

THETA STRATEGIC PLAN

2006 - 2010



AFRICAN SOLUTIONS
For African challenges

June 2006

List of abbreviations

AIDS	-	Acquired Immuno Deficiency Syndrome
BHP	-	Biomedical Health Practitioner
BOT	-	Board of Trustees
CST	-	Community Support Team
DOTP	-	District Outreach Training Programme
TMC	-	Traditional Medicine Care
HOD	-	Heads of Departments
HIV	-	Human Immuno deficiency Virus
HRM	-	Human Resources Management
SWOT	-	Strengths, Weaknesses, Opportunities and Threats:
TH	-	Traditional Healer
TCC	-	THETA Care and Training Centre
THETA	-	Traditional and Modern Health Practitioners Together against AIDS and other diseases
THP	-	Traditional Health Practitioner
TM	-	Traditional Medicine
TASO	-	The AIDS Support Organisation
MSF	-	Medicins Sans Frontiers
OVC	-	Orphans and Vulnerable Children
PLHA	-	People Living with HIV/AIDS
STI	-	Sexually Transmitted Infection

Foreword

As HIV/AIDS pandemic continue to exert its effects on mankind, the need for integrated approaches to its management takes the centre stage. More than before, integrating traditional medicine in the existing formal medical systems is becoming a key factor in expanding and improving health care delivery. Amidst stigma associated with traditional medicine practices, THETA (Traditional and Modern Health Practitioners Together against AIDS and other diseases) with the support from its local and international partners has over the years developed strategies to bridge the gap between the two health care delivery systems.

This strategic plan was developed after a through review of the previous programmes with a view of addressing emerging HIV/AIDS challenges. THETA will run new programmes that have emerged as a result of its traditional interventions while consolidating its achievements. The aim is to offer direct services to the poor rural and urban communities.

The strategic plan will be a guide in developing and implementing of all THETA programmes in the next five years. It will be implemented through collaborative and partnership efforts with all THETA stakeholders with a view of contributing to the national goal for a health population.

I wish to extend my appreciation to all those who contributed towards development of this strategic plan and call upon them to support its implementation.

Through THETA, we provide African solutions for African challenges.

Dr. Dorothy Balaba
Executive Director THETA

Executive Summary

Traditional and modern Health practitioners Together against AIDS and other diseases (THETA) is a national non governmental organization that has existed for the last 13 years. Through its training programs, THETA has built the capacity of traditional healers and traditional birth attendants in HIV/AIDS care and prevention. Since 1995, THETA has extended its programs to 17 districts in Uganda.

THETA focuses on building mutually respectful relationships between traditional health practitioners (THPs) and biomedical health practitioners (BHPs). It further strives to improve the capacity of THPs to provide timely and accurate HIV/AIDS information, counseling and treatment for OIs, refer clients to the biomedical health care system for VCT and further follow up, particularly for Uganda's largely rural and indigent population. THETA recognizes the role traditional medicine plays in offering holistic health care to the community that include spiritual, psychological and physiological aspects of human life. Traditional healing system acts as a first line of health care especially for rural communities under-served by the Bio-medical health care system.

Despite its contribution to the health care system in Uganda, traditional medicine attracts minimal recognition beyond its clientele. To date, there is still no policy governing traditional healing system in Uganda which has made some people disguise as traditional health practitioners to exploit the populace. Failure to regulate traditional medicine practices has resulted into lack of a standard and formal process of becoming a traditional healer and harmful traditional medicine. These factors have inhibited the free interaction between the traditional and biomedical healing systems in Uganda. It is against this background that THETA started implementing programs that targeted THPs as complimentary services providers. THETA operates in 17 districts under four programme areas namely: Training and Capacity Building, community initiatives, holistic care and research and communication, advocacy and resource mobilization.

Some of THETA achievements over the years include improved mutually respectful relationships between THPs and BHP in its districts of operation which have contributed to better quality health services. There is improvement in the quality of care by the THETA trained THPs, timely referral of clients to BHPs and a strong information base on traditional medicine practice accessible through manual and electronic means.

The purpose of this strategic plan is to ensure efficiency and effectiveness in resource utilization, providing a platform for coordinated and harmonized implementation of THETA programs and a basis for measuring progress and evaluating outcomes of THETA interventions.

Following a strategic analysis, seven priority areas of intervention were identified over the next 5 years. These will focus on: Training and capacity building, mitigating the effects of HIV/AIDS, care and treatment, environmental conservation, research and documentation, communication, Advocacy and Resource mobilization and monitoring and evaluation

In implementing its mandate, THETA will be guided by its vision of "A world where people enjoy good health and prosperity as a result of access to quality biomedical, traditional and complementary health services". Its mission is to "Enable access to improved health care services through partnerships with traditional, biomedical and complementary health care systems and the larger community" and will be driven by professionalism, teamwork, commitment, integrity and time management as its core values.

