



KARIN COMMUNITY INITIATIVE UGANDA

improving health, helping families

2021-2026 **STRATEGIC PLAN**

Luke 9:2.

*"...And he sent them out
to preach the kingdom of God and heal..."*

ACKNOWLEDGEMENT

The development of the KCIU Strategic Plan covering the period 2021-2016 followed all inclusive and participatory processes which included desk reviews of existing policy documents and other relevant publications; several workshops and discussions on the various strategic themes and consultations with KCIU management, staff and stakeholders.

Many people have contributed to the development of this Strategic Plan. Special thanks to staff and board for overseeing the development of the plan.

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2. Partners, stakeholders and the community that we serve for the feedback and recommendations during the Strategic Planning process;
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Table of Contents

ACKNOWLEDGEMENT	1
EXECUTIVE SUMMARY	1
CHAIRMAN’S REMARKS	3
CHAPTER 1	1
1. Introduction	1
1.1 PURPOSE AND BASIS OF THE PLAN	1
1.2 ORGANISATIONAL BACKGROUND	1
1.2.1 About KCIU - Organizational Description	1
1.3 Key milestones that KCIU during the past strategic period 2016-2020.	1
CHAPTER TWO	2
BACKGROUND AND CONTEXT	2
2.1 Scope	2
2.2.1 Healthcare	3
2.2.2 Education	3
2.2.3 Social economic Enterprise and Livelihood	4
2.2.4 Institutional capacity strengthening and partnership	4
2.2.5 Timeframe	4
CHAPTER 3.	5
3. KARIN COMMUNITY INITIATIVE UGANDA STRATEGIC RESPONSE 2021-2026	5
3.1 Vision Statement	5
3.2 Mission Statement	5
3.2 The organizations principles	5
CHAPTER 4	6
4.0 Strategic Direction 2021-2026	6
4.1 Strategic Goals	6
4.2 Goals and Strategies.	7
GOAL 1: STRENGTHENED CAPACITY OF KARIN HEALTH FACILITIES TO DELIVER QUALITY HEALTH SERVICES.	7
Strategic objective 1.1. To scale up health promotion and preventative health messaging.	7
Key Outputs and intervention areas:	7
Strategic objective 1. 2. To integrate Mental Health and Control of Substance Abuse Services, Malaria, Nutrition, TB & HIV/AIDS and NCDs along the continuum of RMNCAH.	8
Key Outputs and intervention areas:	8
Strategic objective 1.3. To strengthen Epidemics and Disaster Preparedness and Response	10
Key Outputs and intervention areas:	10
GOAL 2: INTEGRATED EDUCATION PROGRAMME FOR MARGINALISED CHILDREN AND YOUTH IN ACHOLI SUB REGION.	11
Strategic objective 2.1: Improve access to early learning for school age going children.	11
Key Outputs and intervention areas.	11
Strategic objective 2.2: To promote household food security and nutrition to enhance learning.	11
Key Outputs and intervention areas:	11

Strategic objective 2.3: To strengthen mechanisms for preventing and responding to abuse, exploitation and violence against children.	11
Key Outputs and intervention areas	11
Strategic Objective 2.4: To promote God’s love to children	11
Key Outputs and intervention areas	11
GOAL 3: EMPOWERED COMMUNITIES WITH SUSTAINABLE LIVELIHOOD SKILLS FOR INCOME GENERATION	12
Strategic objective 3.1: To empower model farmers with sustainable agricultural practices	12
Key outputs and intervention areas	12
Strategic objective 3.2: To strengthen the VSLA groups with business and management skills	12
Key outputs and intervention areas	12
GOAL 4: A DEVELOPED INSTITUTION WITH RESILIENT SYSTEMS AND STRUCTURES THAT CAN DELIVER QUALITY SERVICES	13
Strategic objective 4.1: To strengthen governance, leadership and management systems.	13
Key Outputs and intervention areas:	13
Strategic objective 4.2: To build strong partnerships with key stakeholders	13
Key Outputs and intervention areas:	13
Strategic objective 4.3: To strengthen research and information management system	13
Key Outputs and intervention areas.	13
APPENDIX A - DESCRIPTION OF STRATEGIC PLANNING PROCESS USED	1
APPENDIX B - STRATEGIC ANALYSIS DATA -- EXTERNAL ANALYSIS	2
The political and policy environment:	2
Economic context	2
Social cultural context	3
Technological context	4
Environmental context	5
Appendix C - Strategic Analysis Data -- Internal Analysis	6
Appendix D - Strategic Analysis Data – Managing weaknesses and Threats	9
Appendix E - Staffing Plans	11
Appendix F - Operating Budgets	12
Appendix G - M&E FRAMEWORK	1
Purpose of this plan.	1
M&E of Project Performance	1
M&E of project impact	2
Projects/Programmes	2
Healthcare	2
Education	2
Social economic Enterprise and Livelihood	3
Institutional capacity strengthening and partnership	3
TABULAR DESCRIPTION OF THE MONITORING AND EVALUATION FRAMEWORK	1
APPENDIX H - RESOURCE MOBILISATION PLAN	1
Executive Summary.	1

Objective of the Resource Mobilization Strategy	2
Overview of the Funding Needs	2
Principles Guiding Resource Mobilization Strategies	2
Resource Mobilization Pillars	3
KEY STRATEGIES	3
Strategy 1: Supporting a resource mobilization culture	3
Strategy 2: Enhancing the fundraising infrastructure	3
Strategy 3: Increase visibility	3
Monitoring and evaluating resource mobilisation efforts	4

LIST OF ACRONYMS

Anti Retroviral Drug (ARV)
Board of Directors (BOD)
Community Health Insurance (CHI)
Civil Society Organization (CSO)
Civil Society in Uganda Support Program (CUSP)
Continuous professional development (CPD)
Early Childhood Development (ECD)
Elimination of Mother to Child Transmission (eMTCT)
Family Planning (FP)
Health Sector Development Plan (HSDP)
Integrated Disease Surveillance and Response (IDSR)
Karin Community Initiative Uganda (KCIU)
Ministry of Health (MoH)
National Development Plan (NDP II)
National Health Policy (NHP II)
Non Communicable Diseases (NCD)
Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)
Sexually Transmitted Infections (STI)
Village Savings & Loans Association (VSLA)
Uganda Protestant Medical Bureau (UPMB)
Universal Health Coverage
Uganda Non Communicable Disease Alliance (UNCDA)
UK/UGANDA Health Alliance
United Nations Convention on the Rights of the Child (UNCRC)
United Nations Expanded Program for Immunisation (UNEPI)

EXECUTIVE SUMMARY

It is amazing that the first five years strategic plan 2016-2021 is coming to an end. This five-year strategic plan (2016-2021), was approved by the Board of Directors in August 2016 after two years of discussion and planning effort. The strategic plan had a strong focus in the provision of quality health care services.

So, how much was achieved in the 2016-2021 strategic plan? My first, short answer is that it went well, and we have learnt a lot. Most of the staff embraced the plan with vigor and worked closely together to rethink the way we operate and effectively use the tools at our disposal. We adopted a new business thinking, of how to improve access to health services i.e., Community Health Insurance (CHI) without losing the quality of our health care services, working closely with the community and ensuring that all our programs are relevant to the community. As a not-for-profit civil society organization (CSO), it's sometimes common to believe that we're not a real business and that all our programs are meant to be "nonprofit." The fact is that KCIU is a business like any other, the distinction as a nonprofit is simply that any income generated is invested back into the organization and not paid as dividends. So, like any business, we must establish a strategic plan.

In developing the strategic plan 2021-2026, the strategic plan 2016-2021 was reviewed, lesson learned was considered in developing the 2021-2026 strategic plan, close attention was paid to our plans to ensure that we focus on the objectives, resource mobilization and utilization, increasing awareness and engagement our key stakeholders and community while staying financially sound.

While KCIU has enjoyed many successes since our founding in 2001, the organization has encountered a number of challenges, from economic and technological to socio/demographic and political trends that affect our mandate and service delivery. We believe opportunities exist to grow the organization, to increase our services, to strengthen relationships, and to create new partnerships and we commit to pursue these opportunities with vigor and commitment.

As a reminder, many partners including GIZ, World Renew and Dr and Mrs. Sikkenga have been leading us through a results-based strategy process. We welcome the challenge of supporting another five years of community transformation in Acholi sub region.

In 2019, the Board of Directors defined the parameters of the process during the strategic plan 2012-2026 evaluation process. They resolved that the information gathering, and analysis process should be very broad, and should be defined by its inclusiveness. I am proud to report on the progress toward our new strategic vision.

