners. Among the approaches are:

1). **Responding to solicited competitive grant funding opportunities:**

This is anticipated to be one of the major resource mobilization strategy and the organization will write grant proposals to development partners to mobilize resources

2). **Unsolicited proposals and Concepts:**

MARPI will write proposals and concepts that are specific to specific challenge or gaps areas and submit them to potential donors as unsolicited applications. This will target embassies, Implementing partners, CSOs and other funding agencies

3). **Government of Uganda funding:**

The organization will lobby for funding from government ministries, departments, districts, urban authorities to provide funds for the activities of their interest in the strategic plan

4). **Public Private partnership:**

MARPI will take effort to interest and leverage on private sector partners to fund some activities as part of their social responsibility

5). **Fund raising events:**

MARPI will from time to time and as appropriate organize fund raising events both in-country and abroad to mobilize funds resources to fund this strategic plan.

To effectively operationalize the resource mobilization strategy, a dedicated officer and committee will be put in place to support the process of resource mobilization. This will ensure that resource mobilization is a priority activity and also facilitate timely responses. Appendix3 iclearly

CHAPTER 4

IMPLEMENTATION ARRANGEMENTS, LEADERSHIP, GOVERNANCE AND COORDINATION

4.1 Implementation arrangements

This strategic plan will be implemented within the existing global, national and relevant sectors guidance in line with the organization policies. The established governance and management structures will be engaged as required and expected. They will play their role as laid down and mandated in the policy documents. In a nut shell the following structures will be engaged; the Board of governors, the Executive and its Senior Management Committee, Technical Working Groups and the technical officers.

4.2 Organization development

Efforts to improve structures, systems and processes within an organisation will continue. The purpose of sustaining this effort is to strengthen the capacity of MARPI to effectively fulfil her role as an organizations focussed on People at increased risk in all contexts of risk let it be health, socio-economic or otherwise and secondly to enhance performance in the actual implementation of the Programs and, hence, the accountability and viability of the organisations beyond the Programme period. As such, MARPI Organization development is aimed to ensure sustainability and is viewed as a means – not a goal in itself. Within that context MARPI envisages to address itself to the following areas:

1). **Organisational Identity and Visibility:**

In line with the Reviewing the visions, missions, values MARPI will enhance its branding and visibility in the next five years to position itself as one of the most effective, efficient and reliable organization in the country and globally

2). **Organization Structure review:**

In the next five years MARPI will review and strengthen organisational set-up, structures and procedures with the purpose of ensuring that we continuously address ourselves to the organization goals, objectives, mission and vision.

3). **Sustainability Planning:**

In the next five years MARPI will develop its long term plan in terms of its existence, sustainability and alignment with the changing global and local context

4). **Staff Development and Organisational Culture:**

MARPI will strengthen Shared and/or joint learning to promote possible synergy effects both within and without. Needs assessment, training and team building efforts will be enhanced.

5). **Financial/Administrative Systems:**

MARPI will further strengthen its finance policies. Joint budgeting and review of budgeting by the different programs and units will be harmonized, auditing and other procedures aimed at ensuring transparency and accountability will also be enhanced.

6). **Partnership:**

Partnerships and Coalitions will be enhanced and strengthened to gain from benefits of leveraging.

Overall MARPI will continuously do environmental scanning and regularly assess the context in which the Programmes operate in order to respond to the current and future challenges, demands and opportunities as they arise.

CHAPTER 5

IMPLEMENTATION PLAN AND PERFOMANCE FRAMEWORK-MONITORING AND EVALUATION

Both the implementation plan and performance framework have been developed and appended to this strategic plan. They will provide guidance to management, implementation teams and monitoring and evaluation of this strategic plan. Ambitious targets milestones and targets have been set and it is upon management and implementation teams that extra effort and commitment are put into the implementation to ensure that the strategic plan meets its objectives and delivers on the intended results.