THETA's goal is to increase community access to improved health care services through partnership with Traditional health practitioners, Bio-medical Health Practitioners (BHPs) and the larger community. This will be achieved through the following strategic goals:

1. To improve capacities of communities, THPs and BHPs in prevention and care for HIV/AIDS and other diseases.

2. To strengthen the responsiveness of the biomedical and traditional health care delivery systems to clients' needs.
3. To improve the quality of health care - both biomedical and traditional – through increased knowledge on health rights and policy advocacy.
4. To build self-sustaining community support groups/associations that can improve the livelihoods of the underprivileged communities and empower them to overcome the effects of poverty, HIV/AIDS and other health challenges.
5. Initiate an integrated health delivery model that offers holistic and diverse health care options that are safe, effective and affordable.
6. To advocate for recognition and integrations of Traditional health 'systems' in national and international health care delivery.
7. To build THETA's institutional capacity to mobilize and efficiently utilize resources for improved organizational performance.

THETA will build on its past experience in implementing this strategic plan; it will further strengthen its partnerships to yield greater results at community level.

Introduction

Since the early 1970s there has been growing interest in integrating traditional medicine in existing formal medical systems (UNAIDS 2000). In the face of HIV and AIDS, poverty, inadequate social and health services in most part of sub-Saharan Africa, the need to strengthen collaboration between traditional and biomedical health practitioners has been emphasized as a key strategy for expanding and improving health care delivery.

Traditional and Modern Health Practitioners Together against AIDS (THETA) with the support of Ministry of Health and Uganda AIDS Commission, has over the 10 years developed strategies for increasing access to and improving the quality of HIV/AIDS, Malaria and TB prevention and care; and establishing cost-effective and sustainable ways of averting the crisis. THETA's main focus has been on building mutually respectful relationships between THPs and biomedical workers and improving the capacity of THPs to provide timely and accurate HIV and AIDS information, counseling and treatment for OIs, refer clients to the biomedical health care system for VCT and further follow up, particularly for Uganda's largely rural and indigent population.

Background

Overview of Traditional healing system in Uganda

Traditional healing systems in Uganda as in many parts of the world provide a variety of services in health care. Services offered are holistic in nature covering spiritual, psychological as well as physiological aspects of human life. Traditional healing system acts as a first line of health care especially for rural communities under-served by the Bio-medical health care system. Traditional Health Practitioners (THPs) are at the centre stage of the traditional healing system in Uganda. The THPs acquire their knowledge over the years mainly through apprenticeship, direct training by other THP or possession by spirits and dreaming.

A traditional health practitioner is a person recognized by his community, and uses indigenous knowledge handed down from generation to generation to alleviate all forms of human suffering (THETA/MOH 2001). Traditional health practitioners are present and widely consulted by over 75% of the communities in all districts of Uganda. Traditional health practitioners in Uganda belong to one or a multiple of the following groups: - Spiritualists, diviners, herbalists, traditional birth attendants, bonesetters and/ or false teeth extractors. Estimates show that there are 15,700 traditional health practitioners in Uganda which makes a Healer to inhabitant ratio of 1:140 compared to the doctor to patient ratio which is 1:20,000 (UDHS 2000). Therefore, traditional health practitioners are an easy to reach resource in community health care and promotion compared to Bio-medical health facilities.

Traditional health practitioners in the communities address a wide range of conditions. However, the most frequently attended to include psychosocial– economic problems, mental illness, cultural/spiritual issues, obstetric and gynecological conditions, abdominal problems, poisoning from snakebites and fever (MOH 2001). The traditional health practitioners mainly handle women, children and the rural populations although they attend to other categories of people in the rural and urban settings.

Traditional health practitioners have also proved to be a vital resource in treatment of AIDS-related infections (OIs). Available literature indicates that when THs are equipped with referral, counselling, and communication skills coupled with timely and accurate information on HIV and AIDS, they greatly contribute to HIV prevention, care and support of PLHAs and affected households (UNAIDS 2000 & 2002; King & Homsy 1997, Homsy et al 2004)

However, despite their contribution to the health care system in Uganda, traditional health practitioners' recognition beyond their patients and communities is minimal. In practice, there is still no policy governing traditional healing system in Uganda which has made some people disguise as traditional health practitioners to exploit the populace. Lack of trust and recognition of traditional health practitioners by a cross-section of people is greatly attributed to:

- Lack of a standard and formal process of becoming a traditional healer
- Potentially harmful practices such as failure to recognize life threatening illnesses, overdose in the administration of herbs and false claims to treat all conditions, and
- Low literacy levels among the traditional health practitioners.

The above factors have inhibited the free interaction between the traditional and biomedical healing systems in Uganda.

The Context

The government of Uganda recognizes the effects of poverty on national development and has put poverty eradication high on the development agenda. THETA's strategic intents are aimed at contributing towards the overall development agenda of Uganda. It focuses on improving the quality of life through provision of cost effective and affordable health services to the poor rural communities in its districts of operation. This strategic plan presents the revised aspirations of THETA and how it will re-position and direct its programs and activities over the coming five years up to 2010. It is intended to contribute to improved production (pillar 2) through community support groups' initiatives and human development (pillar 5) by providing production skills to HIV/AIDS affected households. These interventions will be implemented within the overall framework and development path defined in the country's Poverty Eradication Action Plan (PEAP).

