



## **LESOTHO PLANNED PARENTHOOD ASSOCIATION (LPPA)**

### **Strategic Plan 2016-2020**

**10<sup>th</sup> August, 2015**

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#### **List of Acronyms**

BOT	-	Build, Operate and Transfer
CBDs	-	Community Based Distributors
CSE	-	Comprehensive Sexuality Education
DDIC	-	Direct Delivery and Information Capture
GBV	-	Gender Based Violence
HIV	-	Human Immunodeficiency Virus
ICPD	-	International Conference on Population and Development
IPPF	-	International Planned Parenthood Federation
IPPFARO	-	International Planned Parenthood Federation Africa Regional Office
LPPA	-	Lesotho Planned Parenthood Association
MA	-	Member Association
MoU	-	Memorandum of Understanding
PEST	-	Political, Economic, Social and Technological Environment
RHCS	-	Reproductive Health Commodity Security
SDGs	-	Sustainable Development Goals
SDPs	-	Service Delivery Points
SRH	-	Sexual Reproductive Health
SRHR	-	Sexual and Reproductive Health and Rights
STI	-	Sexually Transmitted Infections
SWOT	-	Strengths, Weaknesses, Opportunities and Threats

## Introduction

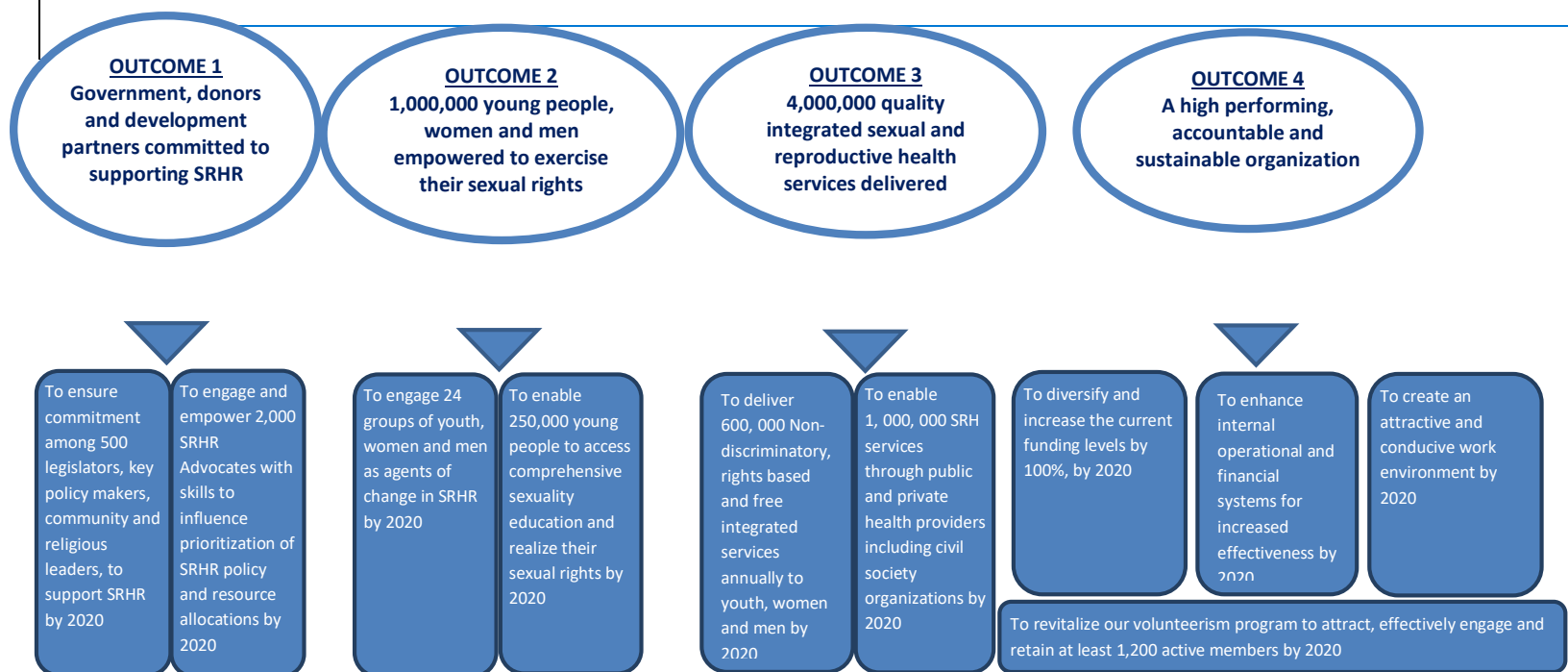
The current Strategic Plan (2016-2020) represents a roadmap that the association intends to follow over the next five years in addressing the Sexual and Reproductive Health and Rights (SRHR) situation, including HIV in the country. The plan aligns itself with IPPF Strategic Framework (2016-2022), while responding to the national SRHR and geopolitical, economic and social realities, which define the context in which LPPA will strive to achieve its vision; ***“A healthy and inclusive society where freedom of choice in Sexual, Reproductive Health and Rights, and equal opportunities are guaranteed for all”***.

The development of the 4<sup>th</sup> Strategic Plan is a collaborative and participatory effort of LPPA staff, volunteers and partners. Firstly, the current strategic plan was informed by the review of the 3<sup>rd</sup> strategic plan which provided valuable information that formed the basis for its development. Secondly, the document benefitted from consultations, suggestions and contributions of all those who participated in the Strategic Planning Workshop. Further inputs were received subsequent to the workshop that helped to refine the document.

This Strategic Plan articulates the strategic identity of LPPA which includes a vision, a mission statement and a set of values. These three elements outline why LPPA exists, what it intends to achieve and how it does its work.

## Overall Strategy

**Our vision:** A healthy and inclusive society where freedom of choice in Sexual, Reproductive Health and Rights, and equal opportunities are guaranteed for all.