Perhaps the most significant impact of the recently concluded strategic plan was to work through changes and adapt fast enough in how we operate. Having identified ambitious targets for all our areas of services/operations/programs, we had to introduce tools to enable us to reach those targets. We introduced more results-based approaches that improve our work. We have introduced electronic management systems; this system modernizes our ability to better serve our clients and to integrate other techniques and tools. By the end of the

strategic plan period 2021-2026, we will also have a better healthcare system built on proper structures. We are excited by the notion of all the capabilities that these systems will provide.

Another new area for KCIU is a community social enterprising, empowerment programs. Whilst our focus is health care, we are mindful of the fact that the community we serve are poor and vulnerable. It would be a de-service from us to expect them to access our services, yet they are poor (low- and sporadic-income sources. The organization is engaged in the livelihood (economic empowerment) and education sectors. These are programs that we hope will improve the community access to healthcare service. With proactive programs in place, we have set to reach new targets for community groups. Over the past five years, we have seen increasing numbers of groups requesting to be included in KCIU Community Health Insurance programs, attending health education sessions and education opportunities, due to our proactive outreaches.

While we've seen significant change and improvement in our organization management and service delivery, there have been challenges in executing the previous plan. It was hard to predict how the plan would play out, and we had many questions. Would we reach our ambitious targets as we invested in new tools and staff? Would we still see the outcomes of these investments? The truth is that planning is very much an art. We cannot be certain how all the pieces will fit together, or how the community and our stakeholders and environment will accept our new approach. But, overall, it has been a great experience for both staff and Board and sets the community up for a secure future.

The Board has been involved in drawing this new strategic plan and we can now base our plans on a solid footing with five year's review of good work behind us. I look forward to reporting on the continuation of this plan after two and a half years during the midterm evaluation and with the results of increased participation of the next generation of KCIU members. Thank you for being part of the transformation.

Hope Okeny
Executive Director



CHAIRMAN'S REMARKS

On behalf of KCIU's Board of Directors, we give thanks to God for stewarding the vision of Karin Community Initiative Uganda, over the last 16 years. The strategic planning period of 2016-2021 was a period where our dreams and hopes for this ministry were tangibly transformed, realized and consolidated. And, I am delighted to report that KCIU has continued to deliver excellent results for our stakeholders. This reflects the key pillar of our strategy: healing children helping families.

KCIU is a well-established organization operating in a large community with increasing demand for healthcare services.

We have had the pleasure of working with and being supported by a wide range of exceptional individuals, churches, organisations and businesses. Similarly, we have had a united team of experienced board members, the Leadership Team, staff, all deserve the credit for steering the group and delivering the results set out in the concluded strategic period.

During the strategic planning 2016-2021, we worked hard to achieve the targets we set to reduce the high staff attrition, to improve the quality of health care services, and to build the capacity of services and infrastructure fit for an upgrade to level III status. Although the livelihood needs of the farmer groups and children early learning education plans were not included in the previous plan, I find it suffice to mention that great achievements were made in these areas, as will be detailed later in the document.

This was also a busy period for the Board, and I am grateful to all my fellow directors for the dedication and expertise they have contributed to the Board. In a special way I recognize the contribution of Mrs. Hope Okeny, the Executive Director who has been central to the organization development. God has affirmed our work, that has led to the growth of our organizational capacity to advance Gods' work in the areas we have been called to serve. Going forward, KCIU's Executives will continue to pursue opportunities to stay at the forefront of serving the community. We remain committed to creating substantial value for our stakeholders in the years to come and over the long term, and I look forward to reporting on our continued progress.

Thank you

Timothy Jokkene
Chairman, Board of Directors



CHAPTER 1

1. Introduction

1.1 PURPOSE AND BASIS OF THE PLAN

This Strategic plan developed by Karin Community Initiative Uganda is a five-year framework to coordinate coherent action, that is anchored on the Health Sector Development Plan (HSDP) 2015/16 – 2019/20, which is the overall health sector planning framework that provides the strategic focus of the sector in the medium term. It thus contributes to the second National Development Plan (NDP II), the second National Health Policy (NHP II) imperatives of the country, and to the overall Uganda Vision 2040. The HSDP 2015/16 – 2019/20 prioritizes Maternal, Child and Newborn mortality reduction and recognises that high mortality is not due to lack of appropriate policies in Uganda but rather due to inadequate policy implementation. The Sharpened plan 2016 - 2020 forms the overall approach for the sector to accelerate progress towards reduction of maternal mortality targets set in the HSDP. It focuses on strengthening the National Health Service delivery system, and prioritization of a package of technical interventions and strategies that will realize the largest health impact for the country based on the latest evidence on effectiveness.

1.2 ORGANISATIONAL BACKGROUND

1.2.1 About KCIU - Organizational Description

Karin Community Initiative Uganda is a faith based local non-profit organization seeking to improve the socio-economic wellbeing of vulnerable and orphaned children, families and the whole community through primary health care, education and livelihood development initiatives.

Our philosophy is achieved by “HEALING FAMILIES, HELPING COMMUNITIES”

Luke 9:2. “...And he sent them out to preach the kingdom of God and heal...”

We believe that personal enrichment comes from serving each other well. Our welcoming atmosphere, team approach, staff development, quality focus and proactive initiatives support safe and positive outcomes.

Volunteers and community agencies are integral to our success by contributing their resources including gifts and services towards the special work we offer.

1.3 Key milestones that KCIU during the past strategic period 2016-2020.

DATE	EVENT
2017	<ul style="list-style-type: none">• Construction of the model cow barn at Barjubi farm in Omoro district.• Expansion of maternity wing in Unyama, Gulu District

2018	<ul style="list-style-type: none"> ● Groundbreaking and construction of Agape Christian School, Barogal, Omoro District
2019	<ul style="list-style-type: none"> ● Groundbreaking at Agonga Karin Community Health Centre for the construction of the maternity ward, Gulu District ● Handover of 15 cows to 15 selected farmers to support in their livelihoods
2020	<ul style="list-style-type: none"> ● Opening of Agape Christian School ● Expansion of the laboratory Unit at Karin Medical Centre, Unyama, Gulu District ● Both clinics elevated to Health Centre III status, by the Ministry of Health

CHAPTER TWO

BACKGROUND AND CONTEXT

This Strategic Plan targets three thematic areas of **Health, Education and Livelihood & Economic Empowerment**. The plan seeks to address the above issues by identifying possible strategic means for reaching the intended goal and vision. It involved a review of the previous action plan, identifying and building on the areas of success and finding solutions for failures.

In this plan, four program goals will be pursued under the guidance of fifteen objectives. Each specific objective will have strategic interventions, to be employed, priority actions and activities to be done and indicators to show that the specific objective has been partially or fully achieved. The plan has also identified risks that could limit the success of the goal and proposed solutions to mitigate each risk.

Furthermore, a list of expected outcomes after pursuing all objectives will also be given. It is envisaged that if the set of actions in this Plan are realized, the challenges this community faces will be tackled. In order for the plan to be implemented successfully, board commitment and the concerted involvement of local and health partners, business community, communities are required.

2.1 Scope

Under health, the program plans to commit to expand critical demand side and the supply side health care intervention where evidence suggests the greatest gains could be made, particularly amongst the poor and vulnerable. High impact investments will include expanded family planning, immunization; promotion of breastfeeding and improved nutrition; emergency obstetric care; training and supervising health workers; ensuring that drugs are available at our health facilities get to the rural populations by strengthening the supply chain; better collection of data through improving health information systems; allocating resources to supporting good governance through informed and transparent decision making; and investing in health financing mechanisms that reduce barriers to essential care and protect people from financial distress. The investment case aspires for Universal Health

Coverage, so every family can access quality healthcare and no family has to face financial hardship receiving the health services they need. KCIU understands that in rural communities, the high population growth rates, poor health and welfare are connected. The strategic plan will invest in the education and livelihood of the vulnerable community. Most people in the Northern Uganda region survive in great poverty, earning less than 1\$ a day as labourers in fields and through subsistence farming and are vulnerable to weather extremes. We aim to help people with the key necessities when they need it most, by encouraging savings schemes and conservative agriculture to supplement incomes and help improve standards of living. We approach the education needed to bridge the gaps many families suffered during the insurgency. We provide education support to children that lack access to school. About 70% of rural children never progress beyond primary school. Fewer than 10% attend high school. By sponsoring needy children, staffing and maintaining Agape Christian School we create a continuous learning journey from early learning education to further education and beyond.

2.2 Thematic Sectors:

2.2.1 Healthcare

We strengthen health care systems as approved by the Ministry of Health (MoH) and we are under the umbrella of Uganda Protestant Medical Bureau (UPMB) a faith-based organization and UK Uganda Health Alliance. The health system strengthening investment will make substantial improvements in the capacity to deliver integrated RMNCAH intervention packages along the continuum of care. The prioritised investments will include improving access, quality and routine demand for skilled delivery at the health facilities III (BEmONC) as the weakest link along the continuum of care with midwives and nurses as primary providers. This entails equipping the maternity centres, family planning services and management of neonates. This will enable more mothers, newborns and children to access all priority interventions including early detection of complications and a functional referral system for management of severe and complicated cases at HC IV and above where the comprehensive package is provided.