The HSSP II identifies low community participation health care delivery and limited availability of information to enable them make informed health care choices as some of the causes of diseases. THETA's efforts will be directed towards implementing measures that will provide communities with information on health care and empower them to participate in the health care delivery system. THETA will further support the health delivery systems – both biomedical and traditional - to strengthen their capacities to meet the needs of the clients.

THETA recognizes traditional health practitioners as a vital resource in community health care since they outnumber biomedical health workers (*1:140 TH-client ration as compared to 1:20,000 BHP-patient ration in Uganda*). It is on this basis that THETA fosters collaboration between traditional and biomedical health practitioners in community care using existing local government structures.

THETA's involvement with traditional health practitioners

Traditional and Modern Health Practitioners together against AIDS and other diseases (THETA), was initiated by a collaborative effort between The AIDS Support Organisation (TASO) Uganda Ltd and Medicines Sans Frontiers (MSF)-Switzerland. It began in 1992 as a clinical research study in Kampala, evaluating with traditional health practitioners the effectiveness of local herbal treatments for selected AIDS related signs and symptoms. The success of the evaluation transformed the project into an organisation working with traditional health practitioners in HIV/AIDS education counseling and clinical care. THETA was officially registered in 1995 as an NGO.

Between 1992 and 1995, THETA completed two pilot clinical study projects in Kampala district. The first proved that some herbal remedies used by the THs were effective for the treatment of AIDS related herpes Zoster and chronic diarrhea, and second showed that THs were effective STD/HIV/AIDS educators and counselors for their communities. Since then, THETA has spearheaded research, training and advocacy activities in and outside Uganda aimed at bridging the gap between traditional and modern health systems.

Today THETA is a mutually respectful collaboration between traditional health practitioners and Biomedical Health Practitioners (BHPs) in the fight against HIV/AIDS and other diseases. THETA has also recognized traditional health practitioners as a vital resource in community health care and that the command respect and a unique knowledge that can positively or negatively influence positive behaviour. Traditional health practitioners' work and responsibilities are self sustaining and some of their herbs are potentially effective and affordable alternatives for the treatment of diseases, including some of those occurring as a result of AIDS. It is against this background that THETA started implementing programs that targeted traditional health practitioners as complimentary services providers.

THETA operational districts

THETA has since operated in 12 districts in Uganda namely; Kampala, Kiboga, Hoima, Katakwi, Mukono, Kamuli, Apac, Mbarara, Bushenyi, Arua, Kumi, and Luwero and implementing specific projects in 5 other districts Mpigi, Wakiso, Soroti Tororo and Kayunga. (*Refer to Appendix 7.3 for map showing THETA operational areas*)

Organizational Structure and Governance

THETA is a non governmental organization registered in Uganda since 1995. The organization's mission is "Enable access to improved health care services through partnerships with traditional and bio-medical health care systems and the larger community"

Annual General Meeting

The THETA Annual General Meeting is the supreme governing body of the organization.

Board of Trustees

THETA is governed by a Board of Trustees with board executives who are elected by the AGM members during its sitting. It is composed of a Chairman, a vice chairperson, a Treasurer, a secretary and 3 other ordinary members. The BOT reports to the Annual General Meeting.

THETA Secretariat

The secretariat of THETA is composed of the Executive Director, 5 Programme Managers, technical staff that include physicians, social workers, counselors, researchers, information specialist, statisticians and support staff. The secretariat is in charge of programme implementation on a day to day basis and any other operations.

Key functions for THETA

In order to attain its objectives, THETA runs the following key programmes and support functions:

- ✘ Training and Capacity Building Programme (TCB)
- ✘ Community Initiatives Programme (CIP)
- ✘ Holistic Care and Research Program (HCR)
- ✘ Communication and Information Development (CID)

Support functions: -

- ✘ Management Information System
- ✘ Institutional support and resource development

Key achievements in the 2001/2005 Strategic Plan

- THETA has built mutually respectful relationships between THPs and BHP in its districts of operation which has contributed to better quality health services.
- There has been a marked improvement in the capacity of THPs to provide timely and accurate HIV and AIDS information, counseling and treatment for OIs.
- Referral networks have been built between THs and BHPs resulting in timely management of patients.
- The district resource capacity has been strengthened through training of BHPs and THs.
- An information base has been established where information on traditional medicine practice can be accessed through manual and electronic means.
- THETA has engaged the TH in mobilizing the community to prevent and mitigate the impact of HIV/AIDS and poverty while utilizing culturally appropriate methods. To date TH have initiated over 30 community support groups that are supporting orphans, widows, PLWA and families affected by HIV/AIDS.