APPENDIX 1: COSTED IMPLEMENTATION PLAN

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
Strategic Priority Area 1: Capacity Building																										
Broad Objective: Enhance the capacity of service providers, communities and the targeted populations (the Most at risk, Key populations, young people and other vulnerable populations) and their CSOs, CBOs, Networks, groups and youth clubs to deliver appropriate and context specific HIV, TB, STI and SRH services and information																										
i). Train health care providers in provision of friendly, non-discriminatory and stigma free services to key, young people and other at risk populations			X	x	x	x	x	x	x	x	x	x	x	x	x	x									Technical teams (350M)	Availability of resources and favorable implementation environment
ii). Train Peer educators, from key populations, young people and other at risk populations to create demand, deliver appropriate interventions, and provide information and life skills.					x	x	x	x	x	x	x	x	x	x	x	x									Technical teams (150M)	Availability of resources and favorable implementation environment
iii). Train health care providers in Gender and Sexual Diversity including management of Gender Based violence- GBV.					x	x	x	x	x	x	x	x													Technical teams (200M)	Availability of resources and favorable implementation environment
iv). Train Health care providers in provision of comprehensive SRH care services including abortion care					x	x	x	x	x	x	x	x													Technical teams (50M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
v). Conduct training and skills development for the Stop GBV& Stigma champions, role models, among KPs, Young people and other At risk and marginalized populations groupings, and networks							x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (225M)	Availability of resources and favorable implementation environment
vi). Conduct on job mentorships and supervisions and capacity/ quality service audits					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (50M)	Availability of resources and favorable implementation environment
vii). Orient and mentor teachers, parents, guardians and community gate keeper in parenting skills and responsible childhood					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (400M)	Availability of resources and favorable implementation environment
viii). rain, mentor and couch Key populations, young people and other at risk populations in delivery of tailored, appropriate services, messaging on HIV/TB/ STI/SHR and other interventions					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					Technical teams (200M)	Availability of resources and favorable implementation environment
ix). Conduct Organizational Capacity Assessment (OCA) using the tool –OCAT and training of the CBO leaders, peer leaders of youth and KP/ PP organization in leadership, organization development and other capacity gap areas			X	x	x	x	x	x					x				x				x				Technical teams (225M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
x). Provide experiential learning to CBOs and youth groups and networks									x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (800M)	Availability of resources and favorable implementation environment
Sub Total 1 (SP Area No.1)																									**2,650,000,000**	
Strategic Priority Area 2: Service Delivery																										
Broad objective: Increase access to quality, tailored, comprehensive, context and age-specific HIV, TB, STI and Sexual Reproductive Health services, information and utilization to Key and Priority populations, young people and other at risk and vulnerable populations																										
i). Hold multilevel stakeholders orientations and sensitizations for consensus, buy in, partnership and ownership of programs targeting Key and Priority populations, Young people, and other At risk and vulnerable persons.				x	x	x	x	x	x	x	x	x													Technical teams (337.5M)	Availability of resources and favorable implementation environment
ii). Orient and sensitize service providers, law enforcement agencies, politicians, communities and other duty bearers on impact of stigma, discrimination, poor attitude and the legal environment to key populations, young people and other at risk populations regarding access to services.				x	x	x	x	x	x	x	x	x	x	x	x	x									Technical teams (650M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
iii). Support existing and set up new friendly corners, drop in centers and safe spaces in facilities, communities and other settings				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (200M)	Availability of resources and favorable implementation environment
iv). Conduct community mobilizations, sensitizations, campaigns to create and increase awareness and uptake of HIV, TB, STI, SRH services and other targeted interventions among the key populations, young people and other at risk populations				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (787.5M)	Availability of resources and favorable implementation environment
v). Work with and utilize Key populations, young people and other at risk people organizations, youth clubs in and out of school, CSO, peer to peer networks to create demand, manage referrals, dialogue on prevention, care and treatment, adherence to ART, sexuality education, drug and alcohol abuse,				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (262.5M)	Availability of resources and favorable implementation environment
vi). Conduct targeted outreaches and use peer to peer approaches to increase access to HIV/TB/STI/SRH services and other interventions				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (525M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
vii). Engage media and innovative technologies, social media, m-Health, and others media to provide context and age appropriate information/ messages about HIV/TB/STI/ SRH and other interventions, and increase demand and utilization of services					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (500M)	Availability of resources and favorable implementation environment
viii). Provide psychosocial support to Key populations, young people and other at risk populations					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (250M)	Availability of resources and favorable implementation environment
ix). Expand and strengthen availability, accessibility, usability, and quality of data, including expansion of electron data collection, management, use of unique identifiers, to support client management and programmatic interventions to advance epidemic control, uptake of SRH&R, and other relevant interventions			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (1.1bn)	Availability of resources and favorable implementation environment
x). Identify, prioritize and optimize interventions that enhance provision of interventions and identification of undiagnosed PLHIV and linkage to quality prevention, care and treatment services			X	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (275M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
xi). Support M&E functions and processes internally and with partners and other stakeholders			X	x	x	x	x	x	x	x	x	x	X	x	x	x	x	x	x	x	x	x	x	x	Technical teams (550M)	M&E functions and processes are critical for reporting and informing program
Sub Total 2 (SP Area No.2)																									**5,437,500,000**	
Strategic Priority Area 3: Community Empowerment																										
Broad Objective: Empower communities to participate in Health, Economic and Leadership activities																										
i). Support formation of Peer support groups					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					Technical teams, champions, role models, and peer educators and other Community support persons (200M)	Availability of resources and favorable implementation environment
ii). Create role models and champions in communities to motivate communities for the uptake of HIV/TB/STI and Sexual Reproductive Services, addressing silence and stigma associated with living with HIV, support roll-out of community based TB-DOTS, improve contact tracing and TB&ART treatment adherence.					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					Technical teams, champions, role models, and peer educators and other Community support persons (200M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
iii). Build community linkage systems that can facilitate HIV/ TB/STI/SRH services uptake referrals, follow up and retention in care and other prevention programs					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					Technical teams, champions, role models, and peer educators and other Community support persons (200M)	Availability of resources and favorable implementation environment
iv). Conduct Community group meetings and education session on SRH rights and legal services and other negative social norms					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					Technical teams, champions, role models, and peer educators and other Community support persons (100M)	Availability of resources and favorable implementation environment
v). Provide or link to organizations that provide seed grants, cash transfers to young people and other vulnerable populations					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams, champions, role models, and peer educators and other Community support persons (50M)	Availability of resources and favorable implementation environment
vi). Orient communities in basic economic principles and skills that can improve their economic engagements and income					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams, champions, role models, and peer educators and other Community support persons (250M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