The cross-cutting areas will include.

- HIV & AIDS counselling, Testing and Treatment
- Malaria Eradication
- Nutrition
- Test, treatment and referral of communicable and non- communicable diseases.

2.2.2 Education

We partner with local churches and schools to deliver biblical and educational opportunities and support children affected by the civil unrest to attain education, because we believe that a quality education is the catalyst for real and lasting change. Apart from sponsoring children, we have established an early childhood and primary school- Agape Christian School, in Barogal, Omoro District. The program targets mainly children whose families have been affected by the war.

2.2.3 Social economic Enterprise and Livelihood

Even though the civil war that ravaged the Northern Uganda region ended since 2006, the community still struggles to improve their lives. Whilst, many have engaged in farming and producing and selling goods, people may lack the knowledge or opportunity necessary to form a market or delivery system to benefit or grow their profits. This is why we lay the groundwork for healthy collaborations at the grassroots. We support the start-up of businesses that can help people out of poverty while providing a service that everyone needs - like growing food, animal rearing, improving access to clean water, energy stove making and supporting culture. The cultural group in Ayac village have benefitted through such support. We believe that when women and children (youth) are empowered the dependency burden in families reduces.

2.2.4 Institutional capacity strengthening and partnership

KCIU strives to develop specific and easy to use policies and systems for effective service delivery. The organization shall continue to work directly with community members (constituency) to identify service gaps and come up with solutions involving building the capacity of staff and acquiring new skills and knowledge in managing new and persistent challenges, conducting research and promoting effective communication. KCIU promotes partnerships and collaborations as one way to strengthen institutional capacity and ensure existing systems are maintained. This includes amongst others, training, coaching, mentorship of staff and also fundraising as different organisations support many different activities and projects of the organisation.

The priorities for action cut across all national sectors, reflecting similar challenges in many areas: inter-sectoral collaboration, partnerships and networking, capacity strengthening in national sectors, resource mobilization, and strategic support for collaborative research. This Strategic Plan is aligned and integrated with key policy documents including the following:

- Health Sector Development Plan (HSDP) 2015/16 – 2019/20
- National Development Plan (NDP II)
- National Health Policy (NHP II)
- Uganda Vision 2040
- Health Sector Service Standards & Service Delivery Standards - 2016

2.2.5 Timeframe

This action plan will be implemented from 2021 through 2026 in line with WHO global action plan and the Health Sector Development Plan (HSDP) 2015/16 – 2019/20, which is the overall health sector planning framework that provides the strategic focus of the sector in the medium term. It thus contributes to the second National Development Plan (NDP II), the second National Health Policy (NHP II) imperatives of the country, and to the overall Uganda Vision 2040. The HSDP 2015/16 – 2019/20 prioritises Maternal, Child and Newborn mortality reduction and recognises that high mortality is not due to lack of appropriate policies in Uganda but rather due to inadequate policy implementation. The plan is also anchored on the Sharpened plan 2016 - 2020 that forms the overall approach for the sector to accelerate progress towards reduction of maternal mortality targets set in the HSDP. It

focuses on strengthening the National Health Service delivery system, and prioritisation of a package of technical interventions and strategies that will realize the largest health impact for the country based on the latest evidence on effectiveness.

CHAPTER 3.

3. KARIN COMMUNITY INITIATIVE UGANDA STRATEGIC RESPONSE 2021-2026

3.1 Vision Statement

We envision a society where individuals lead a healthy and peace-loving life nurtured through Christ's teaching

3.2 Mission Statement

Our mission is to “transform lives and heal the communities of Acholi sub region through the provision of quality services in line with Christ teachings.”

“TOUCHING LIVES THROUGH CHRIST”

Luke 9:2. “...And he sent them out to preach the kingdom of God and heal...”

5 Year strategic goal: *Improved Health, education and agricultural extension services for the community of Acholi by 2026.*

3.2 The organizations principles

Karin Community Initiatives Uganda stands on the following core values [principles]

Christ – centered

We recognize the supremacy of Christ in whom all success is derived. We are passionate and committed to serving as a privilege with high regard. 1 Peter 5:2

Integrity

We interact and transact our services with the highest standards of professional behavior and ethics. We are transparent, honest, professional, and fair in all our interfaces. Proverbs 10:9

Respect

We will treat each person with dignity and acknowledge their unique worth and diversity as a human being. We will be sensitive to their right to privacy and confidentiality of their personal information. Philippians 2:3

Innovation and creativity

We are open to new ideas at every level. We strive to seek and implement better possibilities and solutions to deliver success and thus our pleasure to share these ideas with the communities. Proverbs 27:17

Compassion

Feeling with another in their discomfort or suffering and striving to understand the other's experience with a willingness to reach out. 1 Peter 3:8

Stewardship

We will practice acceptable business norms, fiscal control and using resources effectively and efficiently to ensure continuation of the mission. Colossian 3:23-24

CHAPTER 4

4.0 Strategic Direction 2021-2026

For significant achievements in quality health care, education and improved household incomes, the KARIN will aim to realize the following program goals:

4.1 Strategic Goals

1. KARIN health facilities to deliver quality health services.
2. Marginalised children and youth in Acholi sub region access integrated education.
3. Empowered families in Acholi sub region with sustainable livelihood skills for income generation.
4. Developed institutional structures and systems of KARIN for quality service delivery.

4.2 Goals and Strategies.

GOAL	STRATEGIC OBJECTIVES
Strengthened capacity of KARIN health facilities to deliver quality health services.	<ul style="list-style-type: none"> • To scale up health promotion and preventative health messaging. • To integrate Mental Health and Control of Substance Abuse Services, Malaria, Nutrition, TB & HIV/AIDS and NCDs along the continuum of RMNCAH. • To provide environmental Health and Sanitation Services. • To strengthen Epidemics and Disaster Preparedness and Response
Integrated education programme for marginalised children and youth in Acholi sub region	<ul style="list-style-type: none"> • Improve access to early learning for school age going children. • To promote household food security and nutrition to enhance learning • To strengthen mechanisms for preventing and responding to abuse, exploitation and violence against children • To promote God's love to children
Empowered families with sustainable livelihood skills for income generation	<ul style="list-style-type: none"> • To empower model farmers with sustainable agricultural practices • To strengthen the VSLA groups with business and management skills
Developed institutional structures and systems for quality services delivery	<ul style="list-style-type: none"> • To strengthen leadership and governance systems • To build strong partnerships with key stakeholders • To strengthen research and information management system

GOAL 1: STRENGTHENED CAPACITY OF KARIN HEALTH FACILITIES TO DELIVER QUALITY HEALTH SERVICES.

For significant achievements in strengthening the capacity of KARIN health facilities to deliver quality health services, the plan will aim to realize the following objectives below:

Strategic objective 1.1. To scale up health promotion and preventative health messaging.

Key Outputs and intervention areas:

i. Increased Health Promotion and Education Services with local communities

- Health promotion and education services to raise public awareness of personal and community responsibility for better health (Raise Health Literacy levels).
- Educate the community on early detection and prevention of communicable diseases (malaria, Tuberculosis, STI/HIV/AIDS) and non-communicable diseases.

- Health education and awareness raising on mental health, neurological and substance abuse issues in the community.
- Health education on RMNCAH
- Health education on the benefits of immunization.
- Food Nutrition and health education/promotion – distribute nutrition IEC materials.
- Promote advocacy for identified health issues.
- Community mobilization for the utilization of health services.
- Participate in health campaigns.

ii. Increased advocacy and awareness of KCIU activities with key stakeholders.

- Meetings held with each partner on monthly basis.
- Developed advocacy platform that enables partners and our network to understand our programs.
- Radio talk shows.
- Media reports and feature stories

Strategic objective 1. 2._ To integrate Mental Health and Control of Substance Abuse Services, Malaria, Nutrition, TB & HIV/AIDS and NCDs along the continuum of RMNCAH.

Key Outputs and intervention areas:

i. Fast tracked Mental Health and Control of Substance Abuse Services

- Case detection, provision of first line treatment and referral of cases.
- Staff trained on mental health screening

ii. Controlled incidences of Malaria and provide prevention services

- Diagnosis of malaria cases
- Treatment of malaria
- Appropriate referral
- Case follow up where indicated
- Distribution of LLINs to the vulnerable.
- Education on environmental management.

iii. Increased attendance for prevention and control of Non-Communicable Diseases

- Screening for NCDs
- Appropriate referral

iv. Increased attendance for TB prevention and control services.

