

SATHI SAMUHA STRATEGIC PLAN 2011-2013



Foreword

Sathi Samuha (SS) is a Non-Governmental Organization serving people who use drugs, people living with HIV & AIDS as well as the general community in Nepal. Founded in February 2006, it is officially registered under the District Administrative Office and affiliated to the Social Welfare Council. The organization was formed by energetic and concerned individuals to respond to HIV and AIDS scourge among the people who use drugs (PWUDs), support people living with HIV/AIDS (PLWHAs) and the society at large. Sathi Samuha has initiated a number of projects and programs in order to provide health, HIV/AIDS and livelihood services to PWUDs, PLWHAs and the community through prevention, treatment, care and support interventions, harm reduction services as well as advocacy initiatives to promote greater access to social and health services as well as human rights.

Currently, Sathi Samuha runs three drop in and one exchange center, offering harm reduction services to injecting/drug users and community care center for people living with and affected by HIV & AIDS through partnership with Save the Children (P.R) under GFATM round-7 HIV and AIDS program in Kathmandu district. Sathi Samuha provides NSP service, BCC outreach and home based care services, while counseling, PHC, condom distribution, nutritional support to PLWHAs, family/community sensitization, ART observation & management are some of the key services provided to PLWHAs, PWUDs and the local community. Since registration, Sathi Samuha has worked closely and mobilized resources both locally and from key partners such as UNDP, UNODC, Save the Children, ITPC, G.o.N, RN, NAP+N and VSO-Nepal.

The main challenge of Sathi Samuha has been to meet the expansive and even the strategic other than just immediate needs of its target groups –PLWHAs, PWUDs and the community in general due to limitations in resources and organizational capacity. Taking these into account, the organization has developed this Three Year Strategic Plan (2011 -2013). It's the first longer term plan or strategy designed to give SS a clear focus and bearing. The development of the plan involved the participation and inputs/feedbacks of staff, board, beneficiaries (community representative), our networks and donors such as Recovering Nepal, Save the Children and Asian Network of People who use Drugs (ANPUD) as well as the financial and technical support from VSO Nepal.

I wish to express my deep gratitude to all who participated in the preparation of this Three Year Strategic Plan. It's our hope that this Strategic Plan serves as a framework for decisions, as a basis for detailed plans, for a performance monitoring and as a building block for future plan. Armed with clear Vision, Mission, Goals,

Objectives and strategies and if we work to implement this strategic plan in an efficient, effective, transparent and accountable manner S.S will grow from strength to strength and our target groups' health and livelihood would be improved.

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Binod Gurung,
Executive Director

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Mr. Subash Rai,

Secretary

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS – Acquired immuno-deficiency syndrome.

ART– Anti-retroviral therapy

BCC- Behavior change communication

DACC –District AIDS Co-ordination Committee

DGP – Drug Control Program

DIC – Drop in Centre

FHI – Family Health International

FIDU – Female injecting drug users

GFATM- Global fund to fight AIDS, Tuberculosis and Malaria

HIV – Human immuno-deficiency virus

IDU- Injecting drug user

M&E – Monitoring and Evaluation

NAP+N- National Association of People Living with HIV/AIDS in Nepal

NCASC –National Center for Aids and STD Control.

NSEP– Needle syringe exchange programme

ORW – Out reach worker

OST – Oral Substitution Therapy.

OVCs- Orphan and vulnerable children

PLWHAs – People living with HIV/AIDS

PWUDs – People who use drugs.

RN – Recovering Nepal

SS – Sathi Samuha.

STI – Sexually Transmitted Diseases.

TB – Tuberculosis.

UNDP – United Nations Development Program

UNODC – United Nations Office of Drugs and Crime

VCT –Voluntary Counseling and Testing

VSON – Voluntary Service Overseas-Nepal

WHO- World Health Organization

EXECUTIVE SUMMARY

This is the first Sathi Samuha's strategic plan since registration in 2006. The strategic planning process started with months of internal and external consultations among Sathi Samuha's staff and the stakeholders and culminated into a three day planning workshop facilitated by VSO Nepal. The plan has been designed to carry on the ongoing initiatives, respond to new areas of demands and strengthen Sathi Samuha's Internal Capacity. The participants in the planning process drawn from the staff, board, beneficiaries (community) reviewed the organizational achievements since inception, reflected the organizational history, mandate the current and emerging needs and proposed the following areas for the current plan:

- **Treatment, care and support-** Provision of safe and comprehensive HIV & AIDS services to PWUDs and PLWHAs.
- **Advocacy-**For Human & Health rights for PWUDs and PLWHAs.
- **Outreach Program-** To identify PWUDs & PLWHAs and offer prevention, harm reduction, care and support services.
- **Finance and Administration-** To Manage Finance & Administration of organizational programmes

The choice of these areas is based on Sathi Samuha's past experiences, lessons learned and emerging needs such as the need to broadly focus on health and its linkages with HIV/AIDS, harms reduction and rights issues related to treatment access and human justice. The plan recognizes the need to relate with and take advantage of organizational strengths, minimize its weaknesses and capitalize on opportunities; current and emerging. The need to take steps to reduce threats, harness organization's resources and direct them towards achieving organization's Mission are well recognized by this plan. In order to effectively continue implementing programs activities, Sathi Samuha will continue to strengthen its internal capacity to meet new challenges.