vii). Build partnerships at community and other level of society including CBOs, youth groupings, networks to for improved synergies, coordination, enhancing impact and minimizing duplication					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams, champions, role models, and peer educators and other Community support persons (125M)	Availability of resources and favorable implementation environment
viii). Conduct Life skills building orientations and economic and leadership empowerment trainings for young people					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams, champions, role models, and peer educators and other Community support persons (75M)	Availability of resources and favorable implementation environment
ix). ix) Initiate and expand OVC interventions including strengthening case management to provide evidence based OVC service packages to prevent incident HIV infections among HIV negative children, maintain viral suppression among HIV positive children and facilitate transitioning, and address their demand, access, knowledge and uptake issues of SRH&R services.					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams, champions, role models, and peer educators and other Community support persons (225M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
x). x) Build capacity and support young people (adolescents and youth), Key and vulnerable population to engage in Income Generating Activities –IGAs.					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams, champions, role models, and peer educators, Community Development Officers, government and other stakeholders (125M)	Availability of resources and favorable implementation environment
xi). xi) Empower young people to contribute towards environment protection including creation awareness					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams, champions, role models, and peer supporters and other Community support persons (200M)	Availability of resources and favorable implementation environment
Sub Total 3(SP Area No. 3)																									**1,750,000,000**	
Strategic Priority Area 4: Advocacy																										
Broad Objective: Build capacity for advocacy, empower and jointly work with communities and other stakeholders to advocate for uptake of HIV/TB/STI/ SRH interventions, elimination GBV and economic empowerment at community and other levels																										
i). Popularize and disseminate information on proven evidence based interventions and models for scale up					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (500M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
ii). Sensitize duty bearers on policies, laws, guidelines, directives, social norms that enhance and those that hinder access to HIV/TB/STI/SRH services and interventions					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				Technical teams (250M)	Availability of resources and favorable implementation environment
iii). Dialogue with cultural, religious, political leaders, parents, guardians, community gate keepers on negative socio-cultural gender norms that affect access and acceptability of HIV/TB/STI/SRH interventions					x	x	x	x	x	x	x	x	x	x	x	x									Technical teams (100M)	Availability of resources and favorable implementation environment
iv). Train, orient and sensitize key population, young people and other most at risk populations in advocacy				x	x	x	x	x	x	x	x	x	x	x	x	x									Technical teams (200M)	Availability of resources and favorable implementation environment
v). Advocate with communities to eliminate discrimination, violence, harmful practices against women, girls and other persons				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (250M)	Availability of resources and favorable implementation environment
vi). Empower and promote women's full and effective participation in making decisions on their health and other related issues				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (100M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
vii). vEducate communities on sexual and reproductive health and rights				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (200M)	Availability of resources and favorable implementation environment
viii). Orient and educate communities on use of enabling technology and platforms for information and communications technology to promote the empowerment, learning and sharing of valuable information					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (150M)	Availability of resources and favorable implementation environment
Sub Total 4 (SP Area No. 4)																									**1,750,000,000**	
Strategic Priority Area 5: Research and Innovation,																										
Broad Objective: Foster implementation research, Innovation and e-Health																										
i). Innovate and support use of e-technologies and platforms to enhance communication between individuals and health services such as use of Toll free lines					x	x	x	x	x	x	x	x													Technical teams (2bn)	Availability of resources and favorable implementation environment
ii). Promote and enhance use of technologies and innovative platforms to augment treatment adherence, appointment reminder					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (500M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
iii). Enrich community mobilization and health promotion campaigns using m-health					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (1.5bn)	Availability of resources and favorable implementation environment
iv). Boost consultations among individuals and between service providers and beneficiaries using m-Health					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (900M)	Availability of resources and favorable implementation environment
v). Stimulate m-learning by increasing access to online educational materials and information					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (500M)	Availability of resources and favorable implementation environment
vi). Support communities and individual utilize m-health in decision making using decision support systems					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (300M)	Availability of resources and favorable implementation environment
vii). Expand emergency management and reporting systems to deepen and widen use of m-health in emergency situation like SGBV					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (325M)	Availability of resources and favorable implementation environment
viii). Explore use of e-platforms and technologies to enhance data collection, management and reporting on health and other interventions			X	x	x	x	x	x	x	x	x	x													Technical teams (1.25bn)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
ix). Conduct implementation research and demonstrations models to inform programs and policies					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (2.25bn)	Availability of resources and favorable implementation environment
x). Widen and deepen innovative interventions and demonstrations for effective linkage, care, and treatment for PLHIV, TB, STI, GBV, SHR&R with greater focus on young people especially adolescent girls and young women(AGYW)					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Technical teams (825M)	Availability of resources and favorable implementation environment
Subtotal 5 (SP Area No. 5)																									**10,350,000,000**	
Strategic Priority Area 6: Organizational capacity building, learning and sustainability																										
Broad Objective: Strengthen Internal organization capacity, learning and sustainability mechanisms																										
i). Use e-Platforms to enhance organizational identity, visibility, branding and strengthen its positioning as one of the most effective, efficient and reliable organization in the country and globally in provision of HIV/TB/ STI/SRHR					x	x	x	x	x				x				x				x				Management (500M)	Availability of resources and favorable implementation environment
ii). Conduct organization structure reviews and strengthen organizational set-up, structures and procedures with the purpose of ensuring that we continuously address ourselves to the organization goals, objectives, mission and vision.					x	x	x	x	x				x				x				x				Management (100M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
iii). Develop a comprehensive sustainability plan to inform long term intervention and organization continuity and alignment with the changing global and local context								x	x	x	x	x	x	x	x	x	x								Management (100M)	Availability of resources and favorable implementation environment
iv). Develop a staff development plan to strengthen shared and/or joint learning, enhance team building and synergy both within and without; and conduct needs assessment, trainings and team building activities.					x	x	x	x	x				x				x				x				Management (1.5bn)	Availability of resources and favorable implementation environment
v). Review financial/administrative systems to further strengthen and enhance finance and administrative policies including joint budgeting and review of budgeting by the different programs & harmonized, auditing and other procedures aimed at ensuring transparency and accountability					x	x	x	x																	Management (200M)	Availability of resources and favorable implementation environment
vi). Develop a partnership agenda, coalitions to enhance and strengthen synergy and a greater benefit of leveraging.					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Management (500M)	Availability of resources and favorable implementation environment