- Through the training programs THETA has build the capacity of the district health team, association leaders , program implementers across the Eastern and Southern African region to initiate collaborative programs between THs and BHPs.
- A regional initiative has been built on traditional medicine and AIDS in Africa (RITMA) that has mobilized over seven counties to advocate for increased recognition of TM in African health systems
- THETA has ensured that the communities in the operation area access safe, efficacious and hygienically prepared herbal remedies.

Purpose of the Strategic plan

The strategic plan will:

- Ensure efficiency and effectiveness in resource utilization
- Provide a platform for coordinated and harmonized implementation of THETA programs
- Form a basis for measuring progress and evaluating outcomes of THETA interventions

THETA strategic analysis

Organizational Analysis (SWOT)

THETA carried out an internal organizational analysis to assess its strengths, weaknesses, opportunities and threats (SWOT). This was the basis for developing strategies to maximize the strengths and opportunities as well as minimizing weaknesses and threats.

SWOT matrix

SWOT ELEMENT	STRATEGY
Strengths	Strategy to maximize strengths
<ul style="list-style-type: none"> ▪ Collaboration between THs, BHPs and community ▪ Good governance system in place ▪ Systems/Policies in place <ul style="list-style-type: none"> * Human Resource Management * Financial and Logistics system - transparent financial management system * Management Information System * Procurement * Documentation * Transport ▪ THETA has built credible partnerships which gives it an opportunity to expand into broader areas ▪ There is growing demand for direct services ▪ Availability of infrastructure and human resources ▪ Programme model documented, tested and replicated ▪ Qualified, experienced and Committed staff ▪ Multidisciplinary team-Cross generational and cross cultural ▪ Initiative and pro-activeness among staff ▪ Unique THETA strategies, good reputation, RITMA- potential for THETA to raise its profile internationally ▪ A good referral network established between THs & BHPs ▪ New server has capability to back up information ▪ Functional internet system ▪ Partnerships with Universities 	<ul style="list-style-type: none"> ▪ Operationalize all existing systems and procedures ▪ Carry out job re-designing and enrichment on annual basis ▪ Develop and Operationalize sound HRM systems, procedures and policies to ensure regular staff appraisals, self discipline and staff development ▪ Initiate direct service programmes ▪ Consolidate existing programmes and expand into new areas of service

SWOT ELEMENT	STRATEGY
<p>Weaknesses</p> <ul style="list-style-type: none"> ▪ No communication strategy (Internal & External) ▪ Some systems and procedures are not documented and disseminated to staff ▪ Some procedures are not implemented adequately e.g. the HRM system ▪ Weak Management Information System ▪ Weakness in HRM: Recruitment, inadequate orientation, no mentoring, inconsistent appraisal, lack of career development program ▪ Weak problem solving mechanism ▪ Lack of commitment to implement the systems & procedures ▪ Poor reading culture among staff ▪ Inadequate motivation and poor time keeping among staff ▪ Lack of long term funding and diversity in sourcing funds ▪ Inadequate capacity for all staff to fundraise 	<p>Strategy to minimize the weaknesses</p> <ul style="list-style-type: none"> ▪ Re-package and document existing systems and procedures and where necessary formulate new ones which should also be reviewed on regular basis. ▪ Design communication strategy and ensure it is implemented ▪ Strengthen the MIS system through acquisition of modern IT and staff development ▪ Streamline the HRM functions to improve of motivation and other related weaknesses ▪ Build staff capacity in fundraising, reading, problem solving and other essential skills ▪ Train staff in basics of resource mobilization ▪ Review the strategic plan to focus on long term funding partners
<p>Opportunities</p> <ul style="list-style-type: none"> ▪ Government and districts support for THETA programmes ▪ Committed partners ▪ Potential to tap local government/district resources ▪ Conducive political environment for THETA to work in ▪ Willingness of donors to support THETA programmes ▪ Availability of THs and their willingness to participate in programmes ▪ Availability of knowledge and experience (staff) to develop better programs ▪ There is a resurgence of HIV among the youth ▪ Communities are increasingly showing pro-activeness in supporting HIV/AIDS affected families 	<p>Strategy to maximize opportunities</p> <ul style="list-style-type: none"> ▪ Exploit the uniqueness (niche) of THETA's strategies, good reputation and RITMA initiative to raise more funds at local and international levels ▪ Enhance spirit of team work and desire to constantly improve systems and procedures ▪ Tap staff knowledge, skills and experience in TM area to develop sellable programs ▪ Create more linkages and partnerships with local and international bodies and institutions ▪ Develop programmes that specifically target the youths ▪ Support community initiative programmes
<p>Threats</p> <ul style="list-style-type: none"> ▪ Lack of a National Policy on TRM and TH practice ▪ Instability in some parts of Uganda ▪ Donor dependency ▪ Stigma around Traditional medicine ▪ Harmful TH practices ▪ High staff turnover ▪ Stringent donor funds disbursement conditionalities 	<p>Strategy to minimize the threats</p> <ul style="list-style-type: none"> ▪ Participate in spearheading efforts to have the National Policy on TRM and TH practice in Uganda passed into law ▪ Strengthen the planning function, MIS system and public relations ▪ Design adequate strategies to maintain all resources (Human & financial) ▪ Improve on staff motivation in order to increase efficiency and effectiveness ▪ Cultivate a culture of trust and good relations with all donors (past, present and potential ones) to keep them interested in THETA programmes

Stakeholders Analysis

In the course of implementing its work, THETA interacts with the following stakeholders.