**Our mission:** To provide and enable quality SRHR information, education and services, and advocate for Sexual Rights and equitable access to services, especially for key populations, the underserved, young people, men and women through volunteers, trained and competent staff

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**Our values:** Respect, Inclusiveness, Accountability, Volunteerism, Quality, Commitment

## Drivers

A thorough examination of the national trends and facts was done using PEST and SWOT analysis tools. A review process of the 2010-2014 Strategic Plan, which highlighted the achievements, challenges and constraints encountered during the period covered by the plan, was done. In addition the SRHR status in the country was also reviewed and considered when developing the strategic drivers. The themes, which form the drivers of LPPA's work over the next five years are organised into six clusters and they include youth; the political environment; LPPA organizational systems; LPPA resource base; and, social and economic inequalities in the country.

**Youth:** The population distribution in Lesotho reveals that youth constitute a large proportion of the population (23.6%). In addition to being the largest proportion of the population they are faced with numerous and daunting challenges such as a heavy burden of unemployment (25.3% in 2008), HIV (23.1% adult prevalence and 8.0% among young people aged 15 to 24; rated number two in the world) and other SRH ill health.

A window of opportunity exists to create demand among young people for SRH & HIV services. Among the latest and widely used technologies are the use of mobile phones and social media platforms that LPPA will exploit to increase awareness on the range of services it provides directly and through a network of partners.

**Political environment:** The current political environment is characterised by instability and polarization, with inherent insecurity and potential to undermine government support to SRHR. There is an atmosphere of uncertainty in the general political sphere that can have a negative effect on government, the donor community and implementing partners' commitment in engagement and execution of their plans.

**Organizational systems:** In order for LPPA to deliver on its outcomes it will strengthen its organizational systems that include, but not limited to, Monitoring and Evaluation, Human Resource and Reproductive Health Commodity Security, Resource Mapping Tool to align available services and resources, streamline those services and resources, and identify areas of need. Both the review of the previous strategic plan and the SWOT analysis identified systems strengthening as a critical need if the new strategic plan is to be realized.

**Resource base:** There is a need for increased resource envelope for the implementation of the LPPA programme over the next five years. The MA still has a heavy dependence on IPPF despite a strong presence of donor community in Lesotho and in the region. LPPA will therefore increase its resource mobilization capacity to attract increased donor support, and ensure that it aligns its plans to the prevailing donor priorities. Furthermore, LPPA will utilise its asset base with high potential for resource



mobilization. LPPA has property (such as undeveloped sites and three major buildings) that it can utilise to generate income in order to augment its resource base.

***Social, economic and geographical disparities:*** LPPA operates in an environment where there are great social and economic disparities. Many people especially women and young people are disadvantaged. This situation is the main contributor in the power relation imbalances between men and women, adults and youth, rural and urban that predisposes marginalised groups to abuse, neglect, poverty, and other social and economic ills. For instance, 80 percent of women have experienced some form of gender based violence in their lifetime, while 40 percent of men have perpetrated some form of violence against women in their lifetime.<sup>1</sup> These further act as serious impediments to access SRH services.

The topography of the country is a challenge, since some places are not easy to reach. Such places subsequently lack basic services, including SRH services. It is equally difficult to navigate the terrain to reach places where such services are provided. It is particularly in these remote areas that high maternal, infant mortality and morbidity rates, high HIV prevalence, and high incidents of gender-based violence are experienced.

In addition, the remote and mountainous terrain of Lesotho is a major geographical barrier to access. People in the rural areas are largely subsistence farmers, and there are few work opportunities available. This situation means most families do not have means to generate cash to finance some of their basic needs including SRHR services. A total 56.6 per cent of Lesotho's population lives below the poverty line. Poverty rates are 50 per cent higher in rural areas than in urban areas. The Gini coefficient (0.52 in 2010) indicates that there is a high level of income inequality.<sup>2</sup>

The ragged terrain is also a major barrier to access, to existing sites offering SRHR services. Of particular concern are the young people who form the highest proportion of the population, are sexually active, and in their reproductive prime, yet have limited access to SRH services.

***HIV, Gender Based Violence (GBV) and SRH ill health:*** Women, girls and young people constitute the majority of victims of HIV infection, gender-based violence and SRH ill health. The study shows that 86% of women experienced some form of violence at least once in their lifetime. Sixty-two percent of women experienced, while 37% of men perpetrated, intimate partner violence. 57% of women live with HIV. Because of their current vulnerabilities, they are not able to negotiate their terms of engagement with their partners, thus jeopardising their own Sexual and Reproductive Health, including their rights. This

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<sup>1</sup> Gender Links, GBV Indicators Research in Lesotho, 2014.

<sup>2</sup> Household Budget Survey, 2002-2003, Bureau of Statistics, Ministry of Finance and Development Planning, Lesotho.

situation is exacerbated by lack of information and education on their rights, and how to access services that can protect them.

Eighty-six percent of women experienced some form of VAW at least once in their lifetime, including partner and non-partner violence. Forty percent of men perpetrated VAW at least once in their lifetime. VAW is predominantly perpetrated within intimate relationships. Sixty-two percent of women experienced, while 37% of men perpetrated, intimate partner violence (IPV).<sup>3</sup>

The forms of violence experienced include physical, sexual, psychological and economical abuse. The predominant form of violence within intimate relationships is emotional violence, which includes insults, belittling and verbal abuse. More than half (52%) of women experienced, and 27% of men perpetrated, emotional IPV in their lifetime. Women also reported physical IPV (40%), economic IPV (30%) and sexual IPV (24%). For all forms of violence, a lower proportion of men admitted to perpetration: emotional IPV (27%), physical IPV (26%), economic IPV (13%) and sexual IPV (10%).<sup>4</sup>

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<sup>3</sup> Gender Links, GBV Indicators Research in Lesotho, 2014

<sup>4</sup> Ibid

## Identity

LPPA envisions a world in which individuals are free to make choices about their sexuality; where there is no discrimination and barriers of whatever nature; where people can express themselves freely and reach their full potential.

Our mission is a road map that indicates the journey we intend to travel towards our vision. It recognizes the potential challenges and opportunities that lie ahead, which constitute the context in which we operate.

To help achieve our mission, we will provide as well as capacitate other SRH agents to provide SRHR services to the most underserved populations, and ensure that they have the right information and education to advocate for their sexual rights, and we are guided by a set of principles in our work and relationships.