This plan also prioritizes and documents organizational goals to be accomplished in the next three years, allocates resources and clearly defines the activities to be implemented in the period. The strategic objectives describe the strategic conditions that Sathi Samuha intends to achieve within the stipulated time. Long term funding has remained a limiting factor for Sathi Samuha's drive to initiate long-term projects. Under this plan, Sathi Samuha proposes to seek longer-term financing arrangements.

Its development is viewed as one way of sharing with other development actors in the region our plans and strategies in the next three years. Its launch is an advent of a new phase of Sathi Samuha's commitment and dedication to war against HIV, AIDS and health challenges facing by PWUDs, PLWHAs and the larger community in Nepal. Support from the Community, Government, Donors, target groups and adherence to the core values and shared principles are the bench marks in implementing this strategic plan in our fight against HIV/AIDS, health challenges and poverty.

1 External Strategic Context

1.1 Introduction: National and Local Context of HIV/AIDS and Health

Since the first AIDS case was reported in Nepal, HIV epidemic has evolved from a 'low prevalence' to a 'concentrated epidemic' where HIV spread in a sub-population but not well established in the general population. Nepal estimates 63,528 HIV infections for 2009 with adult HIV prevalence 0.39%. This includes 3,544 children within 0-14 years and 59,984 individuals with age 15 years and above (NCASC 2009 Report). The epidemic in Nepal is primarily driven by risky behavior among the populations groups where HIV prevalence is found. The worse hit target groups include people who use drug (especially IDUs), migrant laborers, MSMs and sex workers. Sexual transmission and injecting drug use are major factors in transmission of HIV in Nepal. Estimated number of hard drug users in Nepal is 46,309 (CBS, 2008) with the highest proportion being found in Kathmandu valley (17,458). The infection prevalence among injecting drug users in Kathmandu stands at 21%, (Nepal IBBS 2009).

Availability of drugs due to India-Nepal porous borders and constant harassment by law enforcement agencies compel drug users to hide and shun seeking health services. Challenges of social stigma and discrimination attached to HIV exacerbate vulnerability to HIV especially to Injecting drug users and female sex workers. Vulnerability is also exacerbated by poverty, inequalities, instability as well as high risky behaviors. Awareness of HIV among the most-at-risk populations still remains limited. Reducing transmission among groups driving the HIV epidemic is crucial and needs to remain a focus of the local response. Secondly, increased access and health services by the most –at –risk populations including harm reductions services is crucial in halting and reversing the trend. These include clean needles and syringes, treatments for abscess and STIs, VCT services, access to ART treatment and health treatments related with drugs addictions.

This plan reflects on these challenges and emerging needs. Developed through a participatory process in which stakeholders including board members, partners, Sathi Samuha's management staff and beneficiaries, it identified these critical needs, challenges and came up with the recommended strategies to address them within the next three years after critically reviewing the national and local (Kathmandu valley) challenges and dynamics. It establishes that HIV is a development issue and affects the social, economic status and fabric of the country primarily because it affects the most productive age group. The epidemic is

a public health concern and inflicts social economic challenges and thus our responsibility as Sathi Samuha in continuing in the efforts to fight the scourge while working closely with other development agencies.

1.2 STAKEHOLDER ANALYSIS AND TARGET PARTNERS

Stakeholder management is critical to the success of our organization. Engaging the right people in the right way makes a big difference to our organizational success. Sathi Samuha has identified the key people who have to be won over and plans to build the support that helps it to succeed. By using detailed stakeholder planning tool, the organization plans how to communicate with each stakeholder.

Stakeholders: People who are affected by our work, who have influence or power over it, or have an interest in its successful or unsuccessful conclusion. The following are the stakeholders that Saathi Samuha has identified, their concerns, expectations and how they may influence our work.

Sathi Samuha Key Stakeholders.	Focus (support) Area.	Possible Areas of Collaboration	Status
1. Beneficiaries (PWUDs, PLWHAS, Migrants workers, and General Community)	Service Recipients	Service delivery.	Existing
2. Government Bodies			
- NCASC - HIV/AIDS & STI Control Board - DACC - DCP - Narcotic Drug Control Bureau - MoHA - MYS	Heath, HIV / AIDS response, at the National & District level. Policy Processes – drugs, health, Human Rights, Harms Reduction etc. Youth and Sports program – Awareness and education on HIV, Health and life skills.	Medical support and treatment, policy reviews human rights issues, awareness, prevention & treatment (HIV & Hep C), sports program; Youths engagement.	Existing partners
Hospitals	Medical support & treatment	Medical support & treatment.	
3. INGOs and Donors.			
UNODC	Drugs & Crime, funding	Drug related & Drug led HIV programs & Advocacy events.	Existing partners
Save the Children- Nepal	Children related Issues, Harm reduction, HIV & AIDS, Migrants workers & Education, funding	Harm reduction, HIV & AIDS programs and child related programs.	Existing partners
VSO	Organizational Capacity development support.	Advocacy, Capacity building and skills development.	Existing partners
UNDP	Development program -	Health, HIV & AIDS	Potential