- ✘ Primary stakeholders
- ✘ Secondary stakeholders
- ✘ Key stakeholders

Political, Economical, Social, Technical (PEST) Analysis

The general environment within which THETA operates has different bearings on its programmes; the table below shows some of the factors within the external environment.

PEST matrix

Variables	Issues	Strategies
Political Ideology	Political Transition	THETA needs to continue with the neutrality, non-partisan policy to survive in the political environment
Tax laws	PAYE, NSF, VAT, TV Tax, Licenses, Ground rent	THETA budgets should reflect all mandatory taxes and fees Donor proposals should be flexible so as to accommodate the dynamic situations
Political Stability	Insecurity Donor threats	THETA should design programmes and work for both secure and insecure areas in the country
Legal system	Lack of a policy on TM	Spearhead the advocacy crusade for policy on TM Form and encourage formation of lobbying networks for TM and other Indigenous Knowledge systems/rights
Regional cooperation	RITMA RATN	Continue to bring more parties on board and solicit for their input into RITMA Seek consensus at regional level on certain minimum policies and standards on TM and practice
Economic development	Stable inflation and growth rate [i.e. 6% over years]	THETA budgets should be made in such a way that they reflect changing economic developments
Monetary and fiscal policies	Politicization of funding Budgetary ceiling and floors	Reflect government monetary and fiscal policies in organisation planning and budgeting
Wage levels	Not competitive	THETA needs to raise more funds to improve on the welfare of its personnel
Competition	Competing for funding	Encourage designing of unique programmes and re-package current ones to meet donor needs Diversify and widen the scope of activities and services
Literacy levels	IEC materials training and how to communicate with THs	Tailor packages to suit both literate and illiterate communities Partner with literacy NGOs to involve non-literate THs in literacy education for effective communication with their clients
Environmentalism	Threat of extinction of some useful herbs Indiscrete harvesting	Popularize training in HCPP to traditional health practitioners and replicate best practices in HCPP country wide
Telecommunications	Access to information correspondence Different tele-providers	Acquire and install viable tele-communication systems for the organisation
Transport network	Access to the community	Improve on the current fleet of cars and improve on the usage for greater efficiency and effectiveness

Variables	Issues	Strategies
Power infrastructure	Load shading	Procure standby generators; ensure adequate maintenance for the invertors system.
Customs, norms & values	Social stigma Diverse cultures & norms Languages & religion	Encourage appreciation of cultural diversity and sensitivity in our work Encourage appreciation of organizational values
Demographics	Age to tailor program Gender (more women THs) Numbers (Large numbers of OVC & widows)	Design programmes that target the vulnerable groups e.g OVC, widows, PLHA as a priority Encourage involvement of the vulnerable groups in programmes aimed at helping
Social Institutions	Influence the communities	Design strategies that target social institutions at levels of planning and implementation
Life styles	Strong belief in Traditional Healing	Encourage positive aspects of traditional healing and promote them as alternative to modern systems.
Religious belief	Negative attitude towards TM	Design interventions that target sensitization of religious leaders on TM and good side of THPs Information packages

THETA strategic options

THETA is the main national NGO with interventions focusing on both traditional health practitioners and biomedical health workers. Due to the stigma associated with traditional medicine, there is little funding for THETA programmes. For example, there is no long term funding partnership with any local or international agencies, a situation which subjects THETA to incremental rather than strategic planning option. THETA has taken strategic decisions to widen its scope of work. It is developing into a competent organization with wider scope of HIV/AIDS interventions, coherent structures, and the human capacity to provide pragmatic leadership in delivering HIV/AIDS and social improvement as a coordinated partnership with new funding agencies. The cost of not taking this direction would imply that THETA remains isolated, under funded with un-recognizable impact both in service delivery and resource utilization.

THETA strategic direction

THETA has identified priority areas of intervention and over the next 5 years all interventions will focus on the following areas (affirmative action).

- Training and capacity building
- Strengthening the health care delivery systems
- Mitigating the effects of HIV/AIDS
- Care and treatment
- Environmental conservation
- Research and documentation (Clinical and social research)
- Information, Communication, Advocacy, health rights and Resource mobilization
- Monitoring and evaluation

Vision, Mission, Values

THETA's success in implementing its programmes will largely depend on how well it pursues its vision, mission, objectives and strategies.

Vision

“A world where people enjoy good health and prosperity as a result of access to quality biomedical, traditional and complementary health services”

Mission

“Enable access to improved health care services through partnerships with traditional, biomedical and complementary health care systems and the larger community”

Slogan

“African solutions for African challenges

Core Values

THETA respects and recognizes the following core values as a driving force for the achievement of its vision and mission.