***Our Vision:*** *A healthy and inclusive society where freedom of choice in Sexual, Reproductive Health and Rights, and equal opportunities are guaranteed for all.*

***Our Mission:*** *To provide and enable quality SRHR information, education and services, advocate for Sexual Rights and equitable access to services, especially for key populations, the underserved, young people, men and women through volunteers, trained and competent staff*

### ***Our values:***

- We **respect** our clients and uphold their rights
- Our approach is **inclusive** and non-discriminatory
- We are **accountable** to ourselves, our partners and the communities we serve
- We are **committed** and honest
- We provide high **quality** SRH services to all
- We believe in the spirit of **volunteerism**

#### **Strategic direction**

#### **OUTCOME 1 - Government, donors and development partners committed to supporting SRHR**

By 2020 LPPA will have advocated for policy and legal reforms that respect and protect the rights of individuals to access SRH services without fear of intimidation and discrimination. LPPA shall have persuaded government to formulate policies and enact laws that provide an enabling environment for SRHR. There will also be increased resources to support SRHR from government, donors and development partners.

#### **Objective 1.1: To ensure commitment among 500 legislators, key policy makers, community and religious leaders, to support SRHR by 2020 through advocacy and lobbying**

LPPA will strive to gain support for SRHR from legislators, key policy makers, community and religious leaders. We shall map out the SRHR policy environment and identify those that need to be developed, reviewed or repealed, based on evidence available.

We will work towards achieving a conducive and supportive environment where people are able to make their SRHR choices, and their rights supported and protected by policy and legal frameworks.

#### **Objective 1.2: To engage and empower 2,000 SRHR Advocates with skills to influence prioritization of SRHR policy and resource allocations by 2020**

LPPA will establish and build capacity of a core team of advocates through periodic training, who will be knowledgeable and skilled in SRHR to influence government, donors and partners to regard SRHR as a priority national development issue.

#### **OUTCOME 2: 1,000,000 young people, women and men empowered to exercise their sexual rights**

LPPA shall have empowered groups of youth, women and men acting as agents of change in SRHR. Young people, women and men will actively articulate and advocate for their rights. Young people, women and men will be knowledgeable about their sexual rights and translate this into a change in their behaviour. Social, economic, legal and cultural barriers commonly impacting negatively on these groups will be reduced resulting in increased uptake of SRH services.

#### **Objective 2.1: To engage 24 groups of youth, women and men as agents of change in SRHR by 2020**

- LPPA will identify 3 groups (1 of youth, 1 of women and 1 of men) in each of the eight districts, train and equip them with material resources to work as agents of change within their communities. The groups will create awareness on SRHR and promote behavioural change. The focus of their activities shall be towards reducing HIV; reducing high infant and maternal mortality; and reducing cases of GBV. A key strategic approach shall be to promote male engagement and involvement in SRH by involving them as agents of change within their respective communities.

**Objective 2.2: To enable 250,000 young people to access comprehensive sexuality education and realize their sexual rights by 2020**

We will adopt the national Comprehensive Sexuality Education (CSE) curriculum and adapt to our needs. With support from International Planned Parenthood Federation Africa Regional Office (IPPFARO), LPPA shall build its capacity and that of its partners to roll out CSE to in and out of school youth. Crucially, LPPA will focus on strengthening referral linkages between CSE and services to ensure a significant proportion of youth who complete CSE exercise their sexual rights and utilise SRH services.

**OUTCOME 3: 4,000,000 quality integrated sexual and reproductive health services delivered**

There will be more sensitive programming that respects diversity in terms of age, gender, economic, social, cultural, political and religious differences, and increased involvement of other service agencies; increased utilization of integrated SRH services and reduced cases of GBV, reduced new HIV infections, increased uptake of contraceptives and condoms, and, reduced maternal and infant mortality. In addition, there shall be reduced cases of unwanted pregnancy, reduced cases of unsafe abortion, and reduced number of new Sexually Transmitted Infections (STIs). LPPA will have established strategic partnerships with public and private providers with a flourishing social franchise enabling the MA to reach more people with integrated SRH & HIV services especially the underserved.

**Objective 3.1: To deliver 600,000 non-discriminatory, rights based and free integrated services annually to youth, women and men by 2020**

LPPA will expand service delivery by increasing its geographical coverage; strengthen its rights-based approach and scale up integrated services through various modes. These will include, outreach, community based distribution, mobile services, and support other agencies operating in other districts.

**Objective 3.2: To enable 1,000,000 SRH services through public and private health providers including civil society organizations by 2020**

LPPA will develop and implement a social franchising strategy in order to create a network of public and private health providers in SRH service delivery. Support will be sourced from IPPF to build the MA's capacity in social franchising. In addition we will develop and implement a Community Based Services Strategy to facilitate the engagement of community own resource persons as providers. This will involve engaging and building capacity of retired service providers trusted by their communities and setting up health depots to strengthen RH commodity security.

**OUTCOME 4: A high performing, accountable and sustainable organization**

The MAs systems will have been reviewed for improved performance, accountability and sustainability. The M&E, HRM, Financial management systems shall have provided means of tracking performance at all levels and assist in accounting and reporting of the organizations' performance.

Furthermore, the MA shall have investigated ways of enhancing its capacity to meet the challenge of increasing its financial resource base. To that end, the MA shall have examined all possible sources of funding from donors and partners, as well as other means such as converting its property into a social enterprise.

Improvements of the M&E, HRM, Financial management systems, including improved programme implementation shall have helped LPPA to run efficient and effective operations sustainably.

**Objective 4.1: To diversify and increase the current funding levels by 100%, by 2020**

We will diversify our resource base through social enterprise, donor cultivation, and engage high profile volunteers to attract more high net worth individuals through networking.

**Objective 4.2: To enhance internal operational and financial systems for increased effectiveness by 2020**

LPPA will strive to improve its operational and financial systems leading to increased accountability and effectiveness. Monitoring and evaluation of programmes shall be improved through systems strengthening.