ACTIVITY AREA	2018				2019				2020				2021				2022				2023				Responsible agent, person & total budget	Assumptions
QUARTER	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
vii). Procure needed Infrastructure, equipment, services, space and human resource to support organization functions	x	x	x	x	x	xx	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Management (36bn)	Availability of resources and favorable implementation environment
viii). Build capacity for grants management in the context of sub-grants management	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Management (12bn)	Availability of resources and favorable implementation environment
Subtotal No.6 (SP Area No. 6)																									**50,900,000,000**	
Grand Total (SP Area 1-6 above)																									**72,837,500,000**	

APPENDIX 2: Monitoring and Evaluation Framework

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
Strategic Priority Area 1: Capacity Building										
Broad Objective: Enhance the capacity of service providers, communities and the targeted populations (the Most at risk, Key and vulnerable populations) and their CSOs, CBOs, Networks, groups and youth clubs to deliver appropriate and context specific HIV, TB, STI and SRH services and information										
i). Train health care providers- HCP in provision of friendly, non-discriminatory and stigma free services to key, young people and other at risk populations	Number of HCP trained using standardized package	825	1000	500	250	100	100	Capacity building team lead	Train reports, Capacity/ training data base at MARPI and MoH	In partnership Global Fund and PEPFAR IP this is an ongoing activity but significant coverage gaps exit
ii). Train Peer educators- PE from key populations, young people and other at risk populations to create demand, deliver appropriate interventions, and provide information and life skills.	Number of PE trained by target group using a standardized package	0	500	500	250	250	100	Capacity building team lead	Train reports, Capacity/ training data base at MARPI	Trainings were carried out over 5 years ago, Refresher trainings are needed
iii). Train health care providers in Gender and Sexual Diversity including management of Gender Based violence- GBV.	Number of HCP trained using a standardized package	0	500	500	250	250	100	Capacity building team lead	Train reports, Capacity/ training data base at MARPI	Some IP have carried out a few of these trainings but the coverage gap is huge
iv). Train Health care providers in provision of comprehensive SRH care services including abortion care	Number of HCP trained using a standardized package	0	1000	1000	250	250	100	Capacity building team lead	Train reports, Capacity/ training data base at MARPI	Training will skewed towards providing service for Most At risk, Key , Young people and vulnerable populations

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
v). Conduct training and skills development for the Stop GBV& Stigma champions, role models, peer leaders among KPs, Young people and other At risk and marginalized populations groupings, and networks	Number of trained by target group using a standardized package	0	2000	2000	2000	1000	500	Capacity building team lead	Train reports, Capacity/ training data base at MARPI	A new area of venture and aimed to strengthening GBV and Stigma interventions in community and facilities
vi). Conduct on job mentorships and supervisions and capacity/quality service audits in	Number mentorships and supervision conducted	5	8	8	8	8	8	Capacity building team lead	Reports	They will ensure quality and ongoing learning
vii). Orient and mentor teachers, parents, guardians and community gate keeper in parenting skills and responsible childhood	Numbers oriented by target group	200	1000	1000	1000	500	500	Capacity building team lead	Reports	Will enable teachers to understand and appreciate issues of parenting and transitioning in children
viii). Train, mentor and couch Key populations, young people and other at risk populations in delivery of tailored, appropriate services, messaging on HIV/TB/STI/ SHR and other interventions	Numbers reached by category	0	500	500	250	250	0	Capacity building team lead	Reports	It will increase uptake of services and ensure continuity and ownership of programs
ix). Conduct Organizational Capacity Assessment (OCA) using the tool –OCAT and training of the CBO leaders, peer leaders of youth and KP/PP organization in leadership, organization development and other capacity gap areas	Number of organizations who have OCAT done and capacity built	5	10	5	5	5	5	Capacity building team lead	Reports	Will enhance capacity in service delivery and project/ organization management