- Integrate TB screening at all health facility service points, community hotspot and existing groups.
- Sputum collection and examination
- Appropriate referral
- Hold quarterly performance reviews with technical teams
- Train volunteers and staff on Integrated Community TB and Leprosy Management.

v. Increased attendance for Prevention and Control of Communicable Diseases

- Conduct HIV Counselling and Testing.
- Carryout diagnosis and treatment of STIs
- Provide treatment of HIV/AIDS
- Facilitate Condom distribution
- Identify and treat Human Papillomavirus.
- Establish Adolescent friendly corners.

vi. Increased antenatal care attendance and improve the quality of antenatal care

- Facilitate registration, examination and Blood Pressure recording
- Carry out routine lab tests for pregnant mothers
- Identification of high-risk cases
- Conduct Iron, folic acid and Tetanus Toxoid immunization
- Facilitate treatment of common illnesses in pregnancy
- Carryout Intermittent Presumptive Treatment for malaria
- Provide HIV Counselling and Testing for eMTCT.
- Provide ARVs for eMTCT

vii. Improved basic and emergency obstetric care services

- Facilitate Normal deliveries
- Provide post abortion care including Manual Vacuum Aspiration for incomplete abortions.
- Refer complicated obstetric cases to higher levels.

viii. Improved delivery experience and outcomes for mothers and babies.

- Carry out Health education talks given to clients at Antenatal clinics, Maternity, postnatal ward and family planning clinics.
- Provide resuscitation and management of the newborn.
- Facilitate referral of sick newborns and premature.
- Strengthen maternal audits
- Follow protocols for postnatal care including examination of mother at 6 hours, 6 days, 6 weeks and 6 months, partner HIV testing, family planning and complications resulting from delivery

ix. Reduced incidence and prevalence of preventable disease in children.

- Facilitate treatment of childhood illnesses following Integrated Management of Newborn Childhood Illnesses guidelines.
- Facilitate referral of severe cases.

x. Increased contraceptive prevalence rate;

- Conduct Family Planning counselling.
- Provide Family Planning methods (short term, oral and emergency).
- Conduct identification and management of minor gynecological problems
- Facilitate referral of gynecological problems.

- Provide regular family planning outreach sessions (together with HIV/AIDS team) with teaching and access to all methods of FP
- Syndromic management of STI
- Target men in community outreach sessions as decision-makers
- Develop quarterly plan for stocking medicines/equipment
- Health education sessions in healthcare services at least twice a week from HIV expert, patient, malaria prevention nurse, FP nurse and TB nurse

xi. All children at one year of age, received a full primary course of immunisation

- Carry out routine Vaccination (BCG, DPT/Pentavalent, OPV, Measles, Hepatitis, Haemophilus influenzae, pneumococcal, rotavirus, Human Papilloma Virus. and any other vaccines as recommended by UNEPI) daily as per UNEPI schedule.
- Carryout immunization outreaches and campaigns

xii. Increased screening, education offered, evidence-based treatment and follow-up for children with malnutrition provided.

- Provide infant and young child feeding counselling services including.
- The 16 requirements of Baby Friendly Hospital Initiative
- Growth monitoring and Promotion using the child health card
- Participate in commemoration of the World breastfeeding week
- Participate in Child Days Plus by scaling up the static and outreach posts.
- Nutrition Assessment for every client using mainly the anthropometric measures like MUAC, weighing, height measurements
- Micronutrient supplementation for both children and pregnant women
- Community nutrition support and follow up through establishment of community support groups.
- Continuous professional development (CPD) on nutrition.
- Establish food demonstration gardens.
- Conduct cooking demonstration for improved nutrition for children
- Refer complicated malnutrition cases for treatment.
- Follow up of malnourished children through home visiting.

Strategic objective 1.3. To strengthen Epidemics and Disaster Preparedness and Response

Key Outputs and intervention areas:

- Timely and efficient responses to emergencies
 - Conduct routine disease surveillance
 - Facilitate reporting of all notifiable conditions, events and diseases according to the Integrated Disease Surveillance and Response (IDSR) protocols.

GOAL 2: INTEGRATED EDUCATION PROGRAMME FOR MARGINALISED CHILDREN AND YOUTH IN ACHOLI SUB REGION.

Strategic objective 2.1: Improve access to early learning for school age going children.

Key Outputs and intervention areas.

i. Capacity of School Management Committees is built.

- Strengthen early childhood education in Agape Christian School.
- Strengthen quality assurance of formal early and primary education.
- Develop and facilitate a mentorship program for the scholarship beneficiaries
- Establish and facilitate stimulation opportunities and programs for children.
- Establish and facilitate school management committees to facilitate them on management and monitoring of education programs quarterly.
- Conduct quarterly mentorship sessions for the staff and volunteers.
- Facilitate mentorship of staff and ECD volunteers in various national and international curriculums (NECDC and Jollyphonic)

Strategic objective 2.2: To promote household food security and nutrition to enhance learning.

Key Outputs and intervention areas:

i. Targeted households have sustainable sources of food and promote good nutrition practices.

- Conduct backyard farming and vegetable growing.
- Facilitate training of farmers on food security,
- Facilitate training of parents on nutrition of the children.
- Post-harvest handling of food

Strategic objective 2.3: To strengthen mechanisms for preventing and responding to abuse, exploitation and violence against children.

Key Outputs and intervention areas

- #### **i. Caregivers and families are empowered with knowledge of child rights and parenting skills.**
- Link caregiver and families to Social-economic activities.
 - Conduct community dialogue on Children's rights to survival, safety, protection and adequate care at family and community level.
 - Conduct advocacy activities for the widespread acceptance and observance of the United Nations Convention on the Rights of the Child (UNCRC).
 - Work with existing community child protection structures to improve refer.

Strategic Objective 2.4: To promote God's love to children

Key Outputs and intervention areas

- #### **i. Children are brought up with biblical values.**

- Identify and register churches, children's homes and schools for discipleship training
- Train teachers in discipleship guidelines.
- Establish and facilitate a 12 weeks Biblical storytelling and reading (The greatest Journey).
- Incorporate Timothy Leadership Training.
- Distribute gift boxes and training materials to schools and churches

GOAL 3: EMPOWERED COMMUNITIES WITH SUSTAINABLE LIVELIHOOD SKILLS FOR INCOME GENERATION

Strategic objective 3.1: To empower model farmers with sustainable agricultural practices

Key outputs and intervention areas

i. Sustainable and profitable enterprise

- Reinforce the demonstration farm (Barjubi mixed farm)
- Training farmers in agribusiness and making farming attractive
- Supporting farmer groups with quality agricultural inputs eg cassava cuttings, banana suckers, avocado seedlings, vegetables eg tomatoes, egg plants, sukuma wiki, pumpkin;
- Facilitate extension services to monitor and strengthen activities of farmers
- Carry out exposure visits
- Promote irrigation for the farmers

ii. Collective and informed decisions

- Link farmer groups to credit providers
- Train farmer groups in basic bookkeeping and business management
- Facilitate market linkages for farmers and produce dealers

iii. Production of adequate and high-quality farm proceeds

- Improve collaboration with local government extension workers.
- Hold performance review with key government and implementing partners.

Strategic objective 3.2: To strengthen the VSLA groups with business and management skills

Key outputs and intervention areas

i. VSLA groups strengthened with sustainable enterprises and diversify their streams of revenue

- Link the Ayac village cultural group to voluntourism opportunities
- Develop AYAC village model farm
- Organize farmer field day exchange visits
- Diversify farmer incomes with training on quality Energy Saving Stove making
- Introduce Bios and filters (BSF) to purify water for households
- Improve water and sanitation by repairing of boreholes, protecting wells,
- Rag for utensils,
- Ensure every family has pit latrines.

ii. Group formation strengthened as a basis for long term economic empowerment and health awareness

- Create individual commitment to increased attention to health and the need for health insurance;
- Link groups for learning purposes to KCIU health programs that promote and enhance good nutrition eg deworming, vitamin supplements;
- Strengthening the governance structure of cooperative health insurance groups

GOAL 4: A DEVELOPED INSTITUTION WITH RESILIENT SYSTEMS AND STRUCTURES THAT CAN DELIVER QUALITY SERVICES

Strategic objective 4.1: To strengthen governance, leadership and management systems.

Key Outputs and intervention areas:

i. Effective leadership and governance systems are in place

- Strengthen policies and leadership
- Strengthen quality management and infrastructure
- Ensure social accountability mechanisms are integrated throughout the system
- To improve financial management of our Health centres and other programs
- To increase the effectiveness of the Board of Directors (BOD)
- Improve Human Resources Management
- Strengthen reporting mechanisms in the facility units

Strategic objective 4.2: To build strong partnerships with key stakeholders

Key Outputs and intervention areas:

i. Established and documented collaboration with partners

- Sustainable local fundraising strategies
- Increasing local revenues from different sources for program activities
- Increased networking base.