	Funding.	treatment, care and support programs,	
• FHI	Health related programs-Funding.	VCT/ STI & Positive prevention programs	Potential
• World Bank	Development programs – HIV/AIDs, Health- Funding.	Health and HIV & AIDS programs.	Potential
• UNIFEM	HIV & AIDS, Drugs, FIDU's, Harm Reduction –Funding.	Female IDUs & PLWHAs programs	Potential
• WHO	Research & Technical support.	Research –Health.	Potential
• GTZ	Back-up Initiative Support	Scaling-up, OST & Other services.	Potential partners
4. Networks (RN, NAP+N, NANGAN, NFWLHA)	Advocacy & Networking	Advocacy, Networking & Coordination.	Existing Partners
5. Community Based Organizations.	Treatment, prevention care & support, Awareness and sensitization programs.	Referrals, networking & coordination.	Existing Partners
6. Media	Campaigns, Promotion & advertisements.	Advocacy, sensitization, awareness programs	Existing Partners
7. Local clubs	Voluntary programs	Volunteer work, and local resources mobilization	Potential Partners
8. Schools (private & govt.)	Local volunteers	Documentation, Case study, research, data collection and extra Human resources.	Existing Partners.
9. Private/Business sectors	Corporate Social Responsibility programs.	Funding, events supports	Potential Partners

2 Internal Strategic Context

2.1 History and Mandate

In the year 1990s, drug use trend in Nepal shifted from oral to injecting drug use due to severe law enforcement on illicit oral drugs use such as Brown Sugar and Phensidyle and cheap accessibility of injecting pharmaceutical drugs such as Tidigesic in urban areas. This switch in trend escalated a high risk behavior among injecting drug users such as sharing of non sterile syringes and injecting equipments which resulted to a peak prevalence of HIV among injecting drug users; up to 68% in 2002 and above 90% of Hepatitis C infection.

Confronted with this reality, around 2003 a group of people who used drugs met in a rehabilitation center in the process of drug treatment and agreed to take up some actions. Some had been diagnosed HIV and HCV positive and the others were struggling with social re-integration issues into the society. Stigma and discrimination remained prevalent to PWUDs and PLWHAs while proper drugs, HIV & AIDS treatment, care and support programs' services were limited. Therefore, this group of former drug users decided to work together to address these gaps in Nepal. Hence in February 2006 SATHI SAMUHA (SS) was founded as a Community Based Organization of people who use drugs and people living with HIV and AIDS in Kathmandu- Nepal. It was later officially registered under District Administrative Office and with Social Welfare Council. Since then, the organization has grown and it currently is addressing the HIV/AIDS, health and livelihood needs of its target population (PWUDs, PLWHAs and the general community).

2.2 Vision, Mission and Core Values

The Vision, Mission Statements and Core values of Sathi Samuha have been revised to reflect the new and expanded portfolio of activities including broader focus on health and livelihood support while retaining the original organizational mandate.

2.3 Vision of Sathi Samuha

Our Vision is: ***'To contribute to a society where PLWHAs and those who use drugs have equal rights and access to quality health care and are able to live in a environment free from stigma & discrimination'.***

2.4 Mission of Sathi Samuha

Our mission is *'We are a Non-Governmental Organization which exists to ensure that all PLWHAs & PWUDs have access to health care and live a dignified life. We do this through prevention, referral for treatment, care & support; harm reduction, awareness and advocacy'*.

2.5 Core Values

- Confidentiality
- Friendly and Respectful
- Team work
- Integrity
- Trust

Overall Goal

To reduce the HIV infections among Most at risk populations to at least 30% within three years.

Objectives

- To reduce HIV prevalence among IDUs in Nepal from 21% to 10% by the end of 2013.
- To mitigate stigma & discrimination and ensure respect for human rights of PLWHAs and PWUDs.
- To improve policy relevance and responsiveness to realities affecting people who use drugs and people living with HIV & AIDS.
- To improve treatment, care and support for PLWHAs & people who use drugs.
- To create and disseminate HIV prevention messages among the most at risk population.

