



**UNASO**  
**STRATEGIC PLAN 20012/13-2016/17**

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## Acronyms

ADP	AIDS Development Partner
AGM	Annual General Meeting
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
ASO	AIDS Service Organization
CB	Capacity Building
CBO	Civil Society Organization
CCM	Country Coordinating Mechanism
CICC	Civil Society Inter-Agency Coordination Committee
CS	Civil Society
CSF	Civil Society Fund
CSO	Civil Society Organization
DAC	District AIDS Committee
ED	Executive Director
FBO	Faith Based Organization
FGD	Focus Group Discussion
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with AIDS
GOU	Government of Uganda
HCT	HIV Counselling and Testing
HIV	Human Immune Virus
HPAC	Health Policy and Advisory Committee
HRM	Human Resource Management
HSSP	Health Sector Strategic Plan
INGO	International Non-governmental Organization
IR	Intermediate Result
LG	Local Government
M&E	Monitoring and Evaluation
MARPs	Most at Risk Population
MEEPP	Monitoring and Evaluation of Emergency Plan Progress
MIS	Management Information System
MOU	Memorandum of Understanding
MOLG	Ministry of Local Government
MOLSD	Ministry of Labour and Social Development
NAADS	National Agricultural Advisory Services
NDP	National Development Plan
NGO	Non-governmental Organization
NNGO	National Non-governmental Organization
NPAP	National Priority Action Plan
NSP	National Strategic Plan
NUSAF	Northern Uganda Social Adjustment Fund
OVC	Orphans and Vulnerable Children
PC	Partnership Committee
PEPFAR	Presidential Emergency Plan for AIDS Relief
PHA	People Living with HIV/AIDS
PWD	People with Disability
SACCO	Savings and Credit Cooperative Organization
SC	Steering Committee
SCE	Self Coordinating Entity
SDIP	Social Development Sector Investment Plan
SP	Strategic Plan

STI	Sexually Transmitted Infection
SWOT	Strength, Weakness, Opportunity and Threat
TB	Tuberculosis
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UAIS	Uganda AIDS Indicator Survey
UGANET	Uganda Network of Law, Ethics and HIV
UNAIDS	United Nations Joint Programme for AIDS
UNASO	Uganda Network of AIDS Service Organizations
UPE	Universal Primary Education
USE	Universal Secondary Education
USP	UNASO Strategic Plan

# UNASO STRATEGIC PLAN 2012/13-2016/17

## 1. BACKGROUND INFORMATION

### 1.1 Introduction

1. The Uganda Network of AIDS Service Organizations (UNASO) was established as a membership organization in 1996 in order to provide a platform for coordination, networking resource mobilization and information sharing among AIDS service organizations (ASOs) so as to improve on the effectiveness, efficiency and quality of their contribution to the national response to the HIV and AIDS epidemic. UNASO members include PLHIV groups, local Non-Governmental Organizations (NGOs), Faith Based organizations (FBOs), Community Based organizations (CBOs), Cultural institutions and international NGOs. While in 2006 there were 1,666 members registered with the Secretariat, in 2010 the number had risen to 2,108 with the CBOs and NGOs constituting 60% and 26% of the registered organizations respectively.
2. In 2002, to support national coordination of HIV/AIDS activities, Uganda AIDS Commission put in place the AIDS Partnership structures including Partnership Forum and Partnership Committee (PC) with the later consisting of 12 Self-Coordinating Entities (SCEs)<sup>1</sup> that are clusters of stakeholders with similar areas of interest. The purpose of a SCE is to provide a formal coordination stage for discussing and harmonizing intra-constituency views, information sharing, consensus building, joint planning and mutual support within each constituency. UNASO is the Secretariat for the SCE for national NGOs. Furthermore, when the Civil Society Inter-constituency Committee (CICC) was established in 2007 to bring together the representatives of the various CSO constituencies (including the 8 SCEs that are related to CSOs) on national level HIV/AIDS, TB and Malaria and other related committees/forums so as to develop consensus and have a common voice as CSOs, UNASO also became the Secretariat of CICC.
3. Against the above background, in 2006, the Uganda AIDS Commission (UAC) in collaboration with stakeholders including the CSOs that were coordinated by UNASO prepared a Five-Year National Strategic Plan (2007/08 – 2011/12) for HIV/AIDS whose goals were to (a) reduce the incidence rate of HIV by 40% by the year 2012 (b) improve the quality of life of PHA by mitigating the health effects of HIV/AIDS by 2012 (c) mitigate the social, cultural and economic effects of HIV/AIDS at individual, household and community levels and (d) build an effective support system that ensures quality, equitable and timely service delivery. In order to operationalize the NSP from the civil society perspective, in 2008 UNASO developed a Four-Year Strategic Plan (2008/09 – 2011/12) for HIV/AIDS whose overall focus was to enhance capacities of ASOs and district networks to initiate and implement projects for improved service delivery. The specific goals during the period included:
  - Strengthen institutional systems within UNASO and link ASOs to opportunities for building their capacities

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<sup>1</sup> SCEs include Ministries of Government (SCE-LM), Parliament (SCE-P), United Nations (UN) and Bilateral Funding agencies (SCE-ADP), National NGOs (SCE-NNGO), International NGOs (SCE-INGO), Private Sector (SCE-PS), FBOs (SCE-FBO), PHA Networks (SCE-PHA), Decentralized response (SCE-DR), Young People (SCE-YP), Media & Culture (SCE-M&C) and Research, Academia and Science Research (SCE-RAS). The civil society related SCEs are: SCE-NNGO, SCE-INGO, SCE-PS, SCE-FBO, SCE-PHA, SCE-YP, SCE-M&C and SCE-RAS)

- Promote access to strategic information and knowledge management among ASOs for improved, efficient and effective HIV and AIDS services
- Promote advocacy and representation of the civil society ASOs with regard to policies and practices affecting civil society
- Enhance networking and partnership building among civil society ASOs and other actors
- Increase access to resources by civil society ASOs through mobilization, grant making and management

## 1.2 Rationale for Revising the UNASO Strategic Plan

4. The following factors underscored the need to revise the USP
  - (a) The need to align the USP to the NSP which was revised to be in tandem with national and international commitments including the national HIV/AIDS policy, National Development Plan, Global Response of three-zeros (*zero infection, zero death and zero discrimination*),
  - (b) The need for UNASO and the ASOs to reposition themselves to advocate for implementation and monitoring the implementation of the numerous policies, strategies and guidelines for enhancing and directing the national response to the epidemic that have been put in place by government
  - (c) The need for ASOs to take advantage of scientifically proven new interventions (such as medical male circumcision, micro-biocides, etc) that are very valuable in enhancing the impact of the national response to the beneficiaries.
  - (d) Government has come out with the public private partnership framework policy to enhance better allocation and utilization of funds in the provision of public service and infrastructures and also the public private partnership for health; both policies need to be implemented and monitored by UNASO in the context of HIV/AIDS
  - (e) The number of ASOs registered at UNASO has increased from 1,660 in 2006 to 2,108 in 2010; this calls for better coordination to enhance sharing information, planning and implementation of the NSP by ASOs using and exploiting the opportunities offered by the ever-improving technologies for HIV/AIDS related services, information and communication
  - (f) There is an apparent reduction in the global resources allocated for HIV/AIDS because of the consequences of the economic crisis and other emerging priorities in the donor communities thus requiring better resource access and management, transparency and accountability as well as an aggressive mobilization of resources from local and international resources

## 1.3 Strategic Plan Development Process

5. A highly participatory and consultative approach was adopted in revising the USP 2007/08-2011/12 through two steps that included USP revision and strategic planning. Thus the USP review in which the progress attained, challenges experienced, emerging issues, recommendations and priorities for the revised NSP were identified involved an extensive desk review, key informant interviews and regional consultation with stakeholders. A consultant facilitated the review process and a technical working group was also formed to provide overall guidance to the review and revision process of the USP. The review report was presented to a two-day residential joint retreat for the TWG, Board and staff of UNASO. This retreat also initiated the second stage of strategic planning by reviewing the vision, mission, values, goals and programmatic areas of UNASO. Thereafter, the staff expounded on

the strategic objectives, outcomes and the results framework for the revised USP. The draft USP was presented to the Board and General Assembly for approval and adoption.

## **2. SITUATION ANALYSIS**

### **2.1 Situation of HIV/AIDS Epidemic**

#### **2.1.1 Global HIV/AIDS Situation**

6. The Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that 2011 was a game changing year for the AIDS response with unprecedented progress in science, political leadership and results. For instance, (i) new HIV infections were reduced by 21% since 1997 with significant reduction or have stabilization in most parts of the world, (ii) 47% (6.6 million) of the estimated 14.2 million people eligible for treatment in low- and middle-income countries were accessing lifesaving antiretroviral therapy in 2010, an increase of 1.35 million since 2009 and (iii) deaths from AIDS-related illnesses decreased by 21% since 2005. In general UNAIDS also reported that at the end of 2010 there was an estimated (a) 34 million people globally living with HIV (b) 2.7 million new HIV infections in 2010 and (c) 1.8 million people died of AIDS-related illnesses in 2010. New HIV infections were also noted to have been significantly reduced or stabilized in most parts of the world.
7. Against the above background and aiming at the 3-zeros zeros (zero infection, zero death and zero discrimination), UNAIDS came out with an investment framework that is community driven not commodity driven and puts people at the centre of the approach, not the virus. The six components of the framework are; focused interventions for key populations at higher risk; elimination of new HIV infections in children; behaviour change programmes that focus on reduction in risk of HIV exposure; procurement, distribution and marketing of male and female condoms; treatment, care and support for people living with HIV; and voluntary medical male circumcision in countries with high HIV prevalence and low rates of circumcision.
8. The framework also identified two categories of critical enablers, namely, social enablers and programmatic enablers. Among social enablers is community mobilization while community centered design and delivery is a programme enabler. These were considered as crucial for overcoming the barriers to successful programme outcomes that include (a) at least 12.2 million new HIV infections that would be averted, including 1.9 million among children between 2011 and 2020 (b) 7.4 million AIDS-related deaths would be averted between 2011 and 2020 (c) life years gained to increase from 3,700,000 to 29,400,000.
9. Although a scaling up of funding to US\$ 22-24 billion in 2015 would be required to deliver the above framework, at the end of 2010 only around US\$ 15 billion was available for the AIDS response in low- and middle-income countries; donor funding had been reduced by 10% from US\$ 7.6 billion in 2009 to US\$ 6.9 billion in 2010. This resulted from the global economic crunch, the presence of other global priorities and to some extent donor fatigue which are likely to continue with even more serious effects on future resources for AIDS.