Strategic objective 4.3: To strengthen research and information management system

Key Outputs and intervention areas.

i. Research guidelines developed

- Developing reliable data collections systems

ii. Knowledge and information management manual

- Knowledge translated into policy, health systems and programs
- Community Needs assessment to be done.
- Conduct trainings (Approaches/ Tools in Needs Assessment and program management
- Exposure Learning

APPENDIX A - DESCRIPTION OF STRATEGIC PLANNING PROCESS USED

This strategic plan was in-part developed while considering the result of the Organizational capacity assessment analysis of Karin Community Initiatives Uganda's operations that was participatory in nature consisting of discussions on 6 key organizational areas of Governance, Administration, Human Resources Management, Organizational Management, financial management, program management and performance management that identified some critical areas to be reviewed and considered during the development of this SP.

The development of this plan was mainly by KARIN staff, board and primary beneficiaries. The planning process was guided by facilitators from GIZ, Civil society in Uganda support program [CUSP] tailored around the appreciative inquiry model¹. The key concept in this model is a systematic discovery of when the organization is most effective and what makes this possible. It is the art of designing and asking “unconditional positive questions” to inquire for the best of people and their organizations and strengthen a system's capacity to heighten positive potential.

The model covers three elements where the organization dreams, discovers, designs and delivers. KCIU's positive experiences and what made those experiences possible was discovered through appreciative conversations. Participants during the SP development process identified key positive events from KCIU's previous strategic plan implementation and outlined factors that contributed to them. Participants collectively brainstormed about possible changes in KCIU over the period of 2021-2026 and envisioned the organization's future. Through designing and innovations, Participants developed pathways to realize the collectively created dreams that directed the development of the 5-year strategic goal, strategic directions, objectives and strategies. Both the implementation plan, monitoring and evaluation framework, resource mapping and institutional capacity development plan were developed by participants.

While this strategic plan is a “living document” it will be subject to further revisions over time and preferably during the mid- term of its implementation. The assumptions made for the next five year period have been based on the current environment and will therefore, require regular review to adapt, develop creative ideas.

¹ “ a systematic discovery of what gives a system “life” when it is most effective and capable in economic, ecological, and human terms. the art and practice of asking questions that strengthen a system's capacity to heighten positive potential. ...” Cooperrider and Whitney (1999)

APPENDIX B - STRATEGIC ANALYSIS DATA -- EXTERNAL ANALYSIS

The political and policy environment:

Insecurity: Insecurity causes anxiety and distress. For KCIU to execute its operations as laid in the strategic plan, there needs to be a peaceful and secure environment. Today KCIU operational areas is secure for the implementation of its projects as a result of the sensations of peace agreement for ceased fire signed since 2006 between the GoU and the LRA in Juba the capital of South Sudan

Corruption: Corruption among the citizenry has been and still is one of the greatest challenges of our time. Corrupt tendencies especially among leaders hampers effectiveness and efficiency in operations because it increases the cost-of-service delivery. As an organization there is a need to develop corruption guidelines to be able to reduce the practices by KCIU and influence others for a policy to fight against corruption alongside the government guidelines.

Insensitive policies: Some health policies in Uganda do not favour marginalized groups especially women and children for example the policy on family planning that limits girls below the age of 18 from acquiring family planning methods and yet they are sexually active and of childbearing age. KCIU will work in partnership with its constituents to ensure the health policies consider the most pressing health needs.

Coordination mechanism: Government has established a number of coordination mechanisms including the quarterly coordination meeting and the NGO monitoring committee at the district and sub county level. KCIU has had less engagements in such processes except for the health sector coordination meetings with the districts, ministries and the departments. KCIU has fulfilled its duties with the NGO bureau/NGO monitoring committee.

Economic context

The community surrounding KCIU and the beneficiaries are mainly subsistence farmers whose farm outputs are prone to weather changes. The community does not have adequate road networks in the rural settings this makes it difficult to carry goods to the market, therefore. they sell them cheaply amongst themselves. Most households are extended families having a minimum 10 people depending on one bread winner to meet family needs.

Key economic factors to consider include:

Price fluctuations, prices of most commodities that are used in the implementation of the KCIU activities are susceptible to global factors including insecurity, epidemics taxes and fuel costs. This makes planning and implementation of different activities very difficult.

Increased poverty levels, among citizens, even with many initiatives led by government and some by KCIU, the poverty levels are seen to always increase in communities and this is mainly due to the high dependency burden of the households which makes creating an impact

in the community very difficult, coupled with poor farming methodology, limited skills and poor health particularly those affected by HIV/AIDS.

Counterfeit products especially in the agricultural and health sector, most of the commodities on the market are of sub-standard quality and this affects the quality of output that is produced.

Land fragmentation, in the region, due to poor farming methodology practices and the need to adopt modern farming technology to increased output, income and employments to some standard cultural factors such as inheriting of land in the region, most of the families are forced to share the land that is provided and because of the population expansion, the land is subdivided into smaller portions often not sufficient for rural farming practices and because most farmers have not adopted scientific farming methods output is very low.

Social cultural context

Cultural beliefs and practices, KCIU's work in Northern Uganda has exposed it to a multi sectoral set of cultures with every society having its own known norms and traditions. Violation of these cultural beliefs impacts negatively on the organization. KCIU and Community in the project understands their rights and roles with special emphasis on KCIU improving its own image to attract the community members for successful programme implementation through engaging the different community households in gainful economic activities. As KCIU heads into the next 5-year period of implementing its strategic plan, the institution would be vigilant about the cultural norms and values that can affect the access to its services and community participation in the different activities of the organization. E.g. Many family groups are against family planning usage.

Household gender relations, In Northern Uganda, the vast majority of communities in the region have constructed specific roles for women and men respectively. A known example is that a lot of domestic work is meant for women. These sets of roles determine the cooperation of individuals in particular interventions, this affects KCIU's work in such a way that while our core target group is women and children, men may determine which activities their wife's and daughters participate in.

Community attitude, (high individual tendencies towards communal work). Community mindsets are vital to the success of KCIU's activities. It's important for community members to understand their roles and responsibilities, challenges, priorities for progress and commitments that can help improve their individual and community wellbeing. KCIU will focus on supporting communities to understand and appreciate their challenges and work together to improve them.

Competing activities in communities, which KCIU works have various priorities. Sometimes, KCIU activities compete with community priorities making interventions difficult to deliver. KCIU has however learnt how to negotiate with communities to cooperate in activity implementation and will continue to dialogue with communities in order to successfully perform its activities in the next five years

Large household sizes, the past armed conflict led to a number of direct and indirect deaths. This forced many families who lost their bread earners to move into shared shelters and this has led to a high dependency burden making the work of KCIU very difficult. KCIU needs to develop appropriate development strategies for such a large households sizes

Stigma and discrimination, the HIV/AIDS burden continues to affect people world over. Sadly, PLWHA continue to be stigmatized and discriminated against due to their condition. Stigma and discrimination diminish self-esteem and confidence among PLWHA, as a result PLWHA tend to withdraw from actively participating in planned activities even when the activity targets them. KCIU and Community in the project understands their rights and roles with special emphasis on KCIU improving its own image to attract the community members for successful programme implementation through engaging the different community households in gainful economic activities.

Accessing the infrastructure, there are challenges for persons with impairments especially, limbs, particularly at the school where the disabled cannot access the buildings.

Technological context

The past two decades has seen a rapid rise in the number of innovations and technology worldwide. These innovations have been in terms of information, communication, transportation, health technologies such as the rapid diagnosis tests among others. The outcome of these new technologies has been increased interconnectivity breaking the barriers of distance and time.

Availability of personal mobile phones, internet and rise of social media platforms, these have helped ease the work carried out by KCIU as they can reach many people in a short time.

In this strategic plan, KCIU highlights the pros and cons of advanced technology in light of the organization's operations as shown below:

ICT, these will aid the organization in conducting fundraising activities and therefore increase KCIU's income. ICT will furthermore make communication and information dissemination with stakeholders easier.

Use of Software, KCIU requires various software packages in order to operate efficiently and effectively.

Software for M&E packages including SPSS, STATA, EPINFO, EPIDATA, and accounting packages such as TALLY, QUICK BOOKS, STREAMLINE, health facility electronic medical records promote efficiency in the organization activities.

Software can also help in the safe storage of data.

Use of new testing equipment such as rapid diagnosis that have helped reduce the waiting time in the laboratory and other areas in the facility.

Environmental context

Generally, there has been deforestation and indiscriminate tree felling, and unregulated clay mining, however there is also increased restriction to clay sites by private individuals.