2.6 SWOT ANALYSIS OUTCOME

STRENGTHS	WEAKNESSES
– Participatory decision making – Good networking, coordination and communication. – Focus leadership and team work – Strong sense of ownership of the organization (by and for) – Committed and skilled staff. – Good organizational management – Good relationship with key donors and stakeholders – Ability to generate internal resources and organizational assets. – Active and good board oversight – Community trust and acceptance by the local community. – Young dynamic and energetic members. – Good working relationship with the Government, donors and other development agencies.	– Poor communication or information flow (Timely and relevant) – Limited active involvement of all board members. – Lack of a proper M&E system (internal) – Weaker policy implementation e.g. work place policy. – Weaker system of generating resources for Sathi Samuha's programs – No clear distinction between workplace policy and human resource policy – A lot of informalities – Limited technical capacity (staff) for programs – Slower rate of response to staff queries by the management – Poorer time management – Inadequate funds to deliver services.
OPPORTUNITIES	THREATS
– Participating in national policy processes. – Well placed for regional establishment. – Diversification of Sathi Samuha's programs – Support from INGOs, Donors, Networks and Stakeholders. – Participating in Regional, International, National, conferences and trainings –Learning. – Raising resource from Government – DACC, DCP, MoYs, NCASC and the private sector – Potential for IGAs- initiating income generating programs. – Scaling up service coverage-geographically.	– Short term funding from donors. – Limited community acceptance of Harm Reduction programs especially (Needle/Syringe Exchange Program) and HIV /AIDS programs – Poor relationship with some Government sectors (DACC, Law Enforcement agencies) – Contradictions in the national drug policy with the actual practice – Political instability and Load shedding – Phasing out of HIV/AIDS funding in Nepal by some donors. – Poor prioritization by the Government and limited budget allocation to HIV/AIDS and Drugs program. – Stigma and discrimination and other negative socio-cultural practices.

3. STRATEGIC DIRECTION: OUR FORWARD AGENDA

Given the challenges and opportunities within our operating environment, we have identified the following strategic focus areas:

- **Advocacy program**
- **Treatment, care and support program**
- **Outreach program**
- **Administration & Finance**

Internally, to strengthen the capacity of the organization to achieve greater results in the above strategic focus areas, Sathi Samuha intends to give greater emphasis on:

- **Service Delivery:** Improve the Organizational Effectiveness & Efficiency for Service Delivery.
- **Resource Mobilization:** Harness Organizational Potential and Mobilize Resources for Effective Programmes and Service Delivery.
- **Partnerships & Collaborations:** Build Strong Partnerships with Donors, Private Sector, Community and Government Bodies for better service delivery.

3.1 SETTING STRATEGIC DIRECTIONS: Strategic Goals, Objectives and Activities.

SATHI SAMUHA STRATEGIC PLAN (2011-2013)		
Strategic Goal 1: Provide Safe and Comprehensive HIV/AIDS Services to People Who Use drugs and PLWHAs.		
OBJECTIVES	EXPECTED RESULTS	ACTIVITIES
To reduce blood borne Infections among PWUDs and the general population (Prevention).	• Improve Access to HIV/Health Services to the target groups. • Scaling up prevention services and promoting harms reduction services.	• Initiate Oral Substitution Therapy/Establish mobile VCTs. • Conduct day to day Outreach services – Referrals, follow-ups for treatments. • Mobilize Peer Educators for Education, information on health care management, safer sex etc. • Condom distribution and demonstration. • Provide /Distribute Needle and Syringes and provide Exchange services • Publication and Dissemination of the IEC materials • Provide Counseling Services /family/individual/group/peer • Conduct BCC session with clients at the DICs and CCCs. • Conduct FGD sessions with target groups in spots areas. • Organize and conduct Media Campaigns programs/T.V/ F.M/ Radio • Offer Referrals for STI, VCT services. • Sensitize drug users and community to come for VCT services.
To support Treatment, Care and Support services for PLWHAs, PWUDs and OVCs.	• Ensure access to continued services for quality and healthy living of PLWHAs and PWUDs.	• Support PLWHAs with Hospital Aid Assistance and medical examination. • Provide HBC services -Adherence to ART, Counseling services, nutrition information and referrals. • Offer - Community care center services with referrals • Enroll PLWHAs in ART.

	• Positive living and Social Reintegration of PLWHAs & PWUDs. • Increased care and quality support for the infected and affected drug users by HIV & AIDS.	• Provide Counseling for family, individuals and groups/peer. • Provide Nutritional Support for PLWHAs. • Provide PHC/ Minor medical support for PLWHAs and PWUD. • Support in Opportunistic Infections Management – Medical examination. • Conduct BCC sessions • Conduct Community Sensitizations. • Provide psycho social support to PLWHAs and families
To Mitigate Stigma and Discrimination and ensure respect of Human Rights. (Awareness).	• Communities have knowledge on HIV/AIDS and Drug Abuse. • Enhanced Social Reintegrating. • Mitigate Stigma And Discrimination	• Publication and Dissemination of the IEC Materials. • Organize Media campaign Programs (Electronic and Newspapers). • Organize and Conduct Drama/Street as well as documentary shows. • Conduct Community sensitization

SATHI SAMUHA STRATEGIC PLAN (2011-2013)

Strategic Goal 2: Improve the Health and Well Beings of People Who Use Drugs and PLWHAs

OBJECTIVES	EXPECTED RESULTS	ACTIVITIES
To support Health and Harm Reduction services for PWUDs and PLWHAs.	• Accessibility of HIV/AIDS and Harm Reduction Services and better opportunities for livelihoods to our target groups.	• Initiate Income Generating activities and support with seed money. • Conduct Skills Development Training (screen print, driving, basic computer course, candles making and handicrafts etc. for the indentified target members).