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
x). Provide experiential learning to CBOs and youth groups and networks	Number of agencies or organizations who have had placements for learning	2	5	5	5	5	5	Capacity building team lead	Reports	Will quickly and progressively enable transfer of skills and practices to other organizations
Strategic Priority Area 2: Service Delivery										
Broad objective: Increase access to quality, tailored, comprehensive, context and age-specific HIV,TB, STI and Sexual Reproductive Health services, information and utilization to Key and Priority populations, young people and other at risk and vulnerable populations										
i). Hold multilevel stakeholders orientations and sensitizations for consensus, buy in, partnership and ownership of programs targeting Key and Priority populations, Young people, and other At risk and vulnerable persons, gate keepers, opinion leaders	Number of orientations and people reached by category	15	30	40	50	0	0	Technical teams and Management	Reports	Will enhance partnerships, ownership and collaboration
ii). Orient and sensitize service providers, law enforcement agencies, politicians, communities and other duty bearers on impact of stigma, discrimination, poor attitude and the legal environment to key populations, young people and other at risk populations regarding access to services.	Number of orientations carried by target populations	5	20	20	10	0	0	Technical teams and target communities	Reports	At least 25 participants per orientations

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
iii). Support existing and set up new friendly corners, drop in centers and safe spaces in facilities, communities and other settings	Number supported and new ones started	20	25	30	35	40	45	Technical teams and target communities	Reports	Existing facilities will continue to be supported and new one added progressively
iv). Conduct community mobilizations, sensitizations, campaigns to create and increase awareness and uptake of HIV,TB, STI, SRH services and other targeted interventions among the key populations, young people and other at risk populations	Numbers reached through awareness Campaigns and sensitizations by target group	10000	50000	100000	100000	100000	100000	Technical teams and target communities	Reports	Community awareness campaigns and sensitization will be used to reach people
v). Work with and utilize Key populations, young people and other at risk people organizations, youth clubs in and out of school, CSO, peer to peer networks to create demand, manage referrals, dialogue on prevention, care and treatment, adherence to ART, sexuality education, risk reduction to drug and alcohol abuse,	Numbers referred by target group	1000	5000	5000	5000	5000		Technical teams and target communities	Reports	Documented referrals for services will be used to measure progress on this indicators
vi). Conduct targeted outreaches and use peer to peer approaches to increase reach, access to HIV/TB/ STI/SRH services and other interventions	Number of outreaches conducted by target group	200	500	1000	1000	1000	1000	Technical teams and target communities	Reports	at least 25 individuals reached per outreach

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
vii). Engage media and innovative technologies, social media, m-Health, and others media to provide context and age appropriate information/messages about HIV/TB/STI/ SRH and other interventions, and increase demand and utilization of services	Existence of messages on platforms and other media	Baseline review	Concept development	Implementation	Implementation	Implementation	Implementation	Technical teams	Reports on progress an status	Will enhance reach particularly of young people and Key populations
viii). Provide psychosocial support to Key populations, young people and other at risk populations	Number reached with psychosocial support	1200	2500	3000	3500	4000	5000	Technical teams and communities	Reports on progress an status	Will enhance adherence and uptake
ix). Expand and strengthen availability, accessibility, usability, and quality of data, including expansion of electron data collection, management, use of unique identifiers, to support client management and programmatic interventions to advance epidemic control, uptake of SRH&R, and other relevant interventions	Existence of strong and responsive data systems	Evaluation of existing system	Upgrading of systems	Maintenance	Maintenance	Maintenance	Maintenance	Technical teams	Reports on progress an status	Will enhance availability of quality data and reporting
x). Identify, prioritize and optimize interventions and customized packages that enhance provisions of interventions and identification of undiagnosed PLHIV and linkage to quality prevention, care and treatment and SRH services	Number PLHIV accessing HIV care at the facility	1000	1250	1500	1750	2000	2250	Technical teams	Reports on progress an status	Facilitates cost efficiency and quality and contributes to triple 90 targets by 2020

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
xi). Support M&E functions and processes internally and with partners and other stakeholders	Functional M& systems	Review of M&E processes and functions	Implementation of review report recommendations	Function and responsive M/E systems	Function and responsive M/E systems	Function and responsive M/E systems	Function and responsive M/E systems	M/E officer / Technical teams	Reports	M&E functions and processes are critical for reporting and informing program
Strategic Priority Area 3: Community Empowerment										
Broad Objective: Empower communities to participate in Health, Economic, Leadership and Environment protection activities										
i). Support formation of Peer support groups for the targeted populations (e.g. In school youth SRH clubs etc.	Number of supported and active peer groups	10	50	100	100	100	100	Technical teams and target communities	Reports	They enhance uptake ownership, continuity and sustainability of interventions
ii). Create role models and champions in communities to motivate communities for the uptake of HIV/TB/STI and Sexual Reproductive Services, addressing silence and stigma associated with living with HIV, support roll-out of community based TB-DOTS, improve contact tracing and TB&ART treatment adherence.	Number of champions, role models created	10	20	30	40	50	50	Technical teams and target communities	Reports	They enhance behavior change, uptake ownership