Appendix C - Strategic Analysis Data -- Internal Analysis

<p>STRENGTHS</p>	<ul style="list-style-type: none"> • KCIU has a good governance structure as seen in the organisation’s clear vision, mission and board composition. The board holds meetings and passes resolutions. • Coherent strategy has been developed with relevant internal and external stakeholders and is linked to mission and vision. • KCIU is legally registered. • HR responsibilities are well designated by positions and qualifications. The hierarchy is well defined, and the personnel are organised accordingly. • There is open communication between and among staff and management; regular opportunities for discussing management, program, or technical areas; transparent and structured lines for decision-making exist. • There are finance policies with well-defined roles. There is segregation of duties and internal control measures. • KCIU has effectively built and leveraged relationships with relevant parties. • The organization has strong organizational culture – Christ leadership
<p>WEAKNESSES</p>	<ul style="list-style-type: none"> • The program planning, implementation and assessment are not done in a participatory way. • KCIU programs to communities may be limited. • KCIU VHTs are not trained to deliver services relevant to the organisation’s programs. • Program work plans, indicators, monitoring, and program development are inadequate at the moment. • KCIU does not have computer-based finance packages like quick books to manage grants. • KCIU board is providing only limited oversight for financial accountability and management. The board does not fully understand the strategic document. • KCIU does not have a leadership succession plan in place and is heavily reliant on the executive director. • The administrative manuals for KCIU are in place but not up to date.

<p>OPPORTUNITIES</p>	<ul style="list-style-type: none"> ● Diversify KCIU revenue streams by <ul style="list-style-type: none"> – developing capacity for grants acquisition through proposal writing. – increasing the customer base of the organisation – strengthening networks with current partners and developing relationships with others like training institutions. ● Strengthen KCIU community referral system and knowledge competencies of VHTs and CHEWs so as to streamline service provision at the community level. ● Promotion of energy saving technologies at community level and lobbying government and partner organisations subsidize those products for communities.
<p>THREATS</p>	<ul style="list-style-type: none"> ● Reduction in donor funding to KCIU. ● COVID -19 lockdowns disrupted operations within clinic sites and at outreach centres leading to significant reduction in patient fees that could have kept the organisation afloat. ● Climate change - Changing weather patterns that affect mainly the agricultural initiatives.

Appendix D - Strategic Analysis Data – Managing weaknesses and Threats

Strengths	Implications for KCIU
KCIU has a good governance framework as seen in the organization’s clear vision, mission and board composition. KCIU strategy is clearly linked to its mission and vision.	There is a need to continue training the staff to live the mission and vision so as to improve program performance. The performance of the board especially with respect to helping the executive director, so as to improve program performance. In that regard a board manual is a necessary tool for the board members to have.
HR responsibilities are well designated by positions and qualifications.	Continue to recruit appropriate talent for each position.
KCIU has effectively built and leveraged relationships with relevant parties.	Maintain relationships with all stakeholders and continue to develop new ones.
There are finance policies with well-defined roles. There is segregation of duties and internal control measures.	Maintain financial policies and internal control measures and strengthen these.
Weaknesses	Implications for KCIU.
The program planning, implementation and assessment are not done in a participatory way which negatively impacts their relevance for communities that are served.	Strengthen community engagement in the project cycle by holding meetings with peers, influencers, community leaders and local government.
Program implementation does not take a systems approach.	The quality of services cannot be guaranteed. By developing a system’s culture, the quality of services communities receive from KCIU will always be of good standard and thus enhance the reputation of the organization in the community.
Job Descriptions (JDs) are given to all staff but they do not understand them.	KCIU HRM should take all staff through their JDs so as to ensure they perform their jobs well and continued support is given.

<p>Internationally recognized financial management package like Quickbooks is not being employed by KCIU</p>	<p>KCIU and GIZ should partner to introduce Quickbooks to the finance department as such systems instill confidence in potential partner organizations as to the robustness of the finance department.</p>
<p>Operational work plans for individual departments have not been developed by KCIU, for instance clinics and various departments in KCIU do not have work plans.</p>	<p>Clinic and departments should have work plans developed so as to guide and appraise clinic and departmental performance. This will also enable the ED, departmental heads and the board to take more informed decisions.</p>
<p>KCIU has a narrow donor base from which it derives revenue.</p>	<p>The narrow base threatens KCIU's program implementation activities.</p>
<p>KCIU has three thematic areas that it is implementing, Health, Livelihoods and Education however these are not linked together in a continuum of care.</p>	<p>These thematic areas should have activities that are part of a package of interventions that show how the different thematic areas are linked and which groups are targeted as these will strengthen partnerships, form new ones and improve KCIU's profile.</p>
<p>KCIU does not have an M&E team in place to track performance and help the ED, departmental heads and the board to make data driven decisions</p>	<p>It is difficult to provide strategic direction for the organization and keep the organization relevant to the community through innovations. M&E is of critical importance and should be developed.</p>

Appendix E - Staffing Plans

Level of responsibility	Position Title	Current staff level	Organisation staffing expected	When to recruit (year/quarter)	Who is responsible?
Senior Management Level 1	Executive Director	1	1	Not applicable	BOARD
	Programs Manager	1	1	None	HRM
	Finance and Logistics/ Procurement	1	1	None	HRM
	HRM Manager	1	1	None	HRM
Management Level 2	M&E Manager	0	0	ASAP	HRM
	Accountant	1	1	None	HRM
	Administrator	1	1	None	HRM
	ICT Officer	1	1	None	HRM
	Education Coordinator	1	1	None	HRM
	Livelihood Coordinator	1	1	None	HRM
	Quality Improvement Coordinator	0	1	None	HRM
Management Level 3	Accounts Assistants	2	4	none	HRM
	Procurement Assistant	0	1	1 year	HRM
	Facility In-charges	2	2	None	HRM

Appendix F - Operating Budgets

Revenue	Yr.1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
Grants	1,361,954,737	1,496,150,211	1,647,965,232	1,812,761,755	1,994,037,930
Earned income	101,222,091	111,344,300	122,478,730	134,726,603	148,199,263
Donations	85,578,161	94,135,977	103,549,575	113,904,532	125,294,985
Total Revenue	1,548,754,989	1,607,494,511	1,873,993,537	2,061,392,890	2,267,532,178
Expenses					
Staff salary (this can include benefits)	257,103,321	282,813,653	311,095,010	342,204,521	376,424,973
Staff development	20,000,000	22,000,000	24,200,000	26,620,000	29,282,000
Travels	18,524,495	20,376,945	22,414,639	24,656,103	27,121,713
Equipment's	23,328,580	25,661,438	28,227,582	31,050,340	34,155,374
Rent	4,675,000	5,142,500	5,656,750	6,222,425	6,844,668
Utilities	5,570,764	6,127,841	6,740,625	7,414,687	8,156,156
Maintenance	12,435,500	13,679,050	15,046,955	16,551,651	18,206,816

Appendix G - M&E FRAMEWORK

Purpose of this plan.

The M&E plan for the Karin Community Initiative Uganda has been developed by the program team in close consultation with the guidance and technical comments provided by the Technical advisors from GIZ, during collaborative and participatory work sessions. The M&E plan is the roadmap that the organization will use to help define, implement, track and improve a monitoring and evaluation strategy for the health, education and livelihood projects. The plan states everything that we need from the project planning phase until the project reaches its goal and intended impact. We understand the underlying problem in the community, and want to explore what is causing it, what interventions could solve this problem and how long the intervention will take for it to be effective.

In designing the M&E plan, all project officers, evaluators, donors and other stakeholders were involved, as stakeholder involvement in the early phase is key to ensure the applicability and sustainability of the M&E activities. Working with these stakeholders enabled us to identify opportunities and barriers as a team in the planning stage with a focus on problem solving and maximizing impact.

The M&E plan includes two components addressing the target indicators in the project log-frame:

M&E of Project Performance

Monitoring focuses on the management and supervision of project activities, seeking to improve efficiency and overall effectiveness of project implementation. It is a continuous process to collect information on actual implementation of project activities compared to those scheduled in the annual work plans, including the delivery of quality outputs in a timely manner, to identify problems and constraints (technical, human resource, and financial), to make clear recommendations for corrective actions, and identify lessons learned and best practices for scaling up, etc. Performance evaluation will assess the project's success in achieving its objectives. The project will be monitored closely by partners through semi-annual reports, quarterly implementation reviews, technical reports, and regular technical supervision missions fielded as required to enhance success.

M&E of project impact

Evaluation of the project's success in achieving its outcomes will be monitored continuously throughout the project. The key indicators can be found in the logical framework. The indicators have been further reviewed/refined during the development of this M&E Plan, and tools and methods and indicators for measuring impact have been determined and agreed to.

Organisation background

We are a faith based local non-profit organization seeking to improve the socio-economic wellbeing of vulnerable and orphaned children, families and the whole community through primary health care, education support, and livelihood development initiatives

Projects/Programmes

Healthcare

We strengthen health care systems as approved by the Ministry of Health (MoH) and we are under the umbrella of Uganda Protestant Medical Bureau (UPMB) a faith-based organization and UK Uganda Health Alliance. The health system strengthening investment will make substantial improvements in the capacity to deliver integrated RMNCAH intervention packages along the continuum of care. The prioritised investments will include improving access, quality and routine demand for skilled delivery at the health facilities III (BEmONC) as the weakest link along the continuum of care with midwives and nurses as primary providers. This entails equipping the maternity centres, family planning services and management of neonates. This will enable more mothers, newborns and children to access all priority interventions including early detection of complications and a functional referral system for management of severe and complicated cases at HC IV and above where the comprehensive package is provided.