	- Improved quality life of PLWHAs and PWUDs - Counseling and psychological and social support offered to the infected and affected.	- Provide Harm Reduction Services (Needle/Syringe Exchange Program- Condoms Distribution, Family Counseling, individual and group/peers). - Provide Primary Health Care services. - Offer Referral services to clients. - Organize; conduct meetings and interaction forums with stakeholders and Government. - Family visits/follow-ups for the infected and affected. - Provide Home based care service and HBC trainings - Continued advocacy for the rights to treatment access to drugs by PLWHAs and PWUDs.

SATHI SAMUHA STRATEGIC PLAN (2011-2013)		
Strategic Goal 3: Advocacy for Human and Health Rights of People who use drugs and PLWHAs.		
OBJECTIVES	EXPECTED RESULTS	ACTIVITIES
To increase the involvement of drug users and PLWHAs in planning, implementation and decisions making regarding health, harm reduction and HIV & AIDS programs.	- Increased participation or Greater Involvement of People Living with HIV/AIDS and Drug Users in policy development and reviews. - Enhanced public support for activities and policies regarding Human, Health and HIV/AIDS Rights.	- Documentation of rights violations of drug users and PLWHAs. - Participation in World Aids Day, World Drugs Day, Hepatitis C day, Candle light memorials. - Development and dissemination of IEC materials. - Training in Mainstreaming and advocacy for the staff. - Awareness campaigns for target groups' rights and conduct orientations on the rights of PLWHAs and PWUDs.

To improve policy relevance and responsiveness to realities affecting people who use drugs and PLWHAs.	Voices and concerns of PLWHAs and PWUDs are addressed favorably to policy change.	- Participate in National Policy & Strategy meetings and provide inputs/feedbacks representing PWUDs & PLWHAs. - Network with key Donors, Government, Private sectors and Stakeholders. - Identify key Government policies and familiarize the staff.
To foster re-integrations and reduce stigma and discrimination of PWUDs and PLWHAs.	Changed Community perceptions and wrong attitude towards PLWHAs and PWUDs.	- Conduct community awareness and sensitization programs. - Documentation of DUs and PLWHAs rights violation. - Collaboration with media, networks, clubs youth groups. - Development and dissemination IEC materials on Stigma and Discrimination.
To improve the health and human rights environment of PWUDs and PLWHAs.	- Accessible free treatment for all PWUDs and PLWHAs. - Reduced blood borne infections.	- Conduct Mass media Awareness Events. - Participation in national Action Planning. - Lobbying with Donors, other key stake holders and Government for free health services of PLHAs and PWUDs. - Publication and Dissemination of the IEC materials

SATHI SAMUHA STRATEGIC PLAN (2011-2013)

Strategic Goal 4: Build Strong Partnerships with Donors, Community, Private Sector and Government to further Organizational Mission and Goals.

OBJECTIVES	EXPECTED RESULTS	ACTIVITIES
To build strong linkages with donors and actors working in Health, HIV/AIDs and Harm	Enhanced opportunity for raising resources and organizational capacity development.	- Mapping out key donors and partners and developing strategies of approaching them. - Develop Sensitization programs – for the private sector (CSR).

Reduction.	Improved organizational resource capacity with the subsequent improved service delivery.	- Sharing information's and data, - Media dissemination (PSA, Jingles) etc - Use celebrities to organize fund raising events.
To improve external coordination, collaboration and planning of HIV, Health and harm reduction interventions.	- Reduced duplication of efforts. - Improved targeting of PLWHAs and PWUDs. - Enhanced organizational learning	- Network with local organizations and Stakeholders. - Participate in coordination meetings and active involvement of networks activities. - Attend government planning meetings.
To Improve networking, harmonization, Joint planning, collaboration and consultation Mechanisms with other stakeholders.	Improved and Better resources targeting, sharing of ideas and experiences	- Networking, information sharing's, Seek new partnerships - Organize coordination meetings.

SATHI SAMUHA STRATEGIC PLAN (2011-2013)

Strategic Goal 5: Improve Organizational Effectiveness and Efficiency for Improved Service Delivery.