**Objective 4.3: To create an attractive and conducive work environment by 2020**

In order to create an attractive and conducive working environment, we shall introduce adequate market related incentives to retain the current staff and attract more capable and skilled personnel to cope with increasing programme demands.

**Objective 4.4: To revitalize our volunteerism program to attract, effectively engage and retain at least 1,200 active members by 2020**

To attract, effectively engage and retain our volunteers, we will develop a program to attract new members with requisite skills, and effectively utilise their skills, knowledge and expertise. The MA shall increase their participation and involvement through skills audit and engagement in programmes activities.

**Implementation Strategies**

**Outcome 1: Government, Donors and Development partners committed to supporting SRHR**

**Objectives:**

- To ensure commitment among 500 legislators, key policy makers, community and religious leaders, to support SRHR by 2020
- To engage and empower 2,000 SRHR Advocates with skills to influence prioritization of SRHR policy and resource allocations by 2020

**Strategies:**

- Review of signed Memorandum Of Understanding (MOU) with Government annually
- Build new partnerships with relevant development partners
- Lobby and engage social cluster committee to be advocates of SRHR issues
- Identify and engage civil society and development partners to share resources
- Engage potential partners to develop the MAs existing sites
- Advocate for youth internships and fellowships with development partners, donors and government

**Outcome 2: 1,000,000 young people, women and men empowered to exercise their sexual rights**

**Objectives:**

- To engage 24 groups of youth, women and men as agents of change in SRHR by 2020

- To enable 250,000 young people to access comprehensive sexuality education and realize their sexual rights

**Strategies:**

- Expand youth resource centers to other branches
- Partner with Ministry of Education in rolling out comprehensive sexuality education
- Embrace technology for demand creation, information and education especially for young people
- Partner with media houses for easy dissemination of SRHR information

**Outcome 3: 4,000,000 quality integrated sexual and reproductive health services delivered**

**Objectives:**

- To deliver 600,000 Non-discriminatory, rights based and free SRH integrated services annually to youth, women and men by 2020

**Strategies:**

- Scale up integration to all Service Delivery Points (SDPs)
- Institutionalize quality of care
- Initiate internships for graduate nurses
- Consider Doctors' plaza model to attract doctors to LPPA facilities and expand range of specialized services
- Reproductive Health Commodity Security – embrace innovative approaches in supply chain management e.g. Direct Delivery and Information Capture (DDIC)
- Expand and diversify comprehensive quality integrated service delivery to all districts

**Objectives:**

- To enable 1,000,000 SRH services through public and private health providers including civil society organizations by 2020

**Strategies:**

- Develop and implement Social franchising and associate clinic model
- Develop a community based services strategy – retired nurses; community own resource persons; contraceptive depots and Community Based Distributors (CBDs)
- Develop a referral network of service providers – franchisees, partners etc
- Build capacity of community based, public and private providers
- RHCS – embrace innovative approaches in supply chain management.



#### **Outcome 4: A high performing, accountable and sustainable organization**

##### **Objectives:**

- To diversify and increase the current funding levels by 100%, by 2020

##### **Strategies:**

- Engage in social enterprise
- Enhance capacity for resource mobilization
- Explore strategic resource mobilization partnerships such as Build Operate and Transfer (BOT) to develop LPPA's idle capacity (including land or co- ownership
- Consider setting up a training institute – utilize the immense experience of current and retired LPPA staff as resource persons; partner with national and regional institutions to offer accredited courses

##### **Objective:**

- To enhance internal operational systems for increased effectiveness by 2020

##### **Strategies:**

- Undertake a systems audit
- Undertake a systems and human capacity needs assessment survey
- Develop a training plan
- Develop a systems upgrade and maintenance plan
- Develop internal control mechanisms to ensure that staff respect and uphold organizational policies and procedures; including risk management mechanisms procedure.

##### **Objective:**

- To revitalize LPPA volunteerism program to attract, effectively engage and retain at least 1, 200 active members by 2020

##### **Strategies:**

- Develop a volunteer recognition/award mechanism
- Develop a volunteer engagement and rating/ranking mechanism
- Document and quantify volunteer contribution

##### **Objective:**

To create an attractive and conducive working environment for staff by the year 2020

##### **Strategies:**

- Review the current organizational structure to align functions to the new strategic plan

- Review and develop a remuneration package based on current competitive market rates
- Develop a reward system for outstanding individual/group performance, Develop a recognition systems for excellence
- Organize and undertake staff retreats and team building exercises
- Introduce a mentoring and coaching programme
- Review job descriptions in relation to tasks, and develop promotion practices guidelines
- Provide mediation and counseling opportunities for employees