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
iii). Build community linkage systems that can facilitate HIV/TB/STI/SRH services uptake referrals, follow up and retention in care and other prevention programs	Existence of functional community linkage systems (target 90% Linkage)	70%	80%	90%	95%	95%	95%	Technical teams and target communities	Reports	Critical for achieving adherence uptake and realization of targets
iv). Conduct Community group dialogue meetings, target population led outreaches, education/ Edutainment sessions on SRH rights and legal services and other negative social norms	Number of meetings held	50	100	100	100	100	100	Technical teams and target communities	Reports	They increase uptake of services, demystify myths, clarify issues and increase involvement and community participation and ownership
v). Provide or link to organizations that provide seed grants, cash transfers to young people and other vulnerable populations	Numbers of young people and other vulnerable populations benefiting from seed grants, cash transfers and income options	0	25	50	100	200	300	Technical teams and target communities	Reports	This is critical for economic support and empowerment for the young people
vi). Orient communities in basic economic principles and skills that can improve their economic engagements and income	Numbers reached	0	100	200	500	1000	1500	Technical teams and target communities	Reports	This is critical for economic support and empowerment for the communities

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
vii). Build partnerships at community and other level of society including Parents, CBOs, youth groupings, networks to for improved synergies, coordination, enhancing impact and minimizing duplication	Existence of partnerships and coordination	Partnership strategy	Implementation of strategy	Implementation of strategy	Implementation of strategy	Implementation of strategy	Implementation of strategy	Technical teams and target communities	Reports	Collaborations and networking provides synergies and leverages
viii). Conduct Life skills building orientations and economic and leadership empowerment trainings for young people	Numbers of orientations trainings	0	25	50	100	100	100	Technical teams and target communities	Reports	This is critical for economic support and empowerment for the communities
ix). Initiate and expand OVC interventions including strengthening case management to provide evidence based OVC service packages to prevent incident HIV infections among HIV negative children, maintain viral suppression among HIV positive children and facilitate transitioning, and address their demand, access, knowledge and uptake issues of SRH&R services.	Number of OVC reached	12	50	100	150	200	200	Technical teams and target communities	Reports	OVC are lagging behind on the triple 90 targets by 2020 and it is critical to enhance OVC interventions
x). Build capacity and support young people (adolescents and youth), Key and vulnerable population to engage in Income Generating Activities –IGAs.	Number reached with IGAs capacity building activities,	0	250	500	750	1000	1000	Technical teams and target communities		This is critical for economic support and empowerment of young people for economic freedom

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
xi). Empower young people to contribute towards environment protection including creation of awareness	Number reached through environment protection activities	0	50	100	150	200	250	Technical teams and target communities	Reports	Environmental protection is critical for community empowerment. However its awareness is low
Strategic Priority Area 4: Advocacy										
Broad Objective: Build capacity for advocacy, empower and jointly work with communities and other stakeholders to advocate for uptake of HIV/STI/SRH interventions, elimination GBV and economic empowerment at community and other levels										
i). Develop, Customize, Print, Popularize and disseminate messages, information on SRH, HIV, TB, STIs and other proven evidence based interventions and models for scale up,	Existence and number of messages, distributed and evidence for dissemination and publicity	500	1000	5000	10000	10000	10000	Technical teams and target communities	Reports	Critical for increasing knowledge in communities
ii). Hold stakeholders meetings and sensitize duty bearers on policies, laws, guidelines, directives, social norms that enhance and those that hinder access to HIV/ TB/STI/SRH services and interventions	Numbers reached by category	100	500	1000	2000	2000	2000	Technical teams	Reports	Critical for enabling environment, acceptability of programs, buy in and support and sustainability
iii). Dialogue with cultural, religious, political leaders, parents, guardians, community gate keepers on negative socio-cultural gender norms that affect access and acceptability of HIV/TB/STI/SRH interventions	Numbers reached through dialogues by category	0	500	1000	2000	2000	2000	Technical teams and community leaders	Reports	Critical for enabling environment, acceptability of programs, buy in and support and sustainability

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
iv). Train, orient and sensitize key population, young people and other most at risk populations in advocacy	Number trained	0	500	1000	1000	500	500	Technical teams and community leaders	Reports	This will increase acceptability and uptake of interventions
v). Advocate and create awareness with communities, young people in and out of school fir SRH and elimination of discrimination, violence, harmful practices against women, girls and other persons	Numbers reached	20000	50000	50000	50000	50000	50000	Technical teams, Peer leaders, champions and community leaders	Reports	This will increase acceptability and uptake of interventions
vi). Empower and promote women's full and effective participation in making decisions on their health and other related issues	Existence of evidence for participations	2500	5000	5000	5000	5000	5000	Technical teams, Peer leaders, champions and community leaders	Reports	This will increase acceptability and uptake of interventions
vii). Educate communities on sexual and reproductive health and rights through interpersonal and small dialogue meetings and	Number reached	2500	10000	10000	10000	10000	10000	Technical teams, Peer leaders, champions and community leaders	Reports	This will increase sharing of information, feedback acceptability and uptake of interventions
viii). Orient and educate communities on use of enabling technology and platforms for information and communications technology to promote the empowerment, learning and sharing of valuable information	Numbers reached	0	100	250	500	500	500	Technical teams, Peer leaders, champions and community leaders	Reports	This will increase sharing of information, feedback acceptability and uptake of interventions