OBJECTIVES	EXPECTED RESULTS	ACTIVITIES
To establish and strengthen internal systems and enhance organizational efficiency and effectiveness	- Efficient, transparent and computerized financial system in place. - Effective administrative management established.	- Procurement of advanced computerized financial system tools. - Review and implement (Institutionalize) the financial policy and procedure. - Develop a yearly implementation plan for this strategic plan. - Review workplace and human resource policy.
Develop organizational Website /Blog and enhance visibility.	Accessibility to information, research and data collection of SS for other INGOs/ EDPs to support organization's work.	- Install internet in the office to all computers. - Develop organization blog and or web-site. - Hire an IT Expert for the development, support and

Institutionalized internal result based Monitoring and Evaluation System.	Collective, timely and regular self assessment of performance and outcomes of projects and programmes.	review/update of the web-site/blog. - Conduct M&E Training to all staff. - Development of quarterly progress reports. - Development of Mid-term and End of Projects evaluation reports. - Participatory Monitoring and Evaluation - Derive lessons from the M&E reports and take action accordingly.
Organizational Capacity Development inclusive of Human Resource management.. (Recruit, develop, retain, and recognize high performing and diverse personnel in the Organization)	- Improved human resource management - Identified staff's professional development needs and ways of meeting these needs.	- Conduct Staff trainings needs analysis/ assessment. - Seek resources for their trainings. - Develop staff development and trainings plans based on identified gaps. - Conduct training of staffs on the identified areas - Review of office policies. - Institutionalize Internal M&E system
SATHI SAMUHA STRATEGIC PLAN (2011-2013)		
Strategic Goal 6: Harness Organizational Potential and Mobilize Resources for Effective Programmes and Service Delivery.		
OBJECTIVES	EXPECTED RESULTS	ACTIVITIES
To improve the resource situation of Sathi Samuha	Expansion in Services availability for our Target groups and wider coverage.	- Develop a resource Mobilization Plan. - Initiate a local resource mobilization (internal/external) - Scale up interventions and expand geographically and increase target numbers. - Board members to play a pro-active role in seeking long-term resources.
To enhance organizational financial stability, program viability and ensure organizational sustainability	Resource capacity broadened to ensure provision of health, HIV and Harm Reduction services.	- Training in Proposal development and raising organizational Resources. - Mapping out potential donors(funding bodies) and

	Enhance sustainability of Projects	developing strategies of approaching these donors(local and international) - Identifying and approaching the private sectors to motivate them to contribute small amount of money for us to carry out prevention/awareness whilst reminding them their Corporate Social Responsibilities. - Conduct yearly resources analysis -statements of resources available for development of Sathi Samuha, what resources are available to implement goals and objectives of Sathi Samuha.

SATHI SAMUHA STRATEGIC PLAN (2011-2013)		
Strategic Goal 7: Livelihood Support to People Who Use Drugs and PLWHAs.		
OBJECTIVES	EXPECTED RESULTS	ACTIVITIES
To improve the quality of life of the affected and infected by HIV & AIDS(focus on PWUDs) and their families	- Socio-economic status of the infected and affected by HIV & AIDS improved. - Nutritional Support extended to PLWHAs.	- Support PLWHA through Nutrition and alternative means of livelihoods. - Seek with external support to initiate Income Generating Activities or programs or livelihood programs for our PLWHAs clients. - Conduct Skills Development Training (screen print, driving, basic computer course, candles making and handicrafts etc. for the indentified target members.

4.0 IMPLEMENTATION MATRIX AND FINANCIAL PROJECTIONS (BUDGET)

GOALS & OBJECTIVES	ACTIVITIES	TIME FRAME & COSTS (Nepali Rupees)		
		Year 1 Cost	Year 2 Cost	Year 3 Cost
Goal 1:Provide Safe and comprehensive HIV/AIDS services to PWUDs , PLWHAs and OVCs				
Objectives:	Initiate mobile VCT.	25000	150000	165000
To reduce the blood borne Infections among the PWUD and the general Population (Prevention)	Conduct day to day Outreach services – Referrals, follow-ups for treatments.	3120000	3432000	3775200
	Mobilize Peer Educators for Education, information on health care management, safer sex etc.	231000	254100	279510
	Condom demonstrations and Distribution.	1800000	1980000	2178000
	Distribute Needle and Syringes and provide Exchange services	Provided by UNDP	Provided by UNDP	Provided by UNDP
	Publication and Dissemination of the IEC materials	300000	330000	363000
	Provide Counseling Services /family/individual/group/peer	2000	2200	2420
	Conduct BCC session with clients at the DICs.	5000	5500	6050
	Conduct FGD sessions with target groups in spots areas.	24000	26400	29040
	Organize and conduct Media Campaigns programs/T.V/ F.M/ Radio	20000	300000	330000
	Offer Referrals for STI, VCT services.	20000	22000	24200
Sub Total (1)		5,547,000	6502200	7152420
To provide Treatment, Care and Support services to PLWHAs, PWUDs and OVCs	Support PLWHAs with Hospital Aid Assistance and medical examination.	25000	27500	30250
	Provide care & support to OVCs	1642500	1724625	1897088
	Provide CHBC services	63000	69300	76230
	Offer Referrals - community care center/rehabilitation/	2000	2200	2420
	Enroll PLWHAs in ART.	1315650	1447215	1591936.5
	Provide Counseling for family, individuals and groups/peers	-	-	-
	Provide Nutrition Support for PLWHAs	108000	118800	130680
	Provide Primary Health Care/ Minor medical support for PLHAs and PWUDs.	18000	19800	21780