## Annex I - Implementation Strategies

Strategic Outcomes	Outcome 1: Government, donors and development partners committed to supporting SRHR		Outcome 2: 1,000,000 young people, women and men empowered to exercise their sexual rights		Outcome 3: 4,000,000 quality integrated sexual and reproductive health services delivered		Outcome 4: A high performing, accountable and sustainable organization			
Objectives	<b>Obj. 1.1:</b> To ensure commitment among 500 legislators, key policy makers, community and religious leaders, to support SRHR by 2020	<b>Obj. 1.2:</b> To engage and empower 2,000 SRHR Advocates with skills to influence prioritization of SRHR policy and resource allocations by 2020	<b>Obj. 2.1:</b> To engage 24 groups of youth, women and men as agents of change in SRHR by 2020	<b>Obj. 2.2:</b> To enable 250,000 young people to access comprehensive sexuality education and realize their sexual rights by 2020	<b>Obj. 3.1:</b> To deliver 600,000 non-discriminatory, rights based and free integrated services annually to youth, women and men by 2020	<b>Obj. 3.2:</b> To enable 1,000,000 SRH services through public and private health providers including civil society organizations by 2020	<b>Obj. 4.1:</b> To diversify and increase the current funding levels by 100%, by 2020	<b>Obj. 4.2:</b> To enhance internal operational and financial systems for increased effectiveness by 2020	<b>Obj. 4.3:</b> To create an attractive and conducive work environment by 2020	<b>Obj. 4.4:</b> To revitalize our volunteerism program to attract, effectively engage and retain at least 1,200 active members by 2020
Priority Activities	<b>Legislators, policy makers, community and religious leaders:</b> <ul style="list-style-type: none"> <li>Identify SRH stakeholders, partners, and their profiles.</li> <li>Organize a stakeholder advocacy forum to identify the prevailing SRH advocacy issues.</li> <li>Develop Advocacy guidelines</li> <li>Conduct assessment of SRHR policy environment</li> <li>Identify key policy issues to be reviewed</li> <li>Develop policy briefs</li> <li>Conduct joint stakeholder campaigns to increase awareness on SRH rights</li> <li>Lobby and engage social cluster committee to be advocates of SRHR issues</li> <li>Organise regular quarterly meetings</li> <li>Organise community gatherings</li> </ul> <b>Resource allocation:</b>		<b>SRHR agents:</b> <ul style="list-style-type: none"> <li>Identify 3 groups of youth, women and men in each of the eight districts</li> <li>Conduct training needs assessment for SRHR advocates</li> <li>Develop training materials</li> <li>Organise training</li> </ul> <b>Comprehensive Sexuality Education:</b> <ul style="list-style-type: none"> <li>Organize regular monthly meetings with the Ministry of Education to review the existing</li> <li>Develop a revised Sexuality Education Curriculum</li> <li>Develop CSE materials</li> <li>Organise training of facilitators on CSE</li> <li>Distribute CSE materials resources.</li> <li>Develop CSE communication plan and schedule</li> </ul> <b>Access:</b>		<b>Initiate internships for graduate nurses:</b> <ul style="list-style-type: none"> <li>Develop an internship and fellowship program</li> <li>Organise placements</li> </ul> <b>Doctors' plaza model:</b> <ul style="list-style-type: none"> <li>Develop a social franchising and associate clinic models</li> <li>Develop strategies to venture into social franchising and associate clinic model.</li> <li>Develop a resource mobilisation plan</li> <li>Develop a referral network of service providers – franchisees, partners etc</li> </ul> <b>Community based services (community based, public and private providers):</b> <ul style="list-style-type: none"> <li>Develop a community based services strategy</li> <li>Conduct a needs assessment</li> <li>Develop training materials</li> <li>Organise training and retraining of</li> <li>Develop a service contract</li> <li>Identify retired nurses; community</li> </ul>		<b>Diversify and increase the current funding levels by 100%:</b> <ul style="list-style-type: none"> <li>Develop a social franchising and associate clinic models</li> <li>Develop strategies to venture into social franchising and associate clinic models.</li> <li>Organise training on resource mobilization</li> <li>Develop a resource mobilisation and communication plan</li> <li>Develop concept notes to donors, partners and high net worth individuals</li> </ul> <b>Internal operations and financial management systems improvements:</b> <ul style="list-style-type: none"> <li>Organize and undertake systems audit</li> <li>Organize and undertake a systems' and human capacity needs assessment survey</li> <li>Develop a training plan</li> <li>Develop a systems upgrade and maintenance plan</li> <li>Develop internal control</li> <li>Develop a risk management mechanisms procedures</li> </ul> <b>Strengthening volunteer involvement:</b> <ul style="list-style-type: none"> <li>Develop a volunteer program</li> <li>Develop a volunteer engagement and rating/ranking mechanism</li> <li>Develop a system to document and quantify volunteer contribution</li> <li>Develop a volunteer recognition/award mechanism</li> </ul> <b>Attractive and conducive working environment for staff:</b>			

	<ul style="list-style-type: none"><li>Identify civil society and development partners and commit their resources allocations</li></ul> <p><b>SRHR advocates:</b></p> <ul style="list-style-type: none"><li>Develop an internship and fellowship program</li><li>Conduct training needs assessment for SRHR advocates</li><li>Develop training materials</li><li>Organise training</li><li>Organise placements</li></ul>	<ul style="list-style-type: none"><li>Build capacity to provide expanded SRH services through reviewing staffing needs, providing needs-based training for service providers and providing equipment and supplies</li><li>Develop manuals to guide to and ensure adherence to Quality of Care standards and guidelines in service provision</li><li>Produce and disseminate target-group specific IEC/BCC messages and materials</li><li>Develop and implement strategies to market the expanded services</li></ul>	own resource persons; contraceptive depots and CBDs to work with	<ul style="list-style-type: none"><li>Review the current organizational structure</li><li>Review and develop a remuneration package based on current competitive market rates</li><li>Develop a reward system for outstanding individual/group performance</li><li>Develop a recognition systems for excellence</li><li>Organize and undertake staff retreats and team building exercises</li><li>Identify and introduce incentive packages</li><li>Introduce a mentoring and coaching programme</li><li>develop clear guidelines for work responsibilities, promotion practices, and scheduling issues</li><li>Provide mediation and counseling opportunities for employees</li></ul> <p><b>Monitoring and evaluation:</b></p> <ul style="list-style-type: none"><li>Develop integrated M &amp; E systems to respond to internal information needs</li><li>Organise training on data collection for decision making, accountability and learning</li></ul>						
<b>Models of programming</b>	<ul style="list-style-type: none"><li>Lobbying</li><li>Advocacy</li></ul>	<ul style="list-style-type: none"><li>Awareness campaigns</li><li>Advocacy</li><li>Maximise impact through CSE</li></ul>	<ul style="list-style-type: none"><li>Outreach</li><li>Community based distribution</li><li>Mobile facilities</li><li>Static facilities</li><li>Social franchising</li><li>Lobbying</li><li>Advocacy</li></ul>	<ul style="list-style-type: none"><li>Structural reforms</li><li>Operational reforms</li><li>Human capacity development</li><li>Social enterprise</li><li>volunteerism</li><li>Lobbying</li><li>Advocacy</li></ul>						
<b>Target groups</b>	<ul style="list-style-type: none"><li>Legislators</li><li>Key policy makers</li><li>Community and religious leaders</li></ul>	<ul style="list-style-type: none"><li>Young people</li><li>Women</li><li>Men</li></ul>	<ul style="list-style-type: none"><li>3 groups (1 of youth, 1 of women and 1 of men) in each of the eight districts</li></ul>	<ul style="list-style-type: none"><li>In- and out of school youth</li></ul>	<ul style="list-style-type: none"><li>Youth</li><li>Women</li><li>Men</li></ul>	<ul style="list-style-type: none"><li>Public and private health providers</li><li>Civil society organizations</li><li>Community own resource persons</li></ul>	<ul style="list-style-type: none"><li>High profile volunteers</li><li>Donors</li><li>Partners</li><li>High net worth individuals</li></ul>	<ul style="list-style-type: none"><li>Operational and financial systems</li></ul>	<ul style="list-style-type: none"><li>Current staff</li><li>New staff</li></ul>	<ul style="list-style-type: none"><li>New members</li><li>Old members</li></ul>
<b>What will we stop / reduce to implement this strategy?</b>						To increase integrated SRH services, the MA will move away from establishing static clinics in some districts while it will endeavour to enhance the capacity of other agencies and individuals who will be trusted to provide services.				
<b>Organisational implications?</b>						In order to implement the strategy, the MA will increase its resource base in terms of human resource, vehicles, and further partner with other service provider institutions in areas where it seeks to expand SRH services through social franchising. Other positions will be included in the current organizational structure as a way to enable the implementation. Among such positions will be Research Operations, Advocacy, and Resource Mobilization Officers.				