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
Strategic Priority Area 5: Research, Innovation										
Broad Objective: Foster implementation research, Innovation and e-Health										
i). Innovate and support use of e-technologies and platforms to enhance communication between individuals and health services such as use of Toll free lines, WhatsApp's, Facebook etc.	Existence and evidence of use of innovative e-technologies	Toll free line	Develop infrastructure for e platforms	Functional e-platforms	Functional e-platforms	Functional e-platforms	Functional e-platforms	Technical teams, Peer leaders, champions and community leaders	Reports	Will ease communication and sharing of information, feedback, publicity, innovation and uptake of interventions etc.
ii). Promote and enhance use of technologies and innovative platforms to augment treatment adherence, appointment reminder	Existence and evidence of use of innovative e-technologies	Toll free line	Develop infrastructure for e platforms	95% adherence on treatment and appointments	95% adherence on treatment and appointments	95% adherence on treatment and appointment	95% adherence on treatment and appointments	Technical teams, Peer educators, champions and community leaders	Reports	Facilitates better patient care and outcomes
iii). Enrich community mobilization and health promotion campaigns using m-health, radio talk and TV shows, media engagements, DJ mentions	Existence of use m-health platforms	Review and concept development	Develop infrastructure for e platforms	Functional e-platforms	documented results from activity	documented results from activity	documented results from activity	Technical teams, Peer educators, champions and community leaders	Reports	Expected to Increase uptake of interventions

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
iv). Boost consultations among individuals and between service providers and beneficiaries using m-Health	Existence of use m-health use for consultations	Toll free line	Develop infrastructure for e platforms	Functional e-platforms	documented results from activity	documented results from activity	documented results from activity	Technical teams, Peer educators, champions and community leaders	Reports	Expected to Increase uptake of interventions
v). Stimulate m-learning by increasing access to online educational materials and information	Existence of use m-learning platforms	Review and concept development	Set up processes	Targeted populations accessing information	Growth in number using platform	Growth in number using platform	Growth in number using platform	Technical teams, Peer educators, champions and community leaders	Reports	Expected to Increase uptake of interventions
vi). Support communities and individual utilize m-health in decision making using decision support systems	Existence of evidence of utilization m-Health in decision making	Toll free line	Develop infrastructure for e platforms	Targeted populations accessing information	Growth in number using platform	Growth in number using platform	Growth in number using platform	Technical teams, Peer educators, champions and community leaders	Reports	Expected to Increase uptake of interventions
vii). Expand emergency management and reporting systems to deepen and widen use of m-health in emergency situation like SGBV	Existence of emergency management and reporting systems	Toll free line	Develop infrastructure for e platforms	Targeted populations using platform	Growth in number using platform	Growth in number using platform	Growth in number using platform	Technical teams, Peer educators, champions and community leaders	Reports	Expected to Increase uptake of interventions

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
viii). Explore use of e-platforms and technologies to enhance data collection, management and reporting on health and other interventions	Existence of evidence & utilization of e-Platforms and technologies to enhance data collection, management and reporting on	EMR and concept for improved data management systems	Implementation of concept	Better data management systems	Responsive systems and timely reporting	Responsive systems and timely reporting	Responsive systems and timely reporting	Technical teams, Peer educators, champions and community leaders	Reports	Expected to Increase uptake of interventions
ix). Conduct implementation research and demonstrations models to inform programs and policies	Existence of research and demonstrations models	Concept and proposal development	Ongoing implementation and concept development and pilot	Ongoing implementation and concept development and pilot	Ongoing implementation and concept development and pilot	Ongoing implementation and concept development and pilot	Ongoing implementation and concept development and pilot	Technical teams, Peer educators, champions and community leaders	Reports	Expected to Increase uptake of interventions
x). Widen and deepen innovative interventions-innovative camps and demonstrations for effective& efficient identification of PLHIV, linkage, referrals, care, and treatment, retention and follow ups for PLHIV, TB, STI, GBV and SHR&R with greater focus on young people especially adolescent girls and young women (AGYW)	Existence of innovative interventions and demonstration	Concept and proposal development	Ongoing implementation and concept development and pilot	Ongoing implementation and concept development and pilot	Ongoing implementation and concept development and pilot	Ongoing implementation and concept development and pilot	Ongoing implementation and concept development and pilot	Technical teams, Peer educators, champions and community leaders	Reports	Expected to Increase uptake of interventions