	Support in Opportunistic Infection management – Medical examination.	5000	5500	6050
	Conduct BCC session	-	-	-
	Conduct Family orientation and Community Sensitizations.	60000	66000	72600
Sub Total (2)		3239150	3480940	3829034.50
Mitigate Stigma and Discrimination and ensure the enjoyment of Human Rights (Awareness).	Publication and Dissemination of the IEC Materials.	20000	200000	220000
	Organize Media campaign Programs (Electronic & Newspapers).	20000	300000	330000
	Organize & Conduct Drama/Street and documentary shows.	20000	50000	55000
	Conduct Community sensitization	15600	17160	18876
	Organize Health Camps.	20000	75000	82500
Sub Total (3)		95600	642160	706376
TOTAL COST		8881750	1062530	11687830.50
Goal 2: Improve the Health and Well Beings of PWUDs and PLWHAs				
Objectives	Activities	Year 1 Cost	Year 2 Cost	Year 3 Cost
Provision of Health and Harm Reduction services for PWUDs and PLWHAs	Initiate Income Generating activities and support with seed money.	20000	200000	240000
	Skills Development Training (screen print, driving, basic computer course, candles making and handicrafts etc.	20000	200000	240000
	HR Services (NSEP- Condom Distribution/ Counseling – family, individual, group/peers.	-	mentioned above	Mentioned Above
	Provide Primary Health Care services.	-	mentioned above	Mentioned Above
	Offer Referral services.	-	mentioned above	Mentioned Above
	Organize and conduct meetings and interaction forums with stakeholders and Government.	100000	120000	144000
Total Cost		140000	520000	624000
Goal 3: Advocacy for human and health rights of PWUDs and PLWHAs.				
Objectives	Activities	Year 1 Cost	Year 2 Cost	Year 3 Cost
To increase involvement of PWUDs and PLWHAs in planning, implementation	Documentation of rights violations of PWUDs & PLWHAs.	-	10000	11000
	Participation in world Aids Day, World Drugs Day, Hepatitis C day, Candle light memorials.	-	100000	110000

and decisions making of health, harm reduction and HIV services.	Development and dissemination of IEC materials.	Mentioned above	-	-
	Training in advocacy for the staff.	2000	100000	110000
	Awareness campaigns for target groups rights.	-	20000	22000
	Conduct orientations on the rights of PLWHAs and PWUDs.	-	10000	11000
Sub Total		2000	240000	264000
To improve policy relevance and responsiveness to realities affecting people who use drugs and PLWHAs.	Conduct trainings on Lobby and advocacy to the target groups.	-	75000	82500
	Network with key Donors, Government, Private sectors and Stakeholders.	-	-	-
	Identify key government policies and familiarize the staff.	-	-	-
Sub Total		-	75000	82500
To foster re-integrations and reduce stigma and discrimination of PWUDs and PLWHAs.	Conducting community awareness and sensitization programs.	-	-	-
	Documentation of PWUDs and PLWHA rights violation.	-	-	-
	Collaboration with media, networks, clubs youth groups.	-	-	-
	Development and dissemination IEC materials on Stigma and Discrimination.	-	100000	100000
Sub Total		-	100000	100000
To improve the health and Human rights of PWDUs and PLHA.	Conduct Mass media Awareness Events.	5000	200000	220000
	Participation in national Action Planning's.	-	-	-
	Lobbying with Donors, other key stake holders and Government for free health services of PLHAs and PWUDs.	-	-	-
	Publication and Dissemination of the IEC materials	-	-	-
Sub Total		5000	200000	220000
TOTAL		7000	615000	666500
Goal 4: Build strong partnerships with Donors, community, private sector and Government to further the organizational Mission and Goals.				
Objectives	Activities	Year 1 Cost	Year 2 Cost	Year 3 Cost
To build strong linkages with donors and actors working in Health, HIV/AIDs and Harm Reduction.	Mapping out key donors and partners and developing strategies of approaching them.	-	-	-
	Develop Sensitization programs for the private sector (CSR)	3000	30000	33000
	Sharing information's and data,	-	25000	27500
	Media dissemination (PSA, Jingles) etc	30000	33000	36300
	Use celebrities to organize fund raising events.	10000	200000	220000