High budget	level	
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## Annex II - Strategic Measurement

Outcome / Objective	Indicators	Targets (expected results)					
		B/line	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
<b>Obj. 1.1:</b> To ensure commitment among 500 legislators, key policy makers, community and religious leaders, to support SRHR by 2020	<b>Impact:</b> <ul style="list-style-type: none"><li>Increased level of support for SRHR</li><li>Increased involvement in realization of SRHR</li><li>SRHR policies and legislation reviewed, or adopted</li><li>Increased national budget allocation for SRH activities</li></ul>						
	<b>Process:</b> <ul style="list-style-type: none"><li>Number of legislators, key policy makers, community and religious leaders involved and supporting SRHR</li><li>SRH incorporated in national development budget;</li></ul>	0	50	100	100	100	150
		8%	10%	12%	13%	14%	15%
<b>Obj. 1.2:</b> To engage and empower 2,000 SRHR Advocates with skills to influence prioritization of SRHR policy and resource allocations by 2020	<b>Impact:</b> <ul style="list-style-type: none"><li>SRHR policy receiving national attention</li><li>SRHR policy reforms</li><li>Increased level of funding for SRHR activities</li><li>Percentage of advocates who completed CSE increase their SRHR knowledge and skills and their ability to influence prioritization of SRHR policy</li></ul>						
	<b>Process:</b> <ul style="list-style-type: none"><li>Number of training session held</li><li>Number of advocates completing the training</li><li>Proportion of SRHR budget allocations</li></ul>		5 400	5 400	5 400	5 400	5 400
		8%	10%	12%	13%	14%	15%
<b>Obj. 2.1:</b> To engage 24 groups of youth, women and men as agents of change in SRHR by 2020	<b>Impact:</b> <ul style="list-style-type: none"><li>Increased knowledge of SRHR issues</li><li>Increased level of behavioral change and attitudes</li></ul>						
	<b>Process:</b> <ul style="list-style-type: none"><li>Number of training sessions held</li><li>Number of people completing the training</li><li>Number of people utilizing SRHR services</li></ul>		3 30 120000	3 30 120000	3 30 120000	120000	120000
<b>Obj. 2.2:</b> To enable 250,000 young people to access comprehensive sexuality education and realize their sexual rights by 2020	<b>Impact:</b> <ul style="list-style-type: none"><li>Percentage of people who completed CSE increases their SRHR knowledge and their ability to exercise their sexual rights</li><li>% increase in access to CSE targeted SRHR services by young people</li><li>Increased % of the exposed target groups has sufficient capacity to make safe and informed decisions</li></ul>						
	<b>Process:</b> <ul style="list-style-type: none"><li>Number of CSE sessions held</li></ul>						

	<ul style="list-style-type: none"> <li>Number of teachers trained</li> <li>Number of young people who have completed a CSE session</li> </ul>	0	50	50 50000	50 50000	50 75000	50 75000
<b>Obj. 3.1:</b> To deliver 600, 000 non-discriminatory, rights based and free integrated services annually to youth, women and men by 2020	<b>Impact:</b> <ul style="list-style-type: none"> <li>Percentage of people knowledgeable about LPPA' integrated services</li> <li>Percentage of targeted SRHR facilities increasingly comply with IPPF standards</li> </ul>						
	<b>Process:</b> <ul style="list-style-type: none"> <li>Number of people utilizing integrated services by age and sex annually</li> <li>Number of services offered per health institution</li> </ul>		120000 3000	120000 3000	120000 3000	120000 3000	120000 3000
<b>Obj. 3.2:</b> To enable 1, 000, 000 SRH services through public and private health providers including civil society organizations by 2020	<b>Impact:</b> <ul style="list-style-type: none"> <li>Improved access to SRH services</li> <li>Increased strength of the SRHR CSE in the public, private and civil society organizations</li> </ul>						
	<b>Process:</b> <ul style="list-style-type: none"> <li>Number of training sessions held</li> <li>Number of people trained and or retrained in SRH by public and private health facilities</li> <li>Number of people accessing SRH services</li> <li>Number of services offered at private and public health institutions</li> <li>Number of performance audits undertaken</li> </ul>	0 0  0	6 20  14	6 20  15	8 20  15	10 20  16	12 20  16
<b>Obj. 4.1:</b> To diversify and increase the current funding levels by 100%, by 2020	<b>Impact:</b> <ul style="list-style-type: none"> <li>Increased capacity for resource mobilization</li> <li>Increased sources of funds</li> <li>% of the budget assigned to SRHR is maintained or increased</li> </ul>						
	<b>Process:</b> <ul style="list-style-type: none"> <li>Percentage change in funding levels achieved annually</li> <li>Number of funding sources</li> </ul>	10 10	50 15	60 20	80 22	90 24	100 24
<b>Obj. 4.2:</b> To enhance internal operational and financial systems for increased effectiveness by 2020	<b>Impact:</b> <ul style="list-style-type: none"> <li>Internal operational and financial systems that meet LPPAs needs and enhance performance</li> </ul>						
	<b>Process:</b> <ul style="list-style-type: none"> <li>Number of operational and financial systems upgraded</li> <li>Number of training sessions held</li> <li>Number of people trained on the use of upgraded systems</li> </ul>	0 0 0	4 4 10	4 0 0	4 4 10	4 0 0	4 4 10
<b>Obj. 4.3:</b> To create an attractive and conducive work environment by 2020	<b>Impact:</b> <ul style="list-style-type: none"> <li>Percentage of staff serving LPPA for at least 5 years</li> </ul>						
	<b>Process:</b> <ul style="list-style-type: none"> <li>Number of staff members leaving LPPA after 5 years</li> <li>Number of new staff recruited and serving for at least five years</li> <li>Number of remuneration reviews undertaken annually</li> <li>Number of staff retreats undertaken annually</li> <li>Number of mentors and coaches appointed</li> <li>Number of incentive packages developed annually</li> </ul>	0 0 0 0 0 0	1 6 1 1 2 1	2 6 1 1 2 1	0 6 1 1 2 1	0 2 1 1 2 1	0 0 1 1 2 1