#### **2.1.2 HIV/AIDS Situation in the Country**

10. The recent Uganda AIDS Indicator Survey (UAIS) of 2011 reported the prevalence of HIV among adults in the country has increased from 6.4% in 2004/5 to 6.7% in 2011. Thus,



Uganda's epidemic is generalized and has stabilized in the last 5 years although the level of prevalence is still unacceptably high. Against this, more women than men are infected as the prevalence among women in age group 15-49 is 7.7% while that of men is 5.6%. Although the youths in age group 15-19 have only 2% prevalence, the peak in prevalence of the epidemic is among those in the age group 35-39 at 10.3%. There is also regional<sup>2</sup> variation with the highest prevalence at 10.7% found in Central Region 1 while the lowest is at 3.7% for Mid Eastern region. The UAIS indicated that comprehensive knowledge of HIV/AIDS is at 33.8% for women in age group 15-49 and 41.1% for men in the same group. Women who know that HIV can be transmitted by breastfeeding and risk of mother to child transmission (MTCT) can be reduced by mother taking special drugs during pregnancy is 65.2% while only 55.7% of the men are in the know. Circumcision stands only at 23.6% among men in age group 15-49.

11. The HIV/AIDS epidemic is still predominantly heterosexually transmitted with 80% of infections attributable to heterosexual transmission. Mother to child transmission accounts for 20% while blood borne and other infections account for less than 1%. The Mode of Transmission Study (MOT) study<sup>3</sup> indicated that the risk factors responsible for the spread of HIV transmission are of two types, namely, modifiable and non-modifiable. The modifiable risk factors comprise of multiple partnerships, HIV sero-discordance, inconsistent condom use, infection with sexually transmitted infections (STIs) especially HSV-2, and lack of male circumcision<sup>4</sup> while the non-modifiable factors include urban residence, older age, being married or formerly married, being female, and residence in northern Uganda.
12. Against the above background, the HIV and AIDS statistics by Ministry of Health estimated that overall, there were 1,140,739 people living with HIV in 2007 and 1,192,372 in 2009. On the other hand, estimates also indicate that the annual number of new HIV infections in the country (i) increased by 11.4% from 115,775 in 2007/08 to 128,980 in 2009/10. In 2010 too, a total of 540,994 people living with HIV/AIDS were eligible for treatment but only 54.3% were on ART; an additional 77,768 were initiated on ART in 2011. The number of deaths due to AIDS increased from 61,000 to 64,000 between 2008 and 2009.

## 2.2 Response to the HIV/AIDS Epidemic

### 2.2.1 National Response

13. The mid-term review of NSP in 2011 indicated that the country made a number of achievements in the national response. Thus, it registered reduction in new infections among children; increase in number of Ugandans who knew ways of preventing HIV; increase in PMTCT access indicators (e.g., testing during pregnancy, enrolling on ART); 100% safety of blood for transfusion and expanded coverage of Uganda Blood Transfusion Services (UBTS);

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<sup>2</sup> The ten regions of Uganda and their constituent districts are Central 1: Kalangala, Masaka, Mpigi, Rakai, Sembabule, Wakiso and Lyantonde; Central 2: Kiboga, Luwero, Mubende, Nakasongola, Mityana, Mukono, Nakaseke and Kayunga; Kampala: Kampala; East Central: Bugiri, Iganga, Jinja, Kamuli, Mayuge, Kaliro and Namatumba; Mid Eastern: Busia, Kapchorwa, Mbale, Pallisa, Sironko, Tororo, Bududa, Manafwa, Butaleja, Budaka and Bukwa; North East: Kaberamaido, Katakwi, Kotido, Kumi, Moroto, Nakapiripirit, Soroti, Abim, Kaabong, Amuria and Bukedea; Mid Northern: Apac, Gulu, Kitgum, Lira, Pader, Amuru, Oyam, Amolatar and Dokolo; West Nile: Adjumani, Arua, Moyo, Nebbi, Yumbe, Koboko and Nyadri; Mid Western: Bundibugyo, Hoima, Kabarole, Kamwenge, Kasese, Kibaale, Kyenjojo, Masindi and Buliisa; South Western: Bushenyi, Kabale, Kanungu, Kisoro, Mbarara, Ntungamo, Rukungiri, Ibanda, Isingiro and Kiruhara.

<sup>3</sup> MOT (2008). Uganda HIV Modes of Transmission and Prevention Response Analysis

<sup>4</sup>Mermin J, Musinguzi J, Opio A, Kirungi W, et al. Risk factors for recent HIV infection in Uganda. JAMA 2008 Aug 6;300(5):540-9.

articulation of policy frameworks and operational guidance in key intervention areas including PMTCT, HCT, SMC and SRH/HIV integration; and development of the National HIV Prevention Strategy.

14. ART sites increased from 328 in 2008 to 443 in 2011; number of adults on ART increased from 105,000 to 290,000 by 2011; quality of ART improved with over 60% of ART recipients receiving baseline CD4 counts compared to 30% and improvement in the median CD4 T cell count over 5 years period. The overall PMTCT facility coverage (Hospitals, HCIV and HCIII) increased from 77% in June 2009 to 90% by end of June 2010 and HIV+ infants born to HIV+ mothers reduced from 19.4 in 2007/08 to 7.4 by 2010/11.
15. Achievements in social support at MTR included increasing provision of quality psychosocial support; in 2007, 86.3% household received psychosocial support, by 2009 95% households had received PSS. The ratio of school attendance among orphans versus non orphans was 0.95 as more OVCs have benefited from the UPE and USE policy of government and informal education through vocational skills training. There was also an expanded scope of the social support package and implementing partners especially the civil society sector in delivering services that impact on stigma and discrimination.
16. Against the above achievements, in prevention there were still many challenges. For instance, there was an increasing number of new HIV infections, more women getting infected than males, higher HIV prevalence among key population groups. The annual number of new HIV infections increased by 11.4% from 115,775 in 2007/08 to 128,980 in 2010/11 based on mathematical models from the Ministry of Health (MoH). It was also noted that there was (i) low comprehensive knowledge on HIV/AIDS, (ii) inadequate targeting, weak behavioral communication programming and lack of a streamlined mechanism for clearing prevention messages (iii) persistent deterioration of sexual behavioral indicators (MCP, condom, early age at first sex) (iv) low prevention of mother to child transmission (PMTCT) uptake, high unmet need for family planning, low male involvement, poor follow-up and inadequate integration into maternal and neo-natal child health / sexual and reproductive health (MNCH/SRH) service despite existence of tools (v) unmet need for safe blood transfusions to the tune of 15% (vi) high sexually transmitted infection (STI) prevalence rates, low coverage and poorly targeted STI services, and drug stocks (vii) lack of technical guidance and weak infrastructure to roll out Safe Male Circumcision.
17. Regarding care and treatment, there was low coverage of ART for adults, children and most at risk populations (MARPs). Access by children below 15 years is grossly limited, with only 23% of ART eligible children accessing treatment receiving it, compared to 49% of the adults; the coverage of palliative care services only available in 32 districts of the country. It was further reported that there was a low uptake of HCT especially couples, men and high-risk groups due to poor access of services.
18. Progress in social support would have been more were it not for an apparent absence of specific enabling HIV legislation; there are no laws specific on discrimination against PHA, OVC, PWD, the elderly, youth, women, and rural and urban poor and other vulnerable groups on account of HIV status. At the same time there is insufficient articulation of rights in existing policy and legislative documents. Hence, stigma and discrimination is rampant and AIDS vulnerable groups do not benefit from existing macro-economic initiatives such as NAADS, NUSAF & SACCOs because of lack of affirmative action.

## **2.2.2 Contribution of Civil Society in National Response**

19. CS is key in the implementation of the national response and UNASO commissioned a study to document this contribution. The findings from the study<sup>5</sup> indicated that CS are variously involved in all the thematic areas of the NSP. Thus, in prevention it was found through a review of all district directories of HIV&AIDS service providers for the year 2008/9 that CS predominantly implemented majority of the prevention interventions in the respective districts compared to other players. On the other hand, CS contribution in care and treatment was in the area of provision of services such as basic kits, ART, management of opportunistic infections, HCT, laboratory service, provision of HBC, and referral. CS were also found to predominate in provision of social support compared to the public sector; the CS actors were found to be involved in the provision of psychosocial support, formal education, vocational training support to orphans, vulnerable and other vulnerable children (OVCs), and supporting income generating activities (IGAs) to affected households and psychosocial support. In addition to this, the CS in Uganda were found to be instrumental in advocating for the various HIV&AIDS issues like the rights of PHAs that have mainly been championed by networks and coalitions (e.g. HEPS Uganda, NAFOPHANU, ICW) and NGOs (e.g. HAG, TASO etc). Regarding the systems strengthening component of the NSP, the CS actors including UNASO were found to be involved in capacity-building of small CS actors as and government facilities through initiatives that include support to human resource and infrastructural development, research, as well as M&E systems of partner organizations; some CS agencies helped to build capacity of health units through trainings. These achievements have been made with technical and financial support from major funders that include PEPFAR, GFATM, CSF, Partnership Fund and other bilateral and multilateral agencies, and government that provides policy and strategic guidance and ART, condoms and other consumables to CS engaged in prevention, care, treatment and social support activities.

## **2.2.3 Achievements of UNASO in the National Response**

20. The mandate of UNASO is to coordinate and provide representation to the Civil Society Sector in its support to the national HIV & AIDS response. Thus, in the implementation of USP 2007/08-2011/12, UNASO improved on its organizational capacity as a membership organization and secretariat to SCE-NNGO and of CICC. It also established more District Networks during the period raising the number of networks that the secretariat interacted with from 35 in 2008 to 48 in 2010 and 49 in 2011; the number of ASOs captured in the database increased from 1,666 in 2006 to 2,108 in 2011. The District Networks were facilitated with office and logistical equipment to enhance their capacity to better coordinate ASO response. The UNASO staff also increased their frequency of support supervision, monitoring and mentoring visits in addition to (i) supporting the networks, among other things, to hold annual general meetings, elect executive committee members and hold executive committee meetings (ii) conducting training in M&E of HIV & AIDS interventions of ASOs of 44 District Networks to ensure quality in the delivery of services. UNASO also documented and disseminated various information materials viz (a) UNASO organizational documents viz strategic and financial feasibility plans, annual reports etc (b) 2000 copies of abridged information on 10 key HIV and AIDS related policies and guidelines<sup>6</sup> (c) contribution of CS

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<sup>5</sup> Asingwire N (2010). Documentation of the Civil Society Contribution to HIV & AIDS Response In Uganda, 2009. Uganda Network of AIDS Service Organizations (UNASO). Kampala. July 2010.

<sup>6</sup>UNASO produced and availed an abridged version of policies and guidelines which are used as a quick reference resource for

in the national response to HIV and AIDS 2009 (d) IEC/BCC materials on various topics (e) guidelines and general information on funding mechanisms such as GFATM and CSF and (f) findings from research conducted by UNASO and other partners and (g) national response such as HIV and AIDS Control Bill 2009, Homosexuality Bill etc.

21. UNASO and district networks have participated in many forums where issues related to implementation were discussed. In some cases, they produced position papers for discussions with the authorities. UNASO and district networks participated in the Mid-term review of CSF<sup>7</sup> in 2011; Review of the CSF<sup>8</sup>; Mid-term review of NSP<sup>9</sup>. UNASO has been representing the CS ASOs at the Partnership Committee, Civil Society Fund Steering Committee and Global Fund Country Coordinating Mechanism. UNASO and its District Network members have supported selected lead CSOs to engage effectively in policy formulation and follow-up e.g. National HIV/AIDS Prevention and Control Bill. UNASO has been involved very closely with Uganda AIDS Commission in (a) the development of the UNGASS reports 2010 and 2012 (b) institutional review of UAC (c) the development of National and sector Prevention strategic plans (d) NSP review and revision. UNASO also worked closely with MoH, UAC, MOGLSD and other partners in developing GF Rounds 7 and 10 proposals. UNASO is a signatory to the Round 10 agreement on behalf of CS for the community systems strengthening as a result of advocacy coordinated by UNASO, the CCM and GFATM awarded TASO to be the second principal recipient for its funds for civil society under Round 10.
22. UNASO and district networks established a consortium that were facilitated and equipped with logistics & equipment to run their offices and effectively participate in resource mobilization, advocacy etc. UNASO provided resources to District Networks which helped them to carryout their work. There was (a) increased interaction between UNASO, District Networks and ASO members and the local government officials and politicians (b) increasing CS participation in district processes (c) increased involvement of the district in the network activities resulting in improving relations and opportunities at this level.

## **2.2.4 Strengths, Weaknesses, Opportunities and Threats in UNASOs Response**

23. This section summarizes the key issues identified in the strengths, weaknesses, opportunities and threats (SWOT) relating to UNASO in the implementation of USP 2007/08-2011/12. It is presented because as UNASO embarked on developing the strategic plan, appropriate interventions needed to be developed in order to build on the strengths observed and hence maximize on their positive impacts while at the same time look for practical solutions for addressing the weaknesses and hence minimize their negative impacts.

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guiding CSOs and local governments in their programming and implementation of HIV and AIDS interventions to enable them deliver quality HIV and AIDS services. The 10 policies and guidelines covered included: National Orphans and other Vulnerable Children Policy (2004); National Condom Policy and Strategy (2004); Uganda National Policy on HIV Counseling and Testing (2005); National Policy Guidelines for TB/HIV Collaborative activities (2006); National Policy on HIV and AIDS and the World of Work (July 2007); Communication Strategy for TB/HIV Collaboration in Uganda (2006); Policy Guidelines for Prevention of Mother to Child Transmission (2006); National HIV and AIDS Strategic Plan (2007/2008-2011/12); Nutritional Care and Support for people living with HIV and AIDS in Uganda - Guidelines for Service Providers; and National Antiretroviral Treatment Guidelines for Adults, Adolescents and Children (2009).

<sup>7</sup> CSF (2011). Mid-term Review of Civil Society Fund Uganda. June 2011. Kampala

<sup>8</sup> Janssen, P L and Mwijuka, M (2009). Review of the Civil Society Fund Uganda. Kampala

<sup>9</sup> Asingwire, N (2011). Consolidated Mid-term Review Report for Joint Annual AIDS Review (JAR) and Mid-term Review (MTR) of the National HIV & AIDS Strategic Plan (NSP) 2007/08 – 2011/12. November 2011. Uganda AIDS Commission. Kampala

24. *Strengths and Weaknesses*: Strengths and weakness are factors in the internal environment of UNASO and ASOs that might interfere with the achievement of the desired outcomes in the implementation of the USP. The table below presents those that have been identified.

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<ol style="list-style-type: none"> <li>1. It has resources (financial, human-technical staff, logistical, mobilization/advocacy/lobbying skills) to carry out its responsibilities</li> <li>2. It has the ability to network with HIV and AIDS partners and others engaged in socio-economic development of Uganda</li> <li>3. It has large number of members with different competences and mandates</li> <li>4. It has good relationship with government and other stakeholders</li> <li>5. There is existence of competent and committed Board and staff in implementation of the USP professionally</li> </ol>	<ol style="list-style-type: none"> <li>1. UNASO is donor dependent and lacks adequate resources to facilitate implementation</li> <li>2. Increased demand for more services from UNASO members</li> <li>3. Absence of a dedicated full time staff at the district and regional levels responsible for coordination</li> <li>4. Inadequate lobbying, advocacy and resource mobilization skills at district levels by networks</li> <li>5. Diverse network membership interests-CSOs community is so diverse, has varied mandates with latent and at times manifest rivalry. Each protecting own corner jealously</li> </ol>

25. *Opportunities and Threats*: Opportunities and threats are factors in the external environment of UNASO and ASOs that are likely to interfere with the achievement of the desired outcomes in the implementation of the USP. The table below enumerates some of them.

<b>OPPORTUNITIES</b>	<b>THREATS</b>
<ol style="list-style-type: none"> <li>1. Good relationship with central and local government</li> <li>2. It is recognized locally, nationally and internationally as the umbrella agency with mandate to coordinate CS ASOs in Uganda</li> <li>3. Willingness of donors to fund UNASO</li> <li>4. Increasing technological advancement for coordination and access to information</li> <li>5. Many non-HIV/AIDS CSOs to link up with</li> <li>6. International HIV/AIDS networks (e.g. EANASO, ICASO) ready to collaborate with UNASO</li> <li>7. New funding areas such as advocacy, accountability and policy monitoring</li> <li>8. Available- domestic financing from central and local governments</li> <li>9. Civil Societies have a PR for Global Fund</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of districts continue to increase with more costs for coordination</li> <li>2. Credit crunch (less commitment of resources &amp; change in donor priorities) and inflation affecting resource availability</li> <li>3. HIV is no longer a priority at both the district and national levels</li> <li>4. Some legal provisions not favorable for active engagement of CS</li> <li>5. Limited functionality of DACs affecting how UNASO and District networks can work</li> <li>6. Corruption among some leaders in public and private sectors (individuals and institutions)</li> <li>7. Limited dissemination and understanding of policies and laws on CS</li> <li>8. Inadequate funding of the decentralized HIV&amp;AIDS response</li> </ol>

## 2. VISION, MISSION, GOALS AND PRINCIPLES OF UNASO

### 2.1 Vision, Mission and Goal

This sub-section presents the vision, mission and goal of UNASO.

**Vision:** A Ugandan society free of HIV and AIDS and its impact. Grammar issue

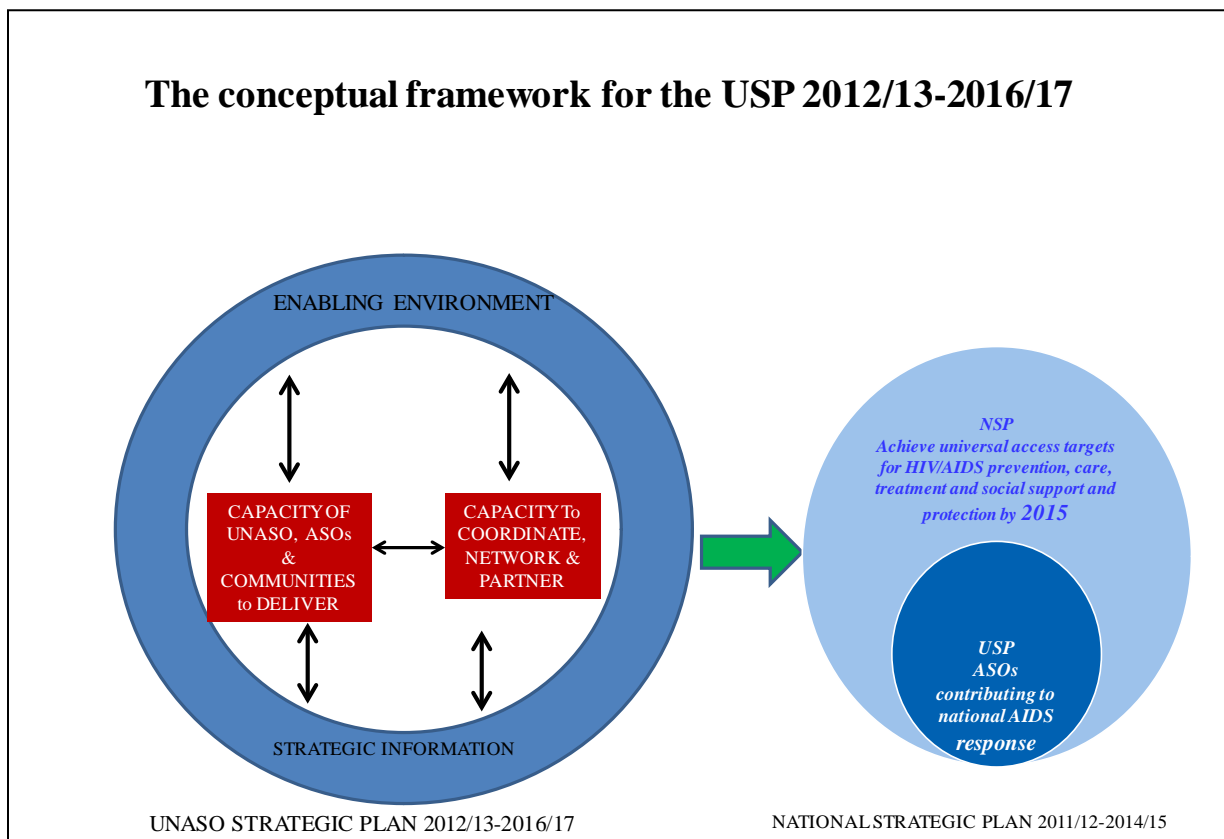
**Mission:** To provide leadership to ASOs for collective response to HIV and AIDS through effective representation, coordination and enhanced capacities.

**GOAL:** ASOs contributing to national AIDS response.

### 2.2 Framework

26. The aim of this framework is to ensure that UNASO and its partners focus their efforts on interventions that will significantly impact on the negative trend of the epidemic noted in the previous sections. Thus the framework has two four thematic areas that it will address. One area is on the environment in which UNASO, district networks and ASOs operate that have to be made more conducive by ensuring that the necessary policy, laws, regulations are in place. Secondly, UNASO will need to have an environment in which management information system and knowledge management coupled with effective research, communication and information sharing are in place. These will then play a catalytic role as UNASO builds its organizational capacity as well as those of its District networks, communities and individual. Lastly, all these actors will need to collaborate, network in a coordinated manner. When all these four areas are addressed by UNASO, then the member ASOs and communities will be able to carry out activities creatively and collectively contribute to the broader vision, goals and strategic objectives of the revised NSP against which USP is a subset as is shown in the figure below.

**Figure 1: Conceptual Framework for the USP**



### **2.3 Linkage between NDP, NSP, HSSP III, SDIP II and USP**

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27. There is a strong linkage between the NDP, NSP, HSSP-III, SDIP-II and USP in terms of vision, goal and objectives as is summarized in the table below. This underscores the fact that indeed UNASO (a) is compliant with the three ones principles as advocated for nationally and internationally in the response to HIV/AIDS epidemic (b) is going to focus on aspects of the NSP that it has comparative advantage in coordinating and/or facilitating implementation by its constituent member ASOs (c) will be contributing to the national goals and aspirations as encapsulated in the overarching plans provided by government.

**Table 1: Alignment between the NDP, NSP and USP**

	<b>NDP (2010/11-2014/15)</b>	<b>NSP(2011/12-2014/15)</b>	<b>HSSP-III (2010/11-2014/15)</b>	<b>SDIP-II (2011/12-2014/15)</b>	<b>USP (2012/13-2016/17)</b>
<b>Vision</b>	A transformed Uganda Society from a Peasant to a modern and prosperous Country within 30 years	A Population free of HIV and its effects	To have a healthy and productive population that contributes to economic growth and national development.	A better standard of living, equity and social cohesion	A Ugandan society free of HIV and AIDS and its impact.
<b>Overarching Goal</b>	Increasing access to quality social services- incidence of communicable diseases and HIV/AIDS	To achieve universal access targets for HIV/AIDS prevention, care, treatment and social support and protection by 2015	To attain a good standard of health for all people in Uganda in order to promote a healthy and productive life.	To promote employment, positive cultural values, rights of vulnerable groups and gender-responsive development	ASOs contributing to national AIDS response.
<b>Goals / Objectives</b>	<ol style="list-style-type: none"> <li>1. Build and maintain an effective national HIV/AIDS response system</li> <li>2. Reduce the incidence of HIV by 40%</li> <li>3. Enhance livelihood and economic development of affected communities and households</li> </ol>	<ol style="list-style-type: none"> <li>1. To reduce HIV incidence by 30% by 2015</li> <li>2. To improve the quality of life of PLHIV by mitigating the health effects of HIV/AIDS by 2015</li> <li>3. To improve the quality of life of PLHIV, OVC and other vulnerable populations by 2015</li> <li>4. To build an effective and efficient system that ensures quality, equitable and timely service delivery by 2015</li> </ol>	<ol style="list-style-type: none"> <li>1. Scale up critical interventions for health, and health related services , with emphasis on vulnerable populations</li> <li>2. Improve the levels, and equity in access and demand to defined services needed for health</li> <li>3. Accelerate quality and safety improvements for health and health services through implementation of identified interventions</li> <li>4. Improve on the efficiency, and effectiveness of resource management for service delivery in the sector</li> <li>5. Deepen stewardship of the health agenda, by the Ministry of Health</li> </ol>	<ol style="list-style-type: none"> <li>1. To promote decent employment opportunities and labour productivity</li> <li>2. To enhance effective participation of communities in the development process</li> <li>3. To improve the well being of vulnerable and marginalized groups</li> <li>4. To promote gender equality and women’s empowerment in the development process</li> <li>5. To improve the performance of the Social development institutions in coordinating, implementing, monitoring and evaluating the SDIP 2 at all levels</li> </ol>	<ol style="list-style-type: none"> <li>1. Institutional capacity of UNASO and its membership to contribute (deliver its mandate) to the national response improved by 2017</li> <li>2. Capacity of UNASO to coordinate, network and strengthen partnerships among ASOs and other actors for effective HIV and AIDS response enhanced by 2017</li> <li>3. Enabling and supportive environment for quality HIV and AIDS service delivery promoted by 2017</li> <li>4. Coordination and management of strategic information for HIV and AIDS response among ASOs improved by 2017</li> </ol>



28. In actualizing the linkage between NDP, NSP and USP, UNASO has included as a strategic action in the USP the aspect to monitoring the implementation of the NDP and NSP in order to ensure that all the key stakeholders play their roles as stipulated in the plans accordingly.
29. While UNASO SP directly addresses Goal 4 in the NSP, the other goals in the NSP will be implemented by ASOs ones they are effectively coordinated and are able to plan and access resources for implementation.

## **2.4 Guiding Principles for the Strategic Plan Implementation**

30. The core values that will guide in the successful implementation of this strategic plan by all the relevant stakeholders are highlighted below.
- Greater involvement of civil society actors: UNASO will be inclusive in the implementation of this strategic plan
  - GIPA and MIPA: the stakeholders will involve persons living with HIV/AIDS at all stages and levels of the USP implementation
  - Accountability: all key stakeholders involved in HIV/AIDS activities in the sector will share programmes, work plans and reports with government, coordination mechanisms and local authorities
  - Non partisan: UNASO will neither align to nor favour any political organization.
  - Non-ethnicity: No body or group of persons will be excluded either at implementation or during access to services provided by ASOs on the account of one's ethnicity.
  - Non-religious based: UNASO will be neutral with regard to the religious affiliation of the individuals that form its registered member organizations
  - Non-discrimination: UNASO will not discriminate or tolerate discrimination against any organization for whatever reason; it will not also discriminate or tolerate discrimination against employees or job applicants in member organizations on grounds of HIV and AIDS status.

### 3.0 THE GOAL, PROGRAMME AREAS AND STRATEGIC OBJECTIVES

31. **The goal of UNASO is: ASOs contributing to national HIV and AIDS response. This will contribute towards strengthening capacities of ASOs to implement HIV and AIDS interventions. The impact indicators are outlined in Table 2 below.**

**Table 2: Organizational wide results framework**

Results statements	Indicators
<b>Goal:</b> ASOs contributing to national HIV and AIDS response	
<b>Impacts</b>	
Capacity of ASOs to implement HIV and AIDS interventions strengthened	% ASOs providing quality HIV&AIDS services
	% clients who receive service from ASOs

32. The plan has got four thematic areas within which several programme and project activities for achieving the goal of UNASO have been identified. These areas are:

1. Institutional Capacity Building
2. Coordination, Networking and Partnerships
3. Enabling and Supportive Environment Promotion (Advocacy)
4. Strategic Information Coordination and Management

33. The above programmatic areas of UNASO for 2012/3-2016/17 have been selected to underscore the mandate of the UNASO to coordinate the CSOs so that they can more effectively and efficiency respond to the epidemic and thus contribute to the achievement of not only its vision but also the national and international development goals encapsulated in the NDP, NSP and Millennium Development Goals (MDGs) 4, 5 and 7. UNASO will endeavor to achieve this in this strategic period by (a) consolidating and scaling-up its interventions while focusing on doing things within its mandate so that more results and impact can be achieved with the same resources (b) mobilizing and engaging its large number of member organizations and partners that are spread across the country and internationally (c) enhancing creativity, collaboration and connectivity among members and partners at various levels viz international, national, decentralized and regional levels.

### 3.1 Programme Area 1: Institutional Capacity Building

#### 3.1.1 Rationale

34. In order for UNASO to implement its mandate and the additional responsibilities given to it by UAC and the SCEs, it needs to develop both its own institutional capacity and the ones of its ASOs, constituent members and communities. Capacity is taken to mean the ability of an individual, an organization or a system to perform its functions and to meet its set objectives effectively and efficiently. Currently the capacity building efforts of CSOs are uncoordinated (e.g. many national NGOs, smaller NGOs, funding mechanisms, programmes each has its own capacity building interventions that are not linked thus making it relatively difficult for ASOs to benefit from them at the least cost).

35. *UNASO Board and Secretariat:* UNASO as a membership organization with national and international clout needs to have an effective governance, management and technical mechanism in place. The Board needs to be pro-active and up-date on HIV/AIDS issues and policies while the Secretariat needs to have the necessary staff with adequate skills,

experience and level of motivation and remuneration; this must be supported with appropriate organizational structures, systems, policies, procedures as well as strategies and plans (e.g. communication, human resource etc).

36. *District Networks*: The district networks are the arms of UNASO that directly link with the ASOs who in turn reach the communities. In this regard, the number of districts has continued to increase thus necessitating UNASO to open new district networks if UNASO's presence is to be felt country-wide. The networks themselves were noted to lack capacity in planning, resource mobilization, lobbying, advocacy etc. yet UNASO Secretariat currently has limited staffing and inadequate technical capacity to support these networks and their ASOs.

37. *ASOs, CBOs and communities*: The ASOs, CBOs and communities are the ones that carry out direct service delivery and mobilization of the population to demand, access, utilize services and hold government to account. Increasingly as the emergency phase of the epidemic has ended and efforts of government and development partners is on strengthening the systems that deliver health and other social services, the CS will also increasingly disengage from such interventions and instead re-focus/concentrate on (a) service delivery for the marginalized groups and hard to reach places (b) advocacy for policies, strategies and programmes that are pro-poor and marginalized populations (c) demand for accountability. Many ASOs, CBOs and communities have not been able to support their response to the epidemic because they fail to meet the administrative compliance review and technical review requirements thus precluding them from engaging effectively in the response. UNASO will need to strengthen the community systems by enhancing and/or improving the ability and capacity of these community resources to respond to the epidemic within their situation, confront the challenges, provide and demand services in a conducive and supportive financial, political, legislative environment. UNASO will also need to build strong linkages and referral systems between community structures and institutionalized facilities in public and non-public sector.

### **3.1.2 Strategic Objective 1: Institutional capacity of UNASO to deliver its mandate improved by 2017**

#### **Intermediate Results**

- **IR 1.1** Institutional capacity of Secretariat strengthened
- **IR 1.2** Institutional capacity of UNASO membership strengthened

#### **Indicators**

- Percent of UNASO strategic plan budget funded
- Percent achievement of USP targets
- Proportion of district networks with functional structures, systems and strategies
- Percent of ASOs capable of competing for and managing HIV grants/interventions

#### **Strategic Actions**

38. Capacity for governance and stewardship of UNASO as an organization will be strengthened. In particular, Board members will be oriented on their roles and responsibilities in provision of leadership and strategic direction to UNASO taking cognizance of global and local technological opportunities and challenges but also sensitized on current development not only in the response to the epidemic. The Board will also be supported to hold regular

meetings, review organizational policies and management structure of UNASO and ensure adequate and skilled manpower is recruited, retained and appraised periodically. It will also support UNASO to build a home of its own.

39. UNASO has also prioritized its capacity strengthening in planning, management, monitoring and evaluation during this period of implementing the USP. Strategic actions here include development of human development plan, risk management plan and sustainability (institutional, programmatic, financial and organizational) plan. UNASO will also review its systems for financial, human resource and asset management. A functional M&E system that links to the one at UAC, key sectors/line ministries and CSOs will be established in order to ensure that the contribution of CSOs in the national response is captured and reported on at the times.
40. UNASO will also have to strengthen its capacity as a fund management agent so that it can mobilize funds locally and internationally and disburse to its networks not only for coordination functions but also for service delivery.
41. UNASO has already established district networks for coordinating the activities of the ASOs at the district level. The capacity of these networks needs to be enhanced so that they can effectively coordinate the activities of the members. In particular, intra- and inter-constituency coordination will be strengthened. UNASO will also revitalize the functionality of CICC, NGO-SCEs or any other civil society related coordinating structure that may be established/proposed by UAC. Appropriate tools and mechanisms will be developed to promote accountability among ASOs in order to have a corruption free ASOs; appropriate measures will also be taken to popularize QUAM among ASOs. It is expected that these efforts will improve transparency and accountability among members.
42. The civil society involved in the national response to HIV and AIDS in Uganda have never had a comprehensive capacity building strategy yet there are a lot of capacity gaps in governance and leadership, management, technical programming and resource mobilization. Hence UNASO will fast track the development of this plan. A database and inventory of UNASO members will be updated periodically. This database will include the competencies of each partner to enhance collaboration in capacity building.
43. The capacity of district network will also be built so that they can support their ASOs in resource mobilization e.g. through joint proposal writing. UNASO will adopt and localize the Community systems strengthening framework developed by Global Fund and Partners at global level to ensure the capacity of community structures in support of HIV and AIDS response is strengthened. In order to accomplish this, UNASO will establish a technical support unit that will maintain focus on identifying capacity building needs of members and designing appropriate actions.

## **3.2 Programme Area 2: Coordination, Networking and Partnerships**

### **3.2.1 Rationale**

44. UNASO is the secretariat of the SCE-National NGOs and also for CICC which is the forum for the 8 civil society related SCEs; it does this in addition to being a membership organization with a Secretariat for coordinating all ASOs. Coordination is here taken to

include the process of joint facilitation, communication, sharing, planning, consensus building and monitoring & evaluation of activities of stakeholders for a more efficient and effective response to the HIV/AIDS epidemic by CSOs. At national level, UNASO needs to coordinate the national NGOs and link the CSOs with government, development partners and private sector in order to ensure that appropriate policies, programmes, strategies and guidelines are in place and adequate resources are allocated, utilized and accounted for appropriately. It also has to link up with non-HIV CSOs such as those working in Water and Sanitation, Agriculture etc.

45. In line with the three ones principle, UNASO has developed this strategic plan against which it should be able to consolidate one operational plan for all ASOs and also one M&E plan through which all the necessary information for the national indicators that the CS are responsible for are gathered and reported by UNASO. This implementation of the three ones principle by the civil society through UNASO has not yet been attained to-date.
46. Against the above, there are many HIV coordination structures/committees in public and non-public sector institutions and departments at central and decentralized levels that the CSOs are represented. However, CSOs are yet to effectively participate in decisions that determine the HIV response at such central and decentralized government level forums because their quality of participation is still hampered by (a) lack of capacity to consult, avoid conflict of interest and also research and generate strategic information (b) inadequate communication and feedback within and between constituencies, (c) low capacity and ability to analyze, formulate and/or review policies. Even intra- and inter constituency coordination for ASOs is weak at both national and decentralized levels with the problem being compounded by the ever increasing number of districts. Indeed, ASOs need to link up with CSOs that deal with (a) non-communicable diseases (NCDs) because such conditions are increasingly affecting PHAs and their care givers and (b) non-HIV interventions.
47. *National Level Coordination:* Some national level CSOs do not see themselves being coordinated and represented by UNASO because there is no MOU, framework and clear benefits from such an undertaking. A policy streamlining operations of CSOs and how an old or new NGOs/CBOs enters / engages with a government, donor or district as an ASO is not vetted by UNASO making it difficult to hold them accountable among the CSOs as their allegiance is to the funder and not the ASO fraternity that is coordinated by UNASO. Exit strategies of projects and programmes run by CSOs are not usually there making sustainability difficult. This will be addressed in collaboration with partners.
48. *Partnership:* UNASO has built partnerships with various organizations including ADPs from which whom it mobilizes resources. At national level, there is no strategy for partnership with no clearly defined roles and responsibilities of partners. The Public Private Partnerships for Health by MOH is generally unknown with no activities for dissemination and operationalization from the ASOs perspective. Furthermore, a documentation of the value addition and benefits that a member and /or partner derive from being in partnership / network with UNASO is not clearly articulated by UNASO. At the local level, partnership and networking are largely hinged on individual members working in particular agencies thus unsustainable especially when the individuals leave the organizations.
49. Another area that UNASO will focus on is the promotion of social accountability, a situation where citizens and/or CSOs participate directly or indirectly in demanding for (a)

transparency and efficiency in resource allocation, use and accountability in line with peoples priorities (b) effective communication and feedback by duty bearers i.e. people in position of leadership, power or service delivery to the communities (c) discharge of duties as stipulated (d) development/change in policies, laws, regulations and practices as well as enforcing them in the context of HIV/AIDS epidemic (e) answering for own (or institutional) action, in-actions and behaviours. For UNASO to pursue social accountability effectively it will require that its Board, staff, and networks will be able to; associate freely in pursuit of their interests; mobilize resource appropriately for supporting their efforts; voice their concerns and issues to the duty bearers and rights holders; access, analyze and generate relevant information on services from government, donors, service providers and targeted beneficiaries; and negotiate with officials, service providers among others for change in service delivery and policy. This capacity is currently seriously wanting. Hence, UNASO will have to empower its members and NGOs, local communities and citizenry to demand for such services and accountability from government, development partners and private sector; this is indeed the traditional and pivotal role of the CSOs.

### **3.2.2 Strategic Objective 2: Coordination mechanism for CSOs for HIV and AIDS and other actors strengthened by 2017**

#### **Intermediate Result**

- **IR 2.1** Capacity of ASOs to jointly plan and deliver interventions relevant to the national and district priorities strengthened

#### **Indicators**

- Percent of ASOs with strategies aligned to the national priorities
- Percent of ASOs with strategies aligned to the district priorities
- Percent of district networks with functional coordination structures
- Percent of inter and intra coordinations meetings held

#### **Strategic actions**

50. UNASO will develop and strengthen regional coordinating forums with regional coordinators at its headquarters for enhancing coordination of ASOs in the different regions of the country. These regional platforms will link up with the district networks that in turn have direct contacts with their ASOs. Thus, at the forums, ASOs will be able to articulate their views, concerns and strategies for engaging with government, development partners and private sector.

51. The capacity for effective representation at international, national and district level forums will be strengthened. This will involve mapping out the competencies of ASOs and facilitating the division of labour and use of lead NGOs in coordination and capacity building. Furthermore, UNASO will institutionalize and monitor appropriate consultation and feedback mechanisms for enhancing (a) intra- and inter- constituency coordination at different levels; and (b) coordination horizontally (i.e. district-regional-national levels) and vertically (i.e. Within and between districts and regions).

52. Within the district networks, UNASO will establish strategic partnership with institutions within the regions in order to increase visibility and effectiveness and while cutting down on

coordination costs. The concept of establishing a consortium among CSOs in a given geographic region or thematic area will be extended across the country.

53. UNASO management index will need to be developed. The proposed index adopted from the Uganda AIDS Commission Management index is a composite measure that combines information on (1) Proportion of posts of UNASO staff established (2) Availability of an annual UNASO operational plan (3) Availability of Data on CS Related National M&E indicators (4) Functionality of the UNASO management information system (5) Provision for data audit (6) Availability of a costed annual priority action plan for HIV/AIDS for CSOs (7) Frequency of Coordination and partnership meetings held at national, regional and district levels and (8) Status of reporting CSO data to UAC and other national M&E and MIS.

### **3.2.3 Strategic Objective 3: Networking and partnerships CSOs for HIV and AIDS and other actors strengthened by 2017**

#### **Intermediate Result**

- **IR 3.1** ASOs capacity to jointly access resources and implement interventions strengthened

#### **Indicators**

- Percent of ASOs accessing resources through partnerships/consortium
- Number of coalitions with joint advocacy activities/initiatives

#### **Strategic actions**

54. To-date, there is no comprehensive partnership strategy for ASOs; hence UNASO will develop the same. In this way ASOs will be able to initiate, develop and nurture linkages and relationship among CSOs and also (a) between them and government, development partners and private sector (b) networking between them and vertically, horizontally, regionally and internationally with other key stakeholders.

55. The capacity of the ASOs will be strengthened in social mobilization and referrals. In this regard, a CS advocacy strategy will also be developed by UNASO for enhancing joint campaigns on a given issue.

### **3.3 Programme Area 3: Advocacy**

#### **3.3.1 Rationale**

56. Uganda is a signatory to and has ratified several international laws, conventions and strategies protecting human rights, non-discrimination, and equitable care for the vulnerable and less able. The extent to which they are being implemented / adhered to in the context of HIV and AIDS needs to be followed and monitored. Hence, UNASO needs to build the capacity of its district networks and ASOs so that they can collaboratively hold the duty bearers and moral duty bearers<sup>10</sup> accountable for respecting, protecting and fulfilling the rights of the population especially in relation to HIV/AIDS by, for instance, ensuring that government adopts and implements appropriate legal policies, national laws, institutions and processes. This programme area will focus on advocating for enabling and supportive environment for quality HIV and AIDS service delivery.

57. Uganda government and political leaders are not adequately demonstrating that they own the national response hence the need for CS to hold them as duty bearers accountable for the various international and local declarations of commitment that they are signatory to. Currently, for instance, resource allocations for health sector are far less than the 15% in Abuja declarations. UNASO will also need to promote social participation, self regulation and accountability in the response by CSOs.

#### **3.3.2 Strategic Objective 4: HIV&AIDS policies, legislation and programmes influenced by 2017**

##### **Intermediate Results**

- **IR 4.1** HIV and AIDS policies, legislation and programmes influenced
- **IR 4.2** Citizen competences to demand for quality health services including HIV and AIDS interventions strengthened
- **IR 4.3** Capacity of ASOs to advocate for promotion and protection of sexual reproductive health rights (SRHR) strengthened

##### **Indicators**

- Number of policies, programmes and legislations reviews/formulation influenced at the National level
- Number of policies, administrative directives, ordinances, regulations and by-laws influenced at National, district and community levels
- Percent of HIV issues incorporated in the National and district budgets
- Percent of citizens demonstrating increased knowledge and awareness of their rights, policies and needs, effectively participating in planning, monitoring and supervision of service delivery
- Number of formal and informal community structures participating in planning,

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<sup>10</sup> Duty bearers are people in position of leadership, power or service delivery in the government of Uganda and local governments and private sector while the moral duty bearers are guardians of human rights including NGOs, CBOs, religious institutions, cultural institutions and leaders who are responsible for quality prevention, care and support services, empowering rights holders and advocating for the rights of people infected with HIV and affected by AIDS. The moral duty bearers can be categorized under religious, cultural, and political leaders at different levels and in positions of power and influence to determine distribution of resources and rights. Others include HIV/AIDS related NGOs, FBOs and community based groups, Faith-based and cultural institutions, the media, and research institutions.



- budgeting, monitoring and supervision of service delivery
- Proportion of District Local Governments with work plans that incorporate issues raised in community action plans
- Percent of the budget allocation spent on citizens HIV priorities
- Percent of ASOs supporting and advocating for key populations to access HIV and AIDS services
- Number of ASOs holding joint advocacy interventions in support of key populations

### **Strategic actions**

58. *Advocacy*: In general, UNASO has not been at the forefront for leading CSOs in advocacy thus affecting campaigns for removing artificial barriers that affect (a) access, equity, quality and sustainability of HIV and AIDS related services (b) integration of other services such as reproductive health with HIV/AIDS. There is also need for CSOs to continue to advocate for concrete action by government to mobilize more resources for HIV/AIDS in both the short and long run and to do more and better with the current and future resources. At the moment when HIV/AIDS is a key priority in the NDP 2010-15, the mainstreaming of HIV / AIDS response in development programmes remains low resulting in very limited resources being allocated for the national response by government.
59. In addition to liaising with UAC, line ministries, private sector etc so that national and local programmes and projects are more relevant, effective, efficient and sustainable, UNASO will endeavor to work towards influencing the review and/or formulation of at least one policy / legislation annually.
60. UNASO will also work out tools for improving ownership, partnership, transition and sustainability of programmes implemented by ASOs at national and decentralized levels.
61. There are many policies that have been put in place by government. Hence, UNASO will continue to document and popularize these policies so that the ASOs can effectively implement and monitor their implementation and hold government accountable accordingly.
62. UNASO will also engage in policy framework implementation monitoring.
63. UNASO will develop the capacity of ASOs and the general CSOs to understand the budget framework paper and resource allocation in relation to Uganda's commitment to international compacts and national policies regarding HIV and AIDS, human rights, gender etc. ASOs will also be empowered to engage more effectively in the budget process at national and decentralized levels. Tools will be developed and used for mainstreaming social accountability in the activities of civil society and for sensitizing and lobbying political leaders at different levels. Tools will also be developed for enhancing ASOs monitor major funding mechanisms and programmes.
64. UNASO will develop or adapt appropriate tools for building the capacity of ASOs to mainstream HIV/AIDS, gender and human rights in their programmes. Thus, CSOs will be empowered to engage in advocacy, lobbying and negotiation on behalf of marginalized groups and MARPs. It will also advocate for HIV/AIDS to be mainstreamed in the development work of non-HIV CS actors.

### **3.4 Programme Area 4: Strategic information management**

#### **3.4.1 Rationale**

65. Many ASOs especially those at the decentralized and lower levels have difficulties in accessing strategic information for HIV and AIDS response from local and international researches, government and ADPs, policy forums at international, national and district levels, etc because they neither have the tools nor the skills to access. Thus, UNASO should take the lead, for instance, in disseminating the NSP, strategies, policies, etc to its membership; this would enable CSOs remain relevant to the response and UNASO also remain relevant to the members. It will also have to take leadership of CSOs in gathering and sharing information from domestic and international research efforts so that as wide a cross-section of CSOs can benefit from such new knowledge that is particularly relevant to the national response by CSOs.

66. Not all CSOs are able to carry out the necessary research for generating the critical information for advocacy and important management decisions. Furthermore, the ability to translate complicated research findings (e.g. macro-economic impact study of HIV and AIDS) into reality remains a big challenge for CSOs most of whom do not have the technical and analytical competence to interpret the results, yet they need to benefit from such results or recommendations of such studies in order to improve on their programmes. Besides, there is a lot of development in information and communication technologies as well as tools, equipment, practices etc for implementation of HIV/AIDS activities. The ASOs need to be abreast with these opportunities offered by advancement in science. UNASO Secretariat will need to keep in constant contact and communication with the district networks by developing appropriate communication strategy including information products and two-way channels of dissemination.

67. Currently, limited information is provided on CS response to HIV and AIDS to Uganda AIDS Commission. Hence, UNASO will also need to facilitate data collection and reporting from its members and civil society related SCEs so that the contribution of CSOs in the national response is comprehensively captured in the national M&E and information systems. It will also facilitate re-analysis of information from the national surveys (e.g. AIDS Indicator Survey, Demographic and Health Survey, etc) and the national M&E and information systems and repackaging as well as dissemination for use by CSOs at national, district and lower levels. Thus, UNASO will need to coordinate an effective system for managing strategic information for the HIV and AIDS response by CSOs and link it to the systems in the public sector.

#### **3.4.2 Strategic Objective 5: Strategic information management for HIV and AIDS response among ASOs improved by 2017**

##### **Intermediate Results**

- **IR 5.1** Access to and use of strategic information by ASOs strengthened

##### **Indicators**

- Number of HIV and AIDS strategic information publications generated
- Percent of ASOs using strategic information for programming

- Number of ASOs with functional internet system

### **Strategic actions**

68. UNASO will develop the capacity for being a one-stop centre and information hub for CSOs. Mechanisms, tools and technical assistance will be provided by UNASO for CSOs to link to knowledge management and communication centre at UAC so that ASOs not only share information among themselves but also with other partners locally and internationally.
69. UNASO will invest in research in order for it to strategically position itself as a source of strategic information on HIV and AIDS. This will involve conducting particularly operational research that can inform the ASOs that provide HIV and AIDS related services and to those that represent CSOs on key decision making forums. Efforts will also be made to carryout policy analysis studies, produce and disseminate the policy briefs and position papers accordingly.
70. In order to disseminate the information available as widely as possible, UNASO will develop and disseminate a communication strategy that exploits technology and social networking. Thus, information products such as reports, website contents, emails, newsletters, maps, tables, charts, briefing notes, policy briefs etc will be disseminated through electronic platforms, meetings, print media, radio, TV, etc. At the same time, UNASO will encourage its members and partners to share their research products, achievements and success stories, implementation experiences, challenges and opportunities through the UNASO information and communication hub.
71. The civil society can play an important role in promoting greater dialogue around the findings from research by government and other relevant institutions, thereby, contributing to greater participation, accountability and transparency in policy making and implementation. UNASO will therefore not only provide venues and forums for policy debate but also invest in democratizing and disseminating policy research findings and other relevant information to the CS fraternity. It will also develop the necessary skills for applying research analytical tools in order to strengthen the links between evidence-based research, policy formulation and programme planning; this will be achieved by strengthen linkages with local and international researchers, research centres, academic institutions and media.
72. UNASO will invest in organizational and experiential learning among the ASOs and their partners. The possibility of establishing a fellowship in coordination, networking and advocacy will be explored and implemented.

## **4. IMPLEMENTATION ARRANGMENTS**

### **4.1 Roles and Responsibilities of Stakeholders**

73. *UNASO Secretariat:* UNASO secretariat and District Networks will provide a supportive role to the ASOs as a facilitator, a conduit, a referral for member organizations. UNASO shall concentrate effort to areas such as resource mobilization, linking ASO to opportunities for capacity building, Building systems for information management. UNASO implementation roles will focus on building capacity for its secretariat staff, District Networks and develop systems to facilitate effective implementation of its role

74. In working with development partners, district Networks, ASOs and the partnership committee, UNASO will aim for mutual recognition and respect for one another's capacity. Clear roles and responsibilities for UNASO in the partnership will be reviewed to enhance partnership synergy and mutual accountability. The Executive Director (ED) at UNASO Secretariat shall provide overall leadership and management at the Secretariat on a daily basis while the Board provides strategic guidance, policy and stewards for the overall implementation of the USP. An Annual General Assembly will approve the USP and annual work plans, budgets and reports.

75. *District Networks:* The district networks will be responsible for mobilization of its member ASOs and building their capacity with technical support from UNASO secretariat. It will also be responsibility for ensuring that (a) the District Network meetings are held periodically (b) ASO members provide their work plan and reports for consolidation and transmission to UNASO Secretariat.

76. *ASOs:* The ASOs are responsible for mobilization of the population to access services and for actual service delivery to the communities. In this regard, they will be expected to provide their work plan and reports to the District Networks for consolidation and transmission to UNASO Secretariat.

77. *Communities:* UNASO, District Networks and ASOs will work hard to mobilize the communities to access services, play an active participatory role in demanding for services and accountability from service providers and government as well as monitoring the implementation of HIV and AIDS related programmes and policies.

### **4.2 Coordination**

78. *National Level:* Coordination at the national level will be through the UNASO Secretariat and its related NGO SCE and CICC. Thus, the Secretariat will support the selection of representatives of district networks, ASOs on various national and international forums where policy and programmatic decisions are made. UNASO will also liaise with sectors, funding mechanisms and national programs for effective representation of CSOs on their institutional forums for coordination.

79. *Regional Level:* Government has categorized the districts in the country into 9 regional zones for the purpose of programming and coordination of HIV and AIDS activities. In this regard, UNASO will establish a desk for regional coordinator whose roles will be to provide a forum for district networks in the region to come together and deliberate on their situation regarding CS contribution to the response to the epidemic.

80. *District Level:* Coordination at the district level will be through the District networks; the networks will be critical in ensuring that the network and their members are effectively represented on the DACs and similar structures at the district / decentralized levels.

#### **4.3 Monitoring and Evaluation**

81. *Monitoring:* To track achievements and progress towards the planned activities, the process of monitoring and evaluation shall be put in place. Thus, an M&E implementation plan and guidelines will be developed so that the implementation of activities will be regularly monitored at different levels to ensure they are on schedule. Monitoring shall take place at all relevant levels and will involve all key partners. For instance, at the network level, UNASO Secretariat together with the district network committee members shall monitor progress. At lower levels, focal coordination points in the District networks together with the district network committee members shall handle the day-to-day monitoring of activities for subsequent feedback to UNASO Secretariat. These linkages are necessary to ensure timely assessment of progress and application of corrective measures.

82. The Log frame matrix of UNASO SP 2012/13 – 2016/17 including the objectives, strategies, and activity areas delineated, indicators and expected outcomes are included in Annex 1.

83. Annual and Quarterly work plans and monitoring checklists will be prepared, guided by the USP. Accordingly, the secretariat staff will meet monthly, quarterly, bi-annually to review the progress and report to the Board and other stakeholders. This meetings will also be replicated at the regional and district levels.

84. *Evaluation:* There will be a mid-term evaluation at the end of 2014/15 and a final evaluation towards the end of 2016/17. Accordingly, UNASO will prepare for the end of plan evaluation of the USP towards the end of the last year of the plan period.

#### **4.4 Resources for Implementation of Strategic Plan**

85. Effective implementation of this strategic plan calls for sustainable and viable resource mobilization and institutional capacity building of UNASO. Resources to implement the areas of work will be raised from official fundraising sources e.g. from development partners, Government, Consultancy and other fundraising activities. Annual member subscriptions should also be important among the resource mobilization forms. The subscription should continue to be collected and managed by the District Networks. The district Networks should then pay the membership fees to the secretariat. This also necessitates that the ASOs would be registered by the District networks. This would even enhance the effective functionality of the coordination at district level.

86. The resources required by UNASO to ensure that the plan is actualized have been monetized and reflected in the budget. This budget will also be important in financial monitoring. The finance committee will be strengthened to carry out annual financial reviews that will be later presented to the Executive Board. The Accounting, Finance, and the Administrative manuals will greatly guide the proper management of the resources.

87. UNASO will require a total outlay of about UGX XXX for 5 year strategic plan period to run its programmes and support functions. Annual operational statements will be developed in line with the priority activities. A 5% annual increment on the budget has been factored into each year to generate the overall budget detailed in the table below.

**Financial outlay for 2012/13 to 2016/17**

<b>Budget lines</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>Total</b>
	<b>UGX</b>	<b>UGX</b>	<b>UGX</b>	<b>UGX</b>	<b>UGX</b>	<b>UGX</b>
<b>Programme Areas</b>						
Institutional Capacity Building						
Coordination, Networking and Partnerships						
Advocacy						
Strategic information management						
<b>Support Functions</b>						
Administration and human resources						
M&E						
<b>Total</b>						

## ANNEXES

### Annex 1: The logical framework matrix

Narrative summary	Objectively Verifiable Indicators	Means of verifications	Assumptions
<b>Goal: ASOs contributing to national HIV and AIDS response</b>			
<b>Impacts</b>			
Capacity of ASOs to implement HIV and AIDS interventions strengthened	<ul style="list-style-type: none"> <li>• % ASOs providing quality HIV&amp;AIDS services</li> <li>• % clients who receive service from ASOs</li> </ul>	Evaluation reports National surveys	
<i>Strategic objective 1: Institutional capacity of UNASO to deliver its mandate improved by 2017</i>			
<b>Intermediate results</b>			
<b>IR 1.1</b> Institutional capacity of UNASO Secretariat strengthened	<ul style="list-style-type: none"> <li>• % of UNASO strategic plan budget funded</li> <li>• % achievement of SP targets</li> </ul>	Evaluation and annual performance reports	UNASO Board will continue providing focused strategic leadership and keep the organization focused to its vision and mission
<b>IR 1.2</b> Institutional capacity of UNASO membership strengthened	<ul style="list-style-type: none"> <li>• Proportion of district networks with functional structures, systems and strategies</li> <li>• % of ASOs capable of competing for and managing HIV grants/interventions</li> </ul>	Evaluation and annual performance reports	
<i>Strategic Objective 2: Coordination mechanism for CSOs for HIV and AIDS and other actors strengthened by 2017</i>			
<b>Intermediate results</b>			
<b>IR 2.1</b> Capacity of ASOs to jointly plan and deliver interventions relevant to the national and district priorities strengthened	<ul style="list-style-type: none"> <li>• % of ASOs with strategies aligned to the national priorities</li> <li>• % of ASOs with strategies aligned to the district priorities</li> </ul>	Evaluation and annual performance reports	The coordination structures at national and district level will be facilitated to support ASOs coordination efforts
<i>Strategic Objective 3: Networking and partnerships CSOs for HIV and AIDS and other actors strengthened by 2017</i>			
<b>Intermediate Result</b>			
<b>IR 3.1</b> ASOs capacity to jointly access resources and implement interventions strengthened	<ul style="list-style-type: none"> <li>• % of ASOs accessing resources through partnerships/consortium</li> <li>• No. of coalitions with joint advocacy activities/initiatives</li> <li>• % of district networks with functional coordination structures</li> <li>• % of CSOs participating in inter and intra coordinations meetings</li> </ul>	Evaluation and annual performance reports	UNASO will continue with its role of strengthening partnerships among ASOs through ongoing capacity building efforts
<i>Strategic Objective 4: HIV&amp;AIDS policies, legislation and programmes influenced by 2017</i>			
<b>Intermediate Result</b>			
<b>IR 4.1</b> HIV&AIDS policies, legislation and programmes influenced	<ul style="list-style-type: none"> <li>• No. of policies, programmes and legislations reviews/formulation influenced at the National level</li> <li>• No. of policies, administrative directives, ordinances, regulations and by-laws influenced at National, district</li> </ul>	Evaluation and annual performance reports	Government will continue creating enabling policy and legislative environment as well as space for CS to operate

Narrative summary	Objectively Verifiable Indicators	Means of verifications	Assumptions
<p><b>IR 4.2</b> Citizen competences strengthened to demand for quality health services including HIV and AIDS interventions</p>	<p>and community levels</p> <ul style="list-style-type: none"> <li>• % of HIV issues incorporated in the National and district budgets</li> <li>• % of citizens demonstrating increased knowledge and awareness of their rights, policies and needs, effectively participating in planning, monitoring and supervision of service delivery</li> <li>• # of formal and informal community structures participating in planning, budgeting, monitoring and supervision of service delivery</li> <li>• % of the budget allocation spent on citizens HIV priorities</li> <li>• Proportion of District Local Governments with work plans that incorporate issues raised in community action plans</li> </ul>	<p>Evaluation and annual performance reports</p>	<p>Government will continue providing space for CS to empower communities in the decision making processes via the upward and downward accountability mechanisms</p>
<p><b>IR 4.3</b> Capacity of ASOs to advocate for promotion and protection of SRHR strengthened</p>	<ul style="list-style-type: none"> <li>• % of ASOs supporting and advocating for key populations to access HIV and AIDS services</li> <li>• No. of ASOs holding joint advocacy interventions in support of key populations</li> </ul>		<p>UNASO will continuously build its capacity to accommodate more ASOs during the strategic plan period</p>
<p><b>Strategic Objective 5: Strategic information management for HIV and AIDS response among ASOs improved by 2017</b></p>			
<p><b>IR 5.1</b> Access to and use of strategic information by ASOs strengthened</p>	<ul style="list-style-type: none"> <li>• No. of HIV&amp;AIDS strategic information publications generated</li> <li>• % of ASOs using strategic information for programming</li> <li>• No. of ASOs with functional internet system</li> </ul>	<p>Evaluation and annual performance reports</p>	<p>There will be adequate supportive infrastructure to enable internet connectivity country wide</p>
<p><b>Outputs</b></p>			
<p><b>IR 1.1.1</b> Mechanisms for resource mobilization implemented</p>	<ul style="list-style-type: none"> <li>• Resource mobilization plan in place.</li> <li>• No. of development partners supporting the strategic plan</li> </ul>	<p>Quarterly and activity reports</p>	
<p><b>IR 1.1.2</b> Functional internal systems for implementing the strategic plan</p>	<ul style="list-style-type: none"> <li>• Financial management systems in place</li> <li>• Human resource development plan in place</li> <li>• M&amp;E system in place</li> <li>• Board development plan implemented</li> </ul>	<p>Quarterly and activity reports</p>	



Narrative summary	Objectively Verifiable Indicators	Means of verifications	Assumptions
<b>IR 1.2.1</b> District networks and ASOs supported	<ul style="list-style-type: none"> <li>• Technical Support Unit (TSU) in place</li> <li>• No. of ASO capacity assessments conducted</li> <li>• No. of ASOs benefiting from tailored capacity building interventions</li> <li>• Code of conduct for ASOs developed</li> <li>• Accountability framework for ASOs developed</li> <li>• No. of ASOs supported to adopt the CSS strategy</li> <li>• # of ASOs complying to the accountability framework</li> </ul>	Quarterly and activity reports	
<b>IR 2.1.1</b> Coordination capacity building interventions for ASOs at national level supported	<ul style="list-style-type: none"> <li>• No. of CICC /NNGO fora to communicate, update, share and report on progress of the national HIV response and CSO advocacy initiatives facilitated</li> <li>• No. of operational linkages with legislation and media at national and local levels established</li> <li>• No. of CSO engagement and contribution to the national response documented and monitored</li> <li>• No. of fora for network members to input to the annual NSP reviews and the preparation of next NSP facilitated</li> <li>• Guidelines for CSO coordination and representation for enhanced engagement in the national response reviewed and disseminated</li> </ul>	Quarterly and activity reports	
<b>IR 2.1.2</b> Coordination capacity building interventions for ASOs at district level supported	<ul style="list-style-type: none"> <li>• No. of district coordination and partnership meetings supported</li> <li>• No. of community based organizations and/or networks that have meaningfully participated in joint national programme reviews or evaluations</li> <li>• No. of functional regional coordination structures</li> <li>• No. of inter and intra coordinations meetings held</li> <li>• No. of non-HIV and AIDS CSOs facilitated to mainstream HIV and AIDS in their interventions</li> <li>• E-forum to engage stakeholders in dialogue on issues of importance to the national response in place</li> <li>• Updated profile of district networks and their membership to enhance LG CS coordination in place</li> </ul>	Quarterly and activity reports	

Narrative summary	Objectively Verifiable Indicators	Means of verifications	Assumptions
<b>IR 3.1.1</b> Supportive environment for ASO partnerships supported	<ul style="list-style-type: none"> <li>• No. of partnerships with the private sector and ASOs at national and district level for advocacy and resource mobilization facilitated</li> <li>• No. of district partnership meetings supported</li> <li>• No. of community based organizations and/or networks that have meaningfully participated in joint national programme reviews or evaluations</li> </ul>		
<b>IR 4.1.1</b> Advocacy strategy implemented	<ul style="list-style-type: none"> <li>• No. of joint advocacy fora conducted</li> <li>• No. of ASOs participating in joint advocacy fora</li> <li>• Governance and accountability framework in place</li> <li>• Advocacy action plan for social accountability in place</li> <li>• No. of ASOs that have adopted social accountability framework</li> </ul>	Quarterly and activity reports	
<b>IR 4.2.1</b> Community mobilization events for policy monitoring and advocacy implemented	<ul style="list-style-type: none"> <li>• No. of dialogue meetings conducted</li> <li>• No. of ASOs supported to sensitize citizens on their rights, needs and policies to participate in National and district planning and budgeting processes.</li> <li>• Watchdog system for HIV and AIDS response established</li> <li>• No. of IECs for community sensitization developed and distributed</li> <li>• No. of action research to inform policy advocacy conducted with participation of ASOs and communities</li> <li>• No. of policy position papers developed and presented at different fora</li> <li>• No. of policy/programme monitoring at national, district and community levels facilitated</li> <li>• No. of ASOs facilitated to conduct policy dialogues</li> </ul>	Quarterly and activity reports	
<b>IR 4.3.1</b> Functional district ASO coordination mechanisms	<ul style="list-style-type: none"> <li>• No. of ASOs participating in the budget development processes and monitor resource allocation and use</li> <li>• No. of shadow programme and budget performance reports compiled</li> <li>• No. of two year ASO performance reports compiled</li> <li>• No. of interface meetings with various health professional associations to create a culture of accountability conducted</li> </ul>	Quarterly and activity reports	

Narrative summary	Objectively Verifiable Indicators	Means of verifications	Assumptions
	<ul style="list-style-type: none"> <li>• No. of stakeholder meeting with different actors in the health sector conducted to clarify the role of CSOs</li> <li>• No. of regular community meetings to report on planning decisions and progress conducted</li> <li>• No. of ASOs involved in planning and budget processes.</li> </ul>		
<p><b>IR 4.4.1</b> ASOs supported to integrate SRH into their HIV and AIDS programmes</p>	<ul style="list-style-type: none"> <li>• No. of ASOs trained in SRH mainstreaming</li> <li>• Ugandan Centered advocacy approach for key populations developed</li> <li>• No. of trainings for key populations to advocate for their rights and entitlements supported</li> <li>• No. of independent HIV and AIDS reviews on support to key populations conducted</li> <li>• No. of policy advocacy events for GBV and key populations supported</li> </ul>	<p>Quarterly and activity reports</p>	
<p><b>IR 5.1.1</b> Capacity to generate and disseminate strategic information strengthened</p>	<ul style="list-style-type: none"> <li>• No. of information dissemination platforms developed</li> <li>• No. of best practices in the CSO response documented and disseminated</li> <li>• No. of information sharing fora supported</li> <li>• No. of newsletter to highlight activities of the network published</li> <li>• No. of HIV policies, legislations and guidelines summarized and disseminated</li> <li>• Social Media working group established</li> <li>• Social media campaign to support national response supported</li> </ul>	<p>Quarterly and activity reports</p>	

Annex 2:

Annex 3: Annual operational plan 2012/13 (Siana, the budgeted activities should only cover one financial year)

Results and activity codes	Strategic actions	Budget UGX	Timelines (UNASO program staff should highlight the relevant quarters)			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
<i>SO1</i>	<i>Institutional capacity of UNASO to deliver its mandate improved by 2017</i>	In all cases, provide lump sum figures for aggregated sub activities under the strategic actions				
<b>IR 1.1.1</b>	<b>Mechanisms for resource mobilization implemented</b>					
1111	Develop a resource mobilization plan (cost for: Level of effort by TSU staff, an associated consultant for 20 days, 1 meeting for Board & 1 day workshop for 30 partners)					
1112	Develop fundable proposals (hiring 2 consultants, 2 days review workshops for 25 persons)					
<b>IR 1.1.2</b>	<b>Functional internal systems for implementing the strategic plan</b>					
1121	Review financial management systems (hiring consultants, procuring software, training staff)					
1122	Develop a Human Resource Development Plan (hiring consultants and 1 workshop)					
1123	Review the organizational M&E system (hiring of 2 consultants and 2 workshops for 30 people)					
1124	Develop a Board Development Plan (hiring 1 consultants for 15 days and one meeting for Board members)					
1125	Support Board development activities ( Board international travel for orientation and cost for 4 days trainings)					
1126	Facilitate quarterly Board meetings (Use figures of previous meetings)					
1127	Facilitate AGM (Use figures of previous meetings)					
1211	Set up and operationalize a Technical Support Unit (Budget for HR, furniture, equipment, space, supplies e.t.c)					

1212	Conduct capacity assessments for ASOs (hiring consultants and Staff time)					
1213	Conduct tailored capacity building activities for ASOs (hiring consultants and staff time- days could be atleast 5 days for 4 trainings)					
1214	Develop a Code of conduct for ASOs (hiring consultants, 4 regional workshops)					
1215	Develop an Accountability framework for ASOs (hiring consultants and 4 workshops)- refer to our UNDP budget					
1216	Support ASOs supported to adopt the CSS strategy (2 hiring consultants for 30 days and 4 regional workshops lasting for 4 days) plus staff travel costs					
	<i>Strategic Objective 2: Coordination mechanism for CSOs for HIV and AIDS and other actors strengthened by 2017</i>					
<b>IR 2.1.1</b>	<b>Coordination capacity building interventions for ASOs at national level supported</b>					
2111	Facilitate CICC /NNGO fora to communicate, update, share and report on progress of the national HIV response and CSO advocacy initiatives (Budget for 2 workshops on bi-annual basis) in addition, budget for quarterly CICC and NNGO meetings					
2112	Facilitate operational linkages with legislation and media at national and local levels <ul style="list-style-type: none"> <li>• Bia-annual meetings between MPs and CSOs at national level – one day meeting and</li> <li>• bi-annual Meetings between CSOs at district and Local Councils (about 50 participants for 1 and half days)</li> <li>• Bia-annual meetings between CSOs and Media at national level</li> </ul>					
2113	Document CSO engagement and contribution to the national response (hiring consultants) , printing of reports, validation workshop for one day and national launch for half day.					
2114	Facilitate fora for network members to input to the annual NSP reviews and the preparation of next NSP (Budget for 1 workshop) for all networks (50)					
2115	Review guidelines for CSO coordination and representation for enhanced engagement in the national response (Budget for hiring consultants and printing materials), validation meeting one day					
<b>IR 2.1.2</b>	<b>Coordination capacity building interventions for ASOs at district</b>					

	<b>level supported</b>					
2121	Support district coordination and partnership meetings (Budget for financial and material support including HR) use CSF example for all 50 networks					
2122	Support to regional coordination structures (Budget for office rent, HR, furniture and equipment, stationary e.t.c) for 9 regions					
2123	Facilitate inter and intra coordinations meetings (Budget for bi-annual meetings) at national level					
2124	Support to non-HIV and AIDS CSOs to facilitate mainstreaming HIV and AIDS in their interventions (Budget for 9 regional workshops lasting 3 days, hire of consultant for 30 days to prepare guidelines and 20 days to facilitate the meetings)					
2125	Operationalize E-forum to engage stakeholders in dialogue on issues of importance to the national response (hiring consultants and 1 national workshop)					
2126	Update profile of district networks and their membership to enhance LG CS coordination (hiring consultants) and printing of reports 50 networks Budget for profiling for another 85 districts- hire of consultant – refer to our 2010 activity.					
	<i>Strategic Objective 3: Networking and partnerships CSOs for HIV and AIDS and other actors strengthened by 2017</i>					
<b>IR 3.1.1</b>	<b>Supportive environment for ASO partnerships supported</b>					
3111	Facilitate partnerships with the private sector and ASOs at national and district level for advocacy and resource mobilization (Budget for 9 regional workshops)					
3112	Facilitate district partnership meetings (budget for 1 per quarter)					
	<i>Strategic Objective 4: HIV&amp;AIDS policies, legislation and programmes influenced by 2017</i>					
<b>IR 4.1.1</b>	<b>Advocacy strategy implemented</b>					
4111	Facilitate joint advocacy fora (Budget for 4 workshops)					
4112	Facilitate development of Governance and accountability framework (hiring consultants and 1 workshop)					
4113	Facilitate development of advocacy action plan for social accountability (hiring consultants, 1 workshop)					
<b>IR 4.2.1</b>	<b>Community mobilization events for policy monitoring and advocacy implemented</b>					
4211	Facilitate dialogue meetings (Budget for financial support to district networks)					

4212	Support ASOs supported to sensitize citizens on their rights, needs and policies to participate in National and district planning and budgeting processes (Budget for sensitization meetings)					
4213	Establish Watchdog system for HIV and AIDS response (Bharam should clarify on what to budget for)					
	Budget for Citizen score card model here- cover 8 districts i.e. 3 districts of newly won project and 5 under CSF					
4214	Develop and distribute IECs for community sensitization (Budget for design and printing)					
4215	Facilitate action research to inform policy advocacy conducted with participation of ASOs and communities (hiring consultants and 2 workshops)					
4216	Facilitate development and presentation of policy position papers (hiring consultants and 2 workshops)					
4217	Facilitate policy/programme monitoring at national, district and community levels (Budget for support to District Networks)					
4218	Facilitate ASOs to conduct policy dialogues (Budget for financial support- workshop)					
<b>IR 4.3.1</b>	<b>Functional district ASO coordination mechanisms</b>					
4311	Facilitate development of shadow programme and budget performance reports (hiring consultants and 2 validation workshops 50 Participants one day)					
4312	Facilitate compilation of a two year ASO performance reports (hiring consultants and 1 workshop)					
4313	Facilitate interface meetings with various health professional associations to create a culture of accountability (1 meeting at district level)					
4314	Facilitate stakeholder meeting with different actors in the health sector conducted to clarify the role of CSOs (1 meeting )					
4315	Facilitate regular community meetings to report on planning decisions and progress (budget for 2 meeting in a year)					
<b>IR 4.4.1</b>	<b>ASOs supported to integrate SRH in HIV and AIDS interventions</b>					
4411	Support ASOs in SRH mainstreaming (9 regional workshops)					
4412	Facilitate development of Ugandan Centered advocacy approach for key populations (hiring consultants and 1 workshop)					
4413	Facilitate trainings for key populations to advocate for their rights and entitlements (one training per district)					
4414	Facilitate independent HIV and AIDS reviews on support to key populations (hiring consultants and 1 national workshop)					

4415	Facilitate policy advocacy events for GBV and key populations supported (budget for 1 workshop and printing of IEC materials)					
	<i>Strategic Objective 5: Strategic information management for HIV and AIDS response among ASOs improved by 2017</i>					
<b>IR 5.1.1</b>	<b>Capacity to generate and disseminate strategic information strengthened</b>					
5111	Facilitate development of information dissemination platforms (hiring consultant)					
5112	Facilitate documentation and dissemination of best practices in the CSO response (hiring consultants, documentation, printing and 1 workshop)					
5113	Facilitate publication of newsletter to highlight activities of the network (Budget for printing quarterly)					
5114	Facilitate summarizing and dissemination of HIV policies, legislations and guidelines (Budget for hiring consultants and printing materials)					
5115	Social Media working group established (No Budget)					
5116	Social media campaign to support national response supported (Budget for financial contribution)					



# ORGANOGRAM FOR UNASO COORDINATION & REPRESENTATION MODEL