Sub Total		43000	288000	316800
Improve coordination & planning of HIV, Health & Anti-poverty interventions.	Participate in coordination meetings and active involvement of networks activities.		-	-
Improve networking, harmonization, Joint planning, collaboration & consultation Mechanisms with other stakeholders.	Networking, information sharing's,	-	-	-
	Seek new partnerships	-	-	-
	Organize coordination meetings.	30000	33000	36300
Sub Total		30000	33000	36300
Total		73000	321000	353100
Goal 5: Improve the organizational effectiveness and efficiency for service delivery				
Objectives	Activities	Year 1 Cost	Year 2 Cost	Year 3 Cost
To establish and strengthen internal systems and enhance organizational efficiency and effectiveness	Procurement of advanced computerized financial tools.	-	-	-
	Review and Institutionalize and implement financial policy and Procedures in Practice	-	-	-
	Develop a yearly implementation plan for the strategic plan.	75000	100000	110000
	Review workplace and human resource policy.	-	-	-
Develop organizational Website /Blog and enhance visibility.	Internet in the office to all computers.	33900	33900	33900
	Develop organization blog and web-site.	-	25000	
	Hire an IT Expert for the development, support and review/update of the web-site/blog	-	36000	36000
Sub Total		108900	194900	179900
Institutionalized internal result based Monitoring and Evaluation System.	M&E Training all staff.	-	120000	150000
	Development of quarterly progress reports.	-	-	-
	Development of Mid-term and End of Projects evaluation reports.	-	-	-
	Participatory Monitoring and Evaluation	-	-	-
Sub Total		-	120000	150000
Capacity development of staffs.	Staff trainings needs analysis.	2000	2000	2000
	Seek resources for their trainings.	1000	-	-
	Training of staffs on the identified areas.	-	-	-
Sub Total		3000	2000	2000

Total		111900	316900	331900
Goal 6: To harness organizational potential and mobilize resources for effective programmes and service delivery.				
Objectives	Activities	Year 1 Cost	Year 2 Cost	Year 3 cost
To improve the Resource situation of Sathi Samuha	Develop a resource Mobilization Plan.	-	-	-
	Initiate a local resource mobilization (internal/external)	-	-	-
	Scale up interventions and expand geographically and increase target numbers.	-	-	-
	Board members to play a pro-active role in seeking long-term resources.	-	-	-
To enhance organizational financial stability, program viability and ensure organizational sustainability	Training in Proposal development and raising organizational Resources.	-	-	-
	Mapping out potential donors(funding bodies) and developing strategies of approaching these donors(local and internationally)	-	-	-
	Identifying and approaching the private sectors to motivate them to contribute small amount of money for us to carry out prevention/awareness whilst reminding them their Corporate Social Responsibilities.	-	-	-
Goal 7: Economic well being of PWUDs and PLWHAs.				
Objectives	Activities	Year 1 Cost	Year 2 Cost	Year 3 Cost
To improve the quality of life of the affected and infected by HIV(focus on PWUDs) and their families	Support PLWHA through Nutrition and alternative means of livelihoods.	Mentioned above	Mentioned Above	Mentioned Above
People infected and affected by HIV leading quality life.	Seek with external support to initiate IGA s programs or livelihood programs for our PLHAs clients.	-	-	220000
Total			200000	220000
OVERALL TOTAL COST.		9,2 13,650.00	12598,200.00	13,883,330.50

5.0. MONITORING and EVALUATION SYSTEM

It is essential that a Monitoring and Evaluation system is put in place to measure and track performance on implementation of this plan. SS will therefore hold a mirror to itself in assessing the progress towards the implementation of this strategic plan. The organization will analyze periodically to what extent the intended outcomes have been achieved. Quarterly reports will be generated for monitoring purposes. It is further envisaged that the quarterly and yearly reports generated will go along in ensuring that activities are carried out as planned. Monitoring and evaluation will assist in verifying the achievements of outcomes and as a way of learning and improving organizational interventions. This will involve engaging in monitoring outputs and analyzing whether they contributed the outcomes, planned or emerging.

The Monitoring Framework will be hitched on established indicators and systems set up for collecting information relating to these indicators. Sathi Samuha also intends to use participatory monitoring and evaluation of projects' impact, involving our primary beneficiaries of our intervention – PWUDs, PLHAs and other vulnerable populations. Information obtained will be used to improve our interventions focused towards our target groups.

ANNEX A. SUMMARY BUDGET

	GOAL	Financial Year		
		2011	2012	2013
		TOTAL BUDGET (Nepali Rupees).		
Goal 1:	Provide Safe and comprehensive HIV/AIDS services to PWUDs PLWHAs and OVCs	8,88,1750	1,062,530	11,687,830,50
Goal 2:	Improve the Health and Well Beings of PWUDs, PLWHAs and OVCs	140,000	520,000	624,000
Goal 3:	Advocacy for human and heath rights of PWUDs and PLWHAs	7,000	61,5000	66,6500
Goal 4:	Build strong partnerships with Donors, Community, Private sector and Government to further the organizational Mission and Goals.	73,000	32,1000	35,3100
Goal 5:	Improve the organizational effectiveness and efficiency for service delivery	111,900	316,900	331,900
Goal 6:	To harness organizational potential and mobilize resources for effective programmes and service delivery.	-	-	-
Goal 7:	Economic well being of PWUDs and PLWHAs.	-	200000	220000
TOTAL		7,571,150.00	10,873,575.00	11,986,242.50

ANNEX B: ORGANIZATIONAL STRUCTURE