<b>Obj. 4.4:</b> To revitalize our volunteerism program to attract, effectively engage and retain at least 1,200 active members by 2020	<b>Impact:</b> <ul style="list-style-type: none"> <li>• High level of engagement from volunteers</li> </ul>						
	<b>Process:</b> <ul style="list-style-type: none"> <li>• Number of volunteers actively participating in the program</li> <li>• Volunteer action plans developed and implemented</li> <li>• Volunteer retention strategies developed and implemented</li> </ul>		10	20	30	40	50



### Annex III - Logical framework

#### OUTCOME 1 - Government, donors and development partners committed to supporting SRHR

Objectives	Verifiable Indicators	Means of Verification	Assumptions
<b>Objectives 1.1:</b> To ensure commitment among 500 legislators, key policy makers, community and religious leaders to support SRHR by 2020	<b>Increase in:</b> <ul style="list-style-type: none"> <li>Number of legislators, stakeholders and community leaders who know about and endorse SRHR activities</li> <li>Number of local organizations involved and supporting SRHR</li> <li>Proportion of national development budget allocated for essential sexual and reproductive health package</li> </ul>	<ul style="list-style-type: none"> <li>Signed Memorandum of Understandings</li> <li>Reports</li> <li>Reports</li> <li>Minutes of meetings held</li> <li>Reports</li> </ul>	<ul style="list-style-type: none"> <li>Increased collaboration between LPPA, donors and stakeholders</li> <li>Political stability</li> <li>Policy-makers and planners support SRHR activities</li> </ul>
<ul style="list-style-type: none"> <li><b>Objective 1.2:</b></li> <li>To engage and empower 2,000 SRH Advocates with skills to influence prioritization of SRH policies and resource allocations by 2020.</li> </ul>	<ul style="list-style-type: none"> <li>SRHR policies receiving national attention</li> <li>SRHR policy reforms</li> <li>Increased level of funding for SRHR activities</li> <li>Percentage of advocates who completed CSE increase their SRHR knowledge and skills and their ability to influence</li> </ul>	<ul style="list-style-type: none"> <li>Amended policy documents</li> <li>National budget allocation/budget speech</li> <li>Activity report</li> </ul>	<ul style="list-style-type: none"> <li>Key messages appreciated and understood</li> <li>Attitudinal and behavioural change will be sustained beyond duration of intervention</li> </ul>

	prioritization of SRHR policy	
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**Outcome 2: 1,000,000 young people, women and men empowered to exercise their sexual rights**

Objectives	Verifiable Indicators	Means of Verification	Assumptions
<b>Objective 2.1:</b> To engage 24 groups of youth, women and men as agents of change in SRHR by 2020	<ul style="list-style-type: none"> <li>• Number of youth, women and men trained in SRHR</li> <li>• Number of youth, women and men involved in SRHR advocacy</li> <li>• Number of people knowledgeable about SRHR</li> <li>• Number of people accessing SRHR services</li> </ul>	<ul style="list-style-type: none"> <li>• Activity reports</li> <li>• Behavioural and health surveillance surveys</li> <li>• Programme impact evaluation reports</li> <li>• Training workshop reports</li> </ul>	<ul style="list-style-type: none"> <li>• Key messages appreciated and understood</li> <li>• Attitudinal and behavioural change will be sustained beyond duration of intervention</li> </ul>
<b>Objective 2.2:</b> To enable 250,000 young people to access comprehensive sexuality education and realize their sexual rights	<ul style="list-style-type: none"> <li>• Number of young people accessing comprehensive sexuality education</li> <li>• Number of schools providing comprehensive sexuality education</li> <li>• % of young people with knowledge of SRHR</li> <li>• % of young people visiting SRH services</li> </ul>	<ul style="list-style-type: none"> <li>• Reports of periodic surveys</li> <li>• Baseline and project reports</li> <li>• Service statistics</li> </ul>	<ul style="list-style-type: none"> <li>• Supply of services sustained beyond duration of intervention</li> <li>• Effective scale-up of activities possible</li> <li>• Key messages appreciated and understood</li> </ul>