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
Strategic Priority Area 6: Organizational capacity building, learning and sustainability										
Broad Objective: Strengthen Internal organization capacity, learning and sustainability mechanisms										
i). Use e-Platforms to enhance organizational identity, visibility, branding and strengthen its positioning as one of the most effective, efficient and reliable organization in the country and globally in provision of HIV/TB/STI/SRHR	Existence of a functional, active& interactive website, Facebook& Twitter account and other e-Platforms	Evaluation of existing system	Upgrading of systems	Maintenance	Maintenance	Maintenance	Maintenance	Technical teams and Management	Reports on progress an status	Will enhance availability of quality data and reporting
ii). Conduct organization structure reviews and strengthen organizational set-up, structures and procedures with the purpose of ensuring that we continuously address ourselves to the organization goals, objectives, mission and vision.	Existence of organizational structural reviews	Review of structures	Harmonization of structures and procedures	Ongoing reviews and improvements and	Ongoing reviews and improvements and	Ongoing reviews and improvements and	Ongoing reviews and improvements and	Technical teams and Management	Reports	Will create efficiencies and more effective and efficient management process and systems
iii). Develop a comprehensive sustainability plan to inform long term intervention and organization continuity and alignment with the changing global and local context	Existence of a sustainability plan	Review and update plan	Implement plan	Implement plan	Implement plan	Implement plan	Ongoing reviews and improvements and	Technical teams and Management	Reports	Will create efficiencies and more effective and efficient management process and systems

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
iv). Develop a staff development plan to strengthen shared and/or joint learning, enhance team building and synergy both within and without; and conduct needs assessment, trainings and team building activities.	Existence of a staff development plan	Review and update plan	Implement plan	Implement plan	Implement plan	Implement plan	Ongoing reviews and improvements and	Technical teams and Management	Reports	Will create efficiencies and more effective and efficient management process and systems
v). Review financial/ administrative systems to further strengthen and enhance finance and administrative policies including joint budgeting and review of budgeting by the different programs & harmonized, auditing and other procedures aimed at ensuring transparency and accountability	Existence of evidence of financial and administrative strengthening	Review of systems	Harmonization of systems	Ongoing reviews and improvements and	Ongoing reviews and improvements and	Ongoing reviews and improvements and	Ongoing reviews and improvements and	Technical teams and Management	Reports	Will create efficiencies and more effective and efficient management process and systems
vi). Develop a partnership agenda, coalitions to enhance and strengthen synergy and a greater benefit of leveraging.	Existence of a partnership agenda	Review and agenda	Harmonization of procedures	Ongoing reviews and improvements and	Ongoing reviews and improvements and	Ongoing reviews and improvements and	Ongoing reviews and improvements and	Technical teams and Management	Reports	Will create efficiencies and more effective and efficient management process and systems
vii). Procure needed Infrastructure ,equipment, services, space and human resource to support organization functions	Existence of infrastructure, HR, Incentives and other services	Review and update on infrastructure, and others	Upgrade existing infrastructures and others	Upgrade existing infrastructures and others	Upgrade existing infrastructures and others	Upgrade existing infrastructures and others	Upgrade existing infrastructures and others	Technical teams and Management	Reports	Will create efficiencies and more effective and efficient management process and systems

ACTIVITY AREA	Indicators	Baseline 2018	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Responsible agent, person	Source of information	Remarks
viii) Build capacity for grants management in the context of sub-grants management	Existence of efforts towards sub-grants management	Review existing systems and upgrade	Upgrade and build capacity	Implement plan	Implement plan	Implement plan	Implement plan	Technical teams and Management	Reports	Will create efficiencies and more effective and efficient management process and systems

APPENDIX 3: Resource Mobilization Strategy

MARPI shall require financial and non-financial resources to realize planned activities in its strategic plan as outlined above. A total sum **72,837,500,000 (Seventy Two Billions Eight Hundred Thirty Seven Million Five Hundred Thousands)** shall be mobilized to facilitate the required human and non-human resources over the six year period using structured and non-structured strategies as indicated below in the appendix 3

NO	STRATEGY	ANNUAL ESTIMATE BY STRATEGY						TOTAL	ASSUMPTIONS
		2018	2019	2020	2021	2022	2023		
1	Financing proposal writing	5bn	5bn	5bn	5bn	3.9bn	5bn	28.9bn	MARPI shall have capacity to develop attractive financing proposals
2	Grant applications	3.8bn	3.8bn	3.8bn	3.8bn	3bn	3.8bn	22bn	Efficient grant management unit
3	Donations	300M	100M	62.5M	700M	500M	100M	1.7625bn	MARPI image shall be attracting donors
4	Government of Uganda	100M	100M	Nil	200M	300M	100M	800M	GOU shall have interest in working MARPI as it has been before
5	Implementing partners off budget support	3.3bn	3.3bn	3.3bn	3.3bn	3.3bn	3.3bn	19.8bn	IPs shall have budgeted as off budget support
Total estimate		12.5bn	12.3bn	12.0375bn	13bn	11bn	12bn	72,837,500,000	

APPENDIX 4: List of documents reviewed

APPENDIX: List of stakeholders consulted

MOST AT RISK POPULATIONS INITIATIVE
M.A.R.P.I
MOST AT RISK POPULATIONS
INITIATIVE - MARPI