The cross-cutting areas will include.

HIV & AIDS counselling, Testing and Treatment

Malaria Eradication

Nutrition

Test, treatment and referral of communicable and non- communicable diseases.

Education

We partner with local churches and schools to deliver biblical and educational opportunities and support children affected by the civil unrest to attain education, because we believe that

a quality education is the catalyst for real and lasting change. Apart from sponsoring children, we have established an early childhood and primary school- Agape Christian School, in Barogal, Omoro District. The program targets mainly children whose families have been affected by the war.

Social economic Enterprise and Livelihood

Even though the civil war that ravaged the Northern Uganda region ended since 2006, the community still struggles to improve their lives. Whilst, many have engaged in farming and producing and selling goods, people may lack the knowledge or opportunity necessary to form a market or delivery system to benefit or grow their profits. This is why we lay the groundwork for healthy collaborations at the grassroots. We support the start-up of businesses that can help people out of poverty while providing a service that everyone needs - like growing food, animal rearing, improving access to clean water, energy stove making and supporting culture. The cultural group in Ayac village have benefitted through such support. We believe that when women and children (youth) are empowered the dependency burden in families reduces.

Institutional capacity strengthening and partnership

KCIU strives to develop specific and easy to use policies and systems for effective service delivery. The organization shall continue to work directly with community members (constituency) to identify service gaps and come up with solutions involving building the capacity of staff and acquiring new skills and knowledge in managing new and persistent challenges, conducting research and promoting effective communication. KCIU promotes partnerships and collaborations as one way to strengthen institutional capacity and ensure existing systems are maintained. This includes amongst others, training, coaching, mentorship of staff and also fundraising as different organisations support many different activities and projects of the organisation.

The priorities for action cut across all national sectors, reflecting similar challenges in many areas: inter-sectoral collaboration, partnerships and networking, capacity strengthening in national sectors, resource mobilization, and strategic support for collaborative research. This Strategic Plan is aligned and integrated with key policy documents including the following:

- Health Sector Development Plan (HSDP) 2015/16 – 2019/20
- National Development Plan (NDP II)
- National Health Policy (NHP II)
- Uganda Vision 2040
- Health Sector Service Standards & Service Delivery Standards - 2016

TABULAR DESCRIPTION OF THE MONITORING AND EVALUATION FRAMEWORK

Objectively Verifiable indicator		Baseline	Target	Data Source	Frequency	Responsible person	Report
	How will it be measured?	What is the current value?	What is the target value?	How will it be gathered?	How often will it be measured?	Who will measure it?	Where will it be reported?
Strategic Goal: Quality service delivery and improved community wellbeing by 2026							
Beneficiary feedback and Level of community engagement Value for money service delivery.		50%	70%	Financial records Minutes of meetings List of correspondence	Annually Strategic plan midterm and end evaluation	Executive Board management	Field activity reports Monthly reports Quarterly reports Bi-annual reports Annual reports Midterm and end of strategic plan evaluation
Programme Goal 1: Strengthening the capacity of health facilities to provide quality health services.							
Construction of physical health structures Capacity building of staff and management Establishing an emergency response team Comprehensive planning framework		50%	70%	Financial records Procurement committee report Inventory report	Bi-annual annually	Executive Board Management	Board minutes Periodic Management reports Annual reports Financial reports
<p>Outcomes</p> <p>Reduced patient turnaround time at the health facilities</p> <p>Reduced incidences of communicable and non-communicable diseases in the community</p> <p>Highly competent staff</p>							

<p>Service Evaluation feedback</p> <p>Number of incidences reported to the health facility and community structures</p>		<p>Minutes of meeting</p> <p>Activity report</p> <p>Treatment report</p> <p>Management report</p> <p>Health unit management reports</p> <p>Human resource reports</p> <p>Programme reviews</p>	<p>Monthly</p> <p>Bi-annual report</p> <p>Annual report</p>	<p>Executive Board Management</p>	<p>Board reports</p> <p>Health unit management reports</p> <p>Management reports</p> <p>Daily staff reports</p>
<p>Output</p> <p>Increased Health Promotion and Education Services</p> <p>Fast-trucked Mental Health and Control of Substance Abuse Services</p> <p>Timely and efficient response to emergencies</p> <p>Adequate technology installed at the facilities</p>					
<p>Community awareness initiatives and engagements</p> <p>Inventory profile</p> <p>Increased uptake RMNCAH services</p>		<p>Activity reports</p> <p>Registry records</p> <p>Meeting minutes</p> <p>Police reports</p> <p>Asset list</p> <p>Health unit management reports</p> <p>Accident and or abuse</p> <p>Turnaround time records</p>	<p>Monthly</p> <p>Quarterly</p> <p>Annual</p>	<p>Management</p> <p>Executive Board Health management committee</p>	<p>Annual report</p> <p>Health Unit management Committee reports</p> <p>Financial reports</p> <p>Medical records</p> <p>Management reports</p>

Objectives						
To scale up health promotion and preventative health messaging.						
To integrate Mental Health and Control of Substance Abuse Services, Malaria, Nutrition, TB & HIV/AIDS and NCDs along the continuum of RMNCAH						
To strengthen Epidemics and Disaster Preparedness and Response						
Number of messages developed			Activity report	Monthly	Board	Annual
Comprehensive sector plan			Attendance records	Quarterly	Management	workplan
Establishment of a disaster and response team			Developed dissemination materials	Daily in case of pandemics or disasters		Management report
			Committee minutes			Financial reports
			Board resolutions			Annual reports
						Special reports
						Quarterly
Programme Goal 2 Integrated education Programme for marginalized children and youth in Acholi sub region.						
Construction of adequate and accessible buildings	tbd		Minutes of the procurement committee	Monthly	Executive Board	Committee reports
Comprehensive sector plan			Annual planning report	Quarterly	management	Board reports
Well-developed enrolment plan			Human resource policy	Annually	nt	Management reports
Outcomes:						
Good neighborhood						
Happy and healthy children						
Increased literacy in children						

<p>Children's participation in family, school and church actions. Children develop strong immunity to common ailments Children spend more time with family members Enough food to eat Children build value of caring and sharing</p>		<p>Records from the church and school Minutes of family/mentor's meetings Board minutes/resolutions Periodic education report Activity report Specialized policies Reports from the extension workers Records from the hospital</p>	<p>Annually Quarterly Bi-annual</p>	<p>Executive Board management</p>	<p>Board reports Management reports</p>
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Output
 Capacity of school management committees is built
 Targeted households have sustainable sources of food and promote good nutrition practices.
 Caregivers and families are empowered with knowledge of child rights and parenting skills.
 Children are brought up with biblical values.
 School age going children enrolled in school
 Established and functional policies and structures

<p>Competent committees Knowledge of God's love Reduced malnutrition cases</p>		<p>Activity reports Minutes of meetings Records from agricultural extension workers Attendance records School attendance and enrolment reports Report from church activities</p>	<p>Monthly Quarterly Annually</p>	<p>Executive Board management</p>	<p>Annual report Monthly report Quarterly report Management reports Church committee reports Medical reports Disaster preparedness reports School management reports</p>
<p>Objectives Improve access to early learning for school age going children. To promote household food security and nutrition to enhance learning To strengthen mechanisms for preventing and responding to abuse, exploitation, and violence against children To promote God's love to children</p>					
<p>Enrolment roster report Daily Attendance tracking Establishment of child welfare committees Children participation in church activities</p>		<p>Attendance records Medical records Police records Minutes of meetings Committee records</p>	<p>Monthly Quarterly Annually</p>	<p>Board management</p>	<p>Board reports Management reports</p>
<p>Programme Goal 3 Empowered families with sustainable livelihood skills for income generation</p>					

<p>Families access to markets, financial services</p> <p>Families in farming actively participate in consultation processes</p>	<p>0</p>	<p>700</p>	<p>Extension service reports</p> <p>Minutes of meetings</p> <p>Financial records</p> <p>Reports from community department</p> <p>Activity reports</p> <p>Plans from individual farmers</p>	<p>Annually</p> <p>Quarterly</p>	<p>Executive Board management</p>	<p>Management reports</p> <p>Board reports</p>
<p>Outcomes</p> <p>Reduced poverty level within the community</p> <p>Increased value addition on the farm products</p> <p>The business is formalized under the different laws</p>						
<p>Families ability to provide for all basic needs</p> <p>Readily available market for the products</p> <p>Increased income and saving</p> <p>Ownership of the association</p> <p>Certification of the business products</p>			<p>Farmers expenditure records</p> <p>School records</p> <p>Hospital records</p> <p>Financial record</p> <p>Sale and purchase records</p> <p>Activity reports</p> <p>Monitoring and evaluation reports</p> <p>Tax records</p>	<p>Monthly</p> <p>Quarterly</p> <p>Annually</p>	<p>Executive Board management</p>	<p>Quarterly reports</p> <p>Annual reports</p> <p>Management reports</p> <p>Board reports</p>