**Outcome 3: 4,000,000 quality integrated sexual and reproductive health services delivered**

Objectives	Verifiable Indicators	Means of Verification	Assumptions
<b>Objective 3.1:</b> To deliver 600,000 Non-discriminatory, rights based and free integrated services annually to youth, women and men	<ul style="list-style-type: none"> <li>• % of current users using their first choice of method</li> <li>• Number of new clients recommended by other users</li> <li>• Number of SDPs providing comprehensive Sexual and Reproductive Health services</li> <li>• Number of clients by age and sex provided with comprehensive and target specific SRH services by type of service</li> </ul>	<ul style="list-style-type: none"> <li>• Sample survey of target group</li> <li>• Monthly statistics report</li> <li>• Annual survey of client satisfaction</li> <li>• Reports of periodic surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Attitudinal and behavioural change will be sustained beyond duration of intervention</li> <li>• Communities motivated to be involved</li> </ul>
<b>Objective 3.2:</b> To enable 1,000,000 SRH services through public and private health providers including civil society organizations by 2020	<ul style="list-style-type: none"> <li>• % of providers who demonstrate good understanding and practice of SRHR</li> <li>• Number of clients by age and sex provided with integrated and target specific SRH services by type of service</li> </ul>	<ul style="list-style-type: none"> <li>• Comparison of baseline, mid-term and period end situation analysis results</li> <li>• Provider-client observations</li> <li>• Reports of periodic surveys</li> <li>• Management information systems reports</li> <li>• Clinical records</li> </ul>	<ul style="list-style-type: none"> <li>• Attitudinal and behavioural change will be sustained beyond duration of intervention</li> <li>• Communities motivated to be involved</li> <li>• Policy-makers and planners support the activities</li> </ul>

**Objective 4: High performing, accountable and sustainable organization**

Objectives	Verifiable Indicators	Means of Verification	Assumptions
<b>Objective 4.1:</b> To diversify and increase the current funding levels by 100%, by 2020	<ul style="list-style-type: none"> <li>Proportion of national development budget allocated for essential sexual and reproductive health package</li> <li>Donor funding levels</li> <li>Diversified sources of income</li> <li>Amount of funds raised through mobilization strategy</li> </ul>	<ul style="list-style-type: none"> <li>List of donors</li> <li>Periodic reports</li> <li>Resource mobilization reports</li> <li>Workshop report</li> </ul>	<ul style="list-style-type: none"> <li>Staff is motivated to be involved</li> <li>Political stability</li> <li>Policy-makers and planners support the activities</li> </ul>
<b>Objective 4.2:</b> To enhance internal operational systems for increased effectiveness by 2020	<ul style="list-style-type: none"> <li>Number of operational systems upgrades and maintenance</li> <li>Number of staff trained</li> <li>Number of additional positions in place</li> </ul>	<ul style="list-style-type: none"> <li>Periodic reports</li> <li>Workshop training reports</li> <li>Inventory reports</li> <li>Revised organ gram</li> </ul>	<ul style="list-style-type: none"> <li>Staff is motivated to be involved</li> <li>Organogram is reviewed and approved</li> </ul>
<b>Objective 4.3:</b> To revitalize our volunteerism to attract, effectively engage and retain at least 1, 200 active members by 2020	<ul style="list-style-type: none"> <li>Number of newly registered volunteers</li> <li>% of old volunteer members</li> <li>Number of volunteers working in SRHR,</li> <li>Number of volunteers trained in SRHR</li> <li>Number of men and women</li> </ul>	<ul style="list-style-type: none"> <li>Comparison of Baseline and survey results</li> <li>Personnel records</li> <li>Project documentation, annual reports, financial and administrative records</li> <li>Volunteer register</li> </ul>	<ul style="list-style-type: none"> <li>Volunteers are motivated to be involved</li> </ul>

	enrolled in SRHR interest groups		
<b>Objective 4.4:</b> To create an attractive and conducive working environment for staff by the year 2020	<b>Increase in:</b> <ul style="list-style-type: none"> <li>• Supervisory support</li> <li>• Good relations with co-workers</li> <li>• Productivity</li> </ul> <b>Provision of:</b> <ul style="list-style-type: none"> <li>• Competitive and market-related remuneration packages to employees</li> <li>• Adequate and accurate recognition of the knowledge, skills, competencies and experience of employees and commensurate rewards</li> </ul> <b>Promotion of:</b> <ul style="list-style-type: none"> <li>• Transparency through sharing information about compensation practices, pay rates criteria and how they are determined</li> <li>• Staff training and development</li> <li>• Adequate workloads</li> </ul>	<ul style="list-style-type: none"> <li>• Human Resource Reports</li> <li>• Productivity reports</li> <li>• Annual survey of staff satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• Staff is motivated to be involved</li> </ul>

	<p><b>Application of:</b></p> <ul style="list-style-type: none"><li>• Equitable methods, procedures and practices for compensating, recognizing and rewarding employee contributions.</li><li>• Fairness in methods, procedures and practices for compensating, recognizing and rewarding employee contributions.</li></ul>		
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## **Annex IV - Monitoring and Evaluation**

Monitoring, evaluation and reporting will form the foundation of LPPA's accountability. We will ensure with measurable indicators that interventions have the desired effects on process, outputs, outcomes, effect and impact. For the many of the outcome indicators in the Strategic Plan, baselines will be established as well as clear plans for continued monitoring of these indicators. In addition, we develop a succinct list of indicators that will be utilized to monitor SRH programmes which may provide additional support to enhance monitoring of output level indicators. Sufficient resources will be allocated for these activities.

Insofar as possible, data will be obtained from routine sources, provided they are reviewed for optimal performance. Simplification, relevance and reliability will be the key principles for data collection, with a constant view towards the utilization of these data for identifying gaps and changing procedures or approaches to service delivery. The data will be analyzed to track changes against the project's logical frameworks, workplans, time schedules and budgets.

SRH-based surveys will be organized in a way that allows a wide range of distribution variables, such as age, sex, geographic location, and socio-economic status. Whenever possible, disaggregated data will be collected based on these distribution variables. SRH-based surveys will be performed at regular intervals and with consistent methodologies, so that trends can be identified and analyzed.

The key monitoring tools will include the monthly, quarterly and annual reports of all organizational units. The collected information will be analyzed annually, shared with all LPPA staff and reviewed by the Executive Committee and the regional office. In addition, LPPA we will track and measure progress through a rigorous monitoring and evaluation system, including regular monitoring, reviews, outcome and thematic evaluations, research and assessments, where feasible. Mid-term and final evaluation will be conducted at the end of the third and fifth year respectively to measure both the process and impact indicators. External consultants will be engaged to undertake the evaluation.

Particular care will be given to monitoring the efficiency, relevance and sustainability of our programmes. This kind of monitoring will aim to determine whether optimal use of resources (human, financial and technological resources and time) is being made to achieve the objectives and resultant outcomes.