- **Professionalism** is a core value that requires thorough knowledge of one’s field of competence as well as skills and ethical conduct. Performance according to stakeholders’ expectations leads to quality services.
- **Teamwork** requires effective consultation in decision making, sharing information, experiences and challenges with one another in order to effectively implement planned activities.
- **Commitment** requires appreciation of traditional health practitioners as a vital resource in the provision of health care to the community and the need for collaboration between THP and BHPs in community health care and research
- **Integrity** is an underlying value that requires THETA personnel to be responsible and transparent in the performance of their duties. And they should also be truthful, reliable and accountable for their actions
- **Time management** is a core value that THETA greatly cherishes as one of the most important scarce resources that requires strict management to be able to meet planned project schedules

THETA goal and Strategic objectives

Goal

THETA’s main goal is to increase community access to improved health care services through partnership with Traditional health practitioners, Bio-medical Health Practitioners (BHPs) and the larger community.

Strategic objectives

In order to attain this goal, THETA will work towards achieving the following seven strategic objectives in the next 5 years

Strategic objective I: To improve capacities of communities, THPs and BHPs in prevention and care for HIV/AIDS and other diseases

Strategic objective II: To strengthen the responsiveness of the biomedical and traditional health care delivery systems to clients’ needs.

Strategic objective III: To improve the quality of health care - both biomedical and traditional – through increased knowledge on health rights and policy advocacy.

Strategic objective IV: To build self-sustaining community support groups/associations that can improve the livelihoods of the underprivileged communities and empower them to overcome the effects of poverty, HIV/AIDS and other health challenges

Strategic objective V: Initiate an integrated health delivery model that offers holistic and diverse health care options that are safe, effective and affordable

Strategic objective VI: To advocate for recognition and integrations of Traditional health ‘systems’ in national and international health care delivery

Strategic objective VII: To build THETA’s institutional capacity to mobilize and efficiently utilize resources for improved organizational performance.

THETA Programmes

During the next five years, THETA will implement the following programmes in order to attain its strategic objectives:

Training and Capacity Building Programme

Strategic objective I

To improve capacities of communities, THPs and BHPs in prevention and care for HIV/AIDS and other diseases

Strategic objective II: To strengthen the responsiveness of the biomedical and traditional health care delivery systems to clients’ needs.

Strategic objective III: To improve the quality of health care - both biomedical and traditional - through increased knowledge on health rights and policy advocacy.

Strategies

1. Training
2. Partnership
3. Interactive group discussions
4. Peer influence networks.

The specific objectives and results for the planned period are reflected in the Log frame below:

Log frame: Training and Capacity Building Programme

Narrative Summary	OVI	MOV	Key Assumptions
<p>Strategic objective I: To improve capacities of communities, THPs and BHPs in prevention and care for HIV/AIDS and other diseases</p>	<p>% increased use of preventive methods (gloves, sterilized instruments, don’t share sharp and piercing instrument) during treatment by THs</p> <p>% increased capacity of THs to identify HIV/AIDS patients using signs and symptoms</p> <p>No of THs with improved patients’ records</p> <p>% increase in distribution of condoms to clients by THs</p> <p>% increase in patient referrals by THs to BHPs</p> <p>% increase in number of HIV/AIDS patients encouraged by THs to go for VCT</p>	<p>THETA quarterly and annual reports</p>	<p>THETA will be able to meet the increasing demand for services by THs</p>
<p>Specific objectives 1. To increase knowledge and skills of THs in HIV/AIDS prevention and care</p>	<p>No. of THs who know at least 3 correct modes of HIV/AIDS transmission</p> <p>No. of THs who know at least 3 correct methods of HIV/AIDS prevention</p> <p>No. of THs who know at least 5 signs and symptoms of HIV/AIDS</p> <p>No of THs with good counseling skills</p>	<p>THETA quarterly and annual reports</p> <p>Community evaluation reports</p>	<p>The levels of illiteracy among THs will not adversely affect uptake of THETA interventions</p>

Narrative Summary	OVI	MOV	Key Assumptions
2. Increase the knowledge and skills of BHPs about the role of TM and the importance of collaboration	<p>No. of THs with good community education skills</p> <p>No. of THs who know the importance of referral and collaboration with one another</p> <p>No. of BHPs who know the importance of referral and collaboration with one another</p>		
3. To build capacity of local structures to support and sustain collaboration between the two health care systems	<p>No. of local governments oriented about THETA TH-BHP collaboration programme</p> <p>No. of local governments including TH activities in their workplans</p>	Evaluation reports	The exiting collaboration with districts will not be affected by the regional tier system
Strategic objective II: To strengthen the responsiveness of the biomedical and traditional health care delivery systems to clients' needs.	Proportion of community reporting improved response to their health care needs by health facilities and THs	Evaluation reports	Enactment of relevant laws regulating traditional medicine practices will be expedited to streamline the relationships between the two health care delivery systems.
	Improved responsiveness will include: <ol style="list-style-type: none"> 1. Health facilities sensitive to the culture of the clients 2. THP providing Primary Health Care services to the communities 3. Functional referral system between THPs and BHPs 		
Strategic objective III: To improve the quality of health care - both biomedical and traditional - through increased knowledge on health rights and policy advocacy.	At least 50 % of clients of THs and BHPs feel that the services provided have improved.	Evaluation reports	Communities will be able to come out and openly express their feelings about the quality of care.
Specific objectives <ol style="list-style-type: none"> 1. Clients of THs and BHPs able to demand and receive hygienic, non-infectious, non-fatal health services 2. Improve communication and information sharing on health rights among THs, BHPs and the community. 3. Empower communities to participation in biomedical and traditional health care service delivery using a health rights approach. 	<p>Proportion of THs involved in project report a reduction in fatalities of clients at their workplaces by December 2007</p> <p>Proportion of THs with clean and hygienic workplaces</p> <p>Proportion of health facilities meeting the yellow star standards</p> <p>Proportion of THs referring clients they cannot manage to conventional health facilities</p> <p>Proportion of clients, THs and BHPs who can spell out at least three minimum standard of traditional health care</p> <p>Proportion of health facilities with functional health unit management committees</p> <p>Proportion of health facilities conducting community dialogue meetings to share views</p>	<p>THETA quarterly and annual reports</p> <p>Community evaluation reports</p>	

Community Initiatives Programme

Strategic objective IV

To build self-sustaining community support groups/associations that can improve the livelihoods of the underprivileged communities and empower them to overcome the effects of poverty, HIV/AIDS and other health challenges

Strategies

1. Livelihood improvement through group seed funding
2. Educational support for OVC
3. Material support to HIV/AIDS affected families
4. Community capacity building in project management
5. Psychosocial support

THETA Log frame: Community Initiatives Programme

Narrative summary	OVI	MOV	Assumptions
<p>Strategic Objective IV: To build self-sustaining community support groups/associations that can improve the livelihoods of the underprivileged communities and empower them to overcome the effects of poverty, HIV/AIDS and other health challenges</p>	<p>Contribute to reduction of morbidity and mortality from common ill-health</p> <p>Percentage increase of OVC and PLHAs with improved socio-economic situation</p>	<p>Secondary data sources such as UDHS</p> <p>Disease Surveillance reports by MOH</p>	<p>Economic and political stability in Uganda</p> <p>Availability of quality health services</p>
<p>Specific objectives</p> <p>1. To provide support to orphans and vulnerable children and youths through increasing the capacity of parents/guardians and teachers in support groups to meet children's nutritional needs, educational materials, and psycho-support needs.</p>	<p>No of HHs and groups supporting OVC</p> <p>No. of OVC receiving nutritional, educational and psycho-support</p> <p>No. of youths accessing psycho-social support</p> <p>No. of youths participating in self help projects</p>	<p>THETA quarterly and annual reports</p> <p>Community evaluation reports</p>	
<p>2. To improve the livelihoods of HHs and groups affected by HIV/AIDS and poverty through provision of seed funding, home based care, shelter and nutritional support.</p>	<p>No. of HHs and groups provided with seed funding, home based care and nutritional support.</p> <p>No. of self help projects supported</p>	<p>THETA quarterly and annual reports</p> <p>Evaluation reports</p>	
<p>3. Support drama groups initiated by PHAs, THPs and youths to:</p> <ol style="list-style-type: none"> a. Reduce stigma and b. Prevent further spread of HIV. 	<p>No of drama groups supported</p> <p>No. of PHAs openly declaring their sero status</p> <p>No. of people accessing VCT and PMTCT</p> <p>No. of community persons registering with the support groups</p>	<p>THETA quarterly and annual reports</p> <p>Evaluation reports</p>	

Holistic Care and Research Programme

Strategic objective V

Initiate an integrated health delivery model that offers holistic and diverse health care options that are safe, effective and affordable

Strategies

1. Operate the THETA training and care center
2. Operational research
3. Standardization of herbs
4. Document and promote conservation of useful Medicinal plants
5. Access to benefit sharing
6. Partnership with Universities and other bodies in conducting clinical and/or social research

Log frame: Holistic Care and Research Programme

Narrative summary	OVI	MOV	Assumptions
Strategic Objective V: To initiate an integrated health care delivery model that offers diverse options that are safe and effective	Functional joint care centre in place		
Specific objectives 1. Provide safe and efficacious herbal and allopathic treatment options to vulnerable communities	No. of clients provided with herbal and allopathic treatment options No. of herbal remedies evaluated and standardized	Joint care centre monthly reports	The Senga approach to traditional counseling will be streamlined and adopted as a model
2. Offer clients both biomedical and traditional counseling services.	No. of clients provided with counseling services	Counseling record book	
3. To document and disseminate best practices on holistic care that can be replicated	No. of best practices documented and disseminated No. of researches conducted	THETA evaluation reports	
4. Strengthen collaboration between traditional and biomedical health care systems	No. of referrals from THs No. of biomedical professionals participating in the joint clinic No. of THs participating in the clinic Exchange visit No. of medical and paramedical students orienting in the joint clinic	THETA quarterly and annual reports Community evaluation reports	The process of developing the policy regulating traditional medicine will be expedited
5. Support propagation and conservation of commonly used medicinal plants	No. of medicinal gardens in place	THETA quarterly and annual reports Community evaluation reports	Communities will take up the idea of setting up medicinal gardens

Communication and Information Development (CID)

Strategic objective VI

To advocate for recognition of Traditional health 'systems' in health care delivery

Strategies

Develop THETA's ability to advocate effectively for traditional medicine through

- a. Publications
- b. Advocacy and lobbying
- c. Partnership building
- d. Operational research
- e. Speakers' bureaux

f. Institutional capacity building

Log frame: Communication and Information Development Programme

Narrative summary	OVI	MOV	Assumptions
Strategic objective VI: To advocate for recognition of traditional health system in the health care system	Increased acceptability of TM by communities Increased access to TM by communities	Evaluation reports	More stakeholders will join to willingly embrace TM and THs contribution
Specific objectives 1. To positively influence community attitudes towards traditional medicine	Increased positive attitudes of communities towards TM	Evaluation reports	
2. To showcase the positive impact of traditional medicine on the health of Ugandans	Increased positive impact of TM Documentation of best practices No. of bi-monthly new letters produced	Evaluation reports Documentation reports	
3. To advocate passing and enactment of legislation TM practice and use of traditional medicine	Enactment of TM policy Increased budget line for TM in national budget Creation of national body/government department to coordinate TM	Record review of parliamentary proceedings (Hansard) National budget	Legislators will duly cooperate
4. To strengthen information and documentation system for evidence based decision making	Regular and timely monitoring and evaluation system developed Operational research studies conducted Publication of research findings Data bank of testimonies of positive impact on health achieved by THs clients	M&E Manual Research reports	M&E Manual developed in time and duly implemented
5. To promote Traditional Medicine at a regional level	Replication of best practices. RITMA minimum Standards implemented	THETA quarterly and annual reports	

Institutional Support and Resource Development (ISRD)

Strategic Objective VII

To build THETA's institutional capacity to mobilize and efficiently utilize resources for improved organizational performance.

Strategies

- Develop finance and human resource management policies
- Develop a monitoring and evaluation system
- Strengthen the logistics management system
- Build THETA's ability to fundraise locally and internationally
- Build THETA corporate image
- Institute good governance

Log frame: Institutional Support and Resource Development

Narrative summary	OVI	MOV	Assumptions
Strategic Objective VII: To build THETA's institutional capacity to mobilize and efficiently utilize resources for improved organizational performance.	Adequate and Sustainable resource base Efficient programme implementation	Annual reports Audited accounts	Partners willingness to support institutional capacity development
Specific objectives	Strong committed,	Human resource strategic	THETA will have

Narrative summary	OVI	MOV	Assumptions
1. To strengthen THETA's human resources management system for effective and efficient implementation of programs	motivated and efficient work force Reduced staff turnover	plan Staff development and training policy Reward systems/procedures	competent departmental leadership
2. To strengthen THETA's financial management system for efficient and effective sustainable implementation of programme	Timely financial Reports Favorable Management Report	Financial Reports Annual audit reports Financial and accounting statements and plans	
3. To strengthen THETA's logistics management system for efficient program implementation	Efficient transport system Timely procurement	Financial Reports Annual audit reports Financial and accounting statements and plans	
4. To mobilize adequate resources to support THETA implement its strategic plan.	No. of institutions supporting THETA programmes No. of proposals developed No. of proposals funded Resources for development and recurrent expenditure available	Financial reports THETA budget (Reduced budget deficit)	
5. To strengthen THETA's information, monitoring and evaluation systems	A functional M&E framework Efficient communication system	M&E reports	
6. To strengthen the corporate image of THETA	Increased local membership New partners (donors) Increased demand for THETA services Positive media reporting	Local print and electronic media Signed agreement	

Strategic plan implementation

The monitoring and evaluation function will be strengthened to constantly guide the implementation process. Implementation of this strategic plan will build on achievements made over the past years. During the 2006-2010 strategic planning period, THETA will consolidate its current interventions and build on them to launch two new programme areas Vis the Joint clinic and the community initiative programme.

THETA will strengthen its collaboration and partnerships with the Government and other NGOs in the field of traditional medicine practice as the other important guiding principle. This approach will improve programme implementation and enhance the organizational advocacy efforts.

Community participation will be one of the main stay during planning and implementation of all programmes to promote ownership and accountability.

THETA intends to strengthen its focus on the biomedical health practitioners through partnerships and joint advocacy actions. This will improve on their relationship with the traditional healers especially in referrals as one of the means of raising the quality of services.

The strategic plan will be reviewed on an annual basis to reflect changes in emerging new HIV/AIDS care and prevention services

Summarized budget estimates

In the next five years, THETA will need a sum of \$..... to implement its planned programme activities