<p>Output Sustainable and profitable enterprise Collective and informed decisions Production of adequate and high-quality farm proceeds</p>						
<p>Increased income. Growth in business size Good governance within the VSLA Increased participation by the members of the association</p>			<p>Attendance list Nature and name of business. Income records Minutes of meetings Policies and guidelines Management reports</p>	<p>Monthly Quarterly Annually</p>	<p>Executive Board Management</p>	<p>Quarterly reports Annual reports Management reports Board reports</p>
<p>objectives To empower model farmers with sustainable agricultural practices To strengthen the VSLA groups with business and management skills</p>						
<p>Consistent high-quality harvest functioning demonstration gardens increase in saving and borrowing proper record keeping including minutes increased knowledge and skills level</p>			<p>Activity reports Stores records Saving records Credit records Attendance list AGM minutes Board minutes</p>	<p>Quarterly Monthly annually</p>	<p>Executive Board management</p>	<p>Management report Board reports</p>
<p>Programme Goal 4 Developed institutional structures and systems for quality services delivery</p>						

Employer of choice Increased leadership and reliability on the organization	tbd		Board minutes Workshop reports Human resources records Planning meeting reports	Annually	Executive board	Management reports Board reports
<p>Output Effective leadership and governance systems are in place Established and documented collaboration with partners Knowledge and information management manual Research guidelines developed</p>						
Increased understanding of information and knowledge management concept Development of policies, manuals and guidelines Formalized partnership agreements Increased accountability from leaders and management			Activity reports Copies of policies manuals Approved agreements Subcommittee reports Incident reports	Monthly Bi- annual annually	Board Management	Management reports Board reports Programme reports
<p>Objectives To strengthen leadership and governance systems. To build strong partnerships with key stakeholders To strengthen research and information management system</p>						

<p>The existence of collaboration actions Use and storage of generated information Undertake research</p>		<p>Activity reports Information controls report Media publication sheet Expenditure records Research reports</p>	<p>Monthly Quarterly Annually</p>	<p>Management team Executive board</p>	<p>Board reports Management reports Project reports</p>
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APPENDIX H - RESOURCE MOBILISATION PLAN

Executive Summary.

The purpose of this resource mobilization strategy (RMS) is to inform and guide the organization on the art and practice of resource mobilisation. It provides a menu of possible options which can be pursued to raise sufficient, predictable, and sustainable resources for KCIU, its health Centres and related programs. This RMS provides directions to guide the strategic deployment of efforts for mobilization of influential actors both internally and externally in the development community to maximize funding for KCIU programs and activities.

The RMS starts by reviewing previous funding patterns and key considerations, provides guiding principles, proposes strategies for mobilizing resources for KCIU programs, training, capacity necessary to implement the RMS. Each pillar of the strategy will be complimented by an implementation plan which provides a step by step guide that the organization should take into consideration to translate the recommendations into concrete actions within a defined time frame determined at execution. In light of potential changes in donor priorities and the importance of developing and implementing programmes of work based on reasonably secure funding, the organisation is encouraged to utilise this RMS and implementation plan. This strategy document does not constitute specific resource mobilisation methods and as such does not go into details regarding design and implementation of any particular resource mobilisation method.

In 2016, KCIU, an organisation under the umbrella of Uganda Protestant Medical Bureau, UK Uganda Health Alliance decided to develop a resource mobilization strategy for use by the organisation to resource mobilize and fill the funding gaps of program activities.

The target programs in health, education and livelihood have historically been established and funded by churches, government and through public private partnerships. The public and private sectors have also historically supported most of the programs offered by these organisations. Health which is the core program of the organisation is very dynamic and needs constant strategies to meet its demand. The health centers are underfunded. Financial support from the partners, government and private sector is gradually decreasing at a time when new challenges have emerged which affect health, livelihoods and education as well as demand a reskilling of health workers, village health volunteers, saving and farmers associations.

This strategy identifies a number of resource mobilization thrusts ranging from short (1-3years) medium (3-5) to long term (more the 5 years), and a list of potential donors. A key aspect of this resource mobilization strategy is emphasis on the necessity of always making sure there is a connection between this strategy and the programme work of the health organisation. This is important because resources are just a means of achieving each organization's vision and mission. An effective governance and management system of the resources mobilized is also explicitly recommended in this strategy document as another necessary ingredient.

Objective of the Resource Mobilization Strategy

This strategy provides a framework for a clear, systematic, predictable and well-coordinated approach to soliciting, acquiring and utilisation, management, reporting and monitoring to ensure sustainable resource availability for the delivery of KCIU programs.

Overview of the Funding Needs

Prior to looking at how best to mobilize resources from existing and potential funding sources, it is important to firstly consider, from an international, regional, national and sectoral perspective, how realistic the cost estimates and the funding dynamics within the sector are. In formulating a RMS, estimating the resource needs for KCIU is a critical element which should be factored into the process. Before any donors are approached, it is important for the organisation to carry out a quick appraisal of the donor environment in the country and beyond. Financing for capacity development of health staff of KCIU remains a challenge.

Principles Guiding Resource Mobilization Strategies

Resource mobilization is an undertaking which calls for well-planned execution in order to yield positive results. It is therefore critical that principles are laid out to guide clearly the mobilization of resources. The KCIU health centers and programs training centres, will be guided by the following principles in resource mobilization.

1. To ensure sufficient funding and support for the achievement of its programs by engaging in strategies that are efficient, pragmatic and sustainable
2. To increase annual fundraising revenue to 3 billion Uganda Shillings by December 2021.
3. Focus on diversifying and expanding the funding base to obtain larger donors and multi-year funds, whilst retaining and deepening relationships with existing donors.
4. To increase the share of broadly earmarked funding by 50%, by identifying sources of funding that are under explored and showing potential for making impact
5. Pursue those strategies that build on the organisation's comparative advantage and focus on its institutional growth
6. Nurturing partnerships and alliances as staircase and strategic approach in raising resources
7. Build on medium to long term sustainability and predictability of resource inflows
8. Ensure that governance and management systems are in place to manage and grow acquired resources and assets
9. Exercise caution when receiving donations from institutions whose interest may not be supportive to the vision of the organization
10. To articulate our investment and business development framework.
11. To articulate our results-based management and budgeting, quality reporting and stronger donor recognition framework.

Resource Mobilization Pillars

There are several possible sources of funding which can be pursued. It is therefore necessary that effort be applied to identify those sources which are relevant, efficient, and sustainable. This section considers various types of donors and strategies needed to raise funds from each donor. It should also be noted from the onset that the effectiveness of the strategies is largely dependent on two cardinal pillars: i.e.

- (i) the quality, relevance, efficiency, effectiveness, impact and sustainability of the programs and
- (ii) effective communication throughout the cycle from resource mobilization to implementation, monitoring and evaluation of the training programs.

The KCIU resource mobilization strategy combines international donors, domestic public and private funding, and investment streams:

KEY STRATEGIES

Strategy 1: Supporting a resource mobilization culture

- All board members sign up to contribute to resource mobilization
- Each Board to raise an agreed amount per annum
- Budgeting and implementing the resource mobilization strategy
- Maintain a database of prospective funding partners.
- Regular structured resource mobilization reports to the Board at every Board meeting.
- Provide consultancy services.
- Establishing a business unit
- Host and facilitate training programs on behalf of development partners.

Strategy 2: Enhancing the fundraising infrastructure

- Develop and distribute resource mobilization materials including both print and electronic.
- Maintaining a resource mobilization database and tracking system.
- Invest in skills development for resource mobilization.
- Develop the website and all virtual platforms including social media to support resource mobilization.
- Attract and host resource persons to attract new grants.

Strategy 3: Increase visibility

- Operationalize the knowledge repository (HUB) to capture the most significant change stories and photos.
- Showcase and exhibit at high impact and crowd pulling exhibition platforms or forums.
- Strategic communication of our story through the bi-weekly newsletter, website, social media platforms and local media.
- Develop and share video and audio presentations on YouTube with CSOs and communities telling the value proposition of KCIU

Monitoring and evaluating resource mobilisation efforts

The step-by-step resource mobilization strategy will require monitoring at a frequency that can be established by KCIU at implementation stages. This monitoring of the activities and processes should also seek to establish what is mobilized against the target. For effectiveness the monitoring and evaluation should be focused on different levels from the institutional to the actual resource mobilization project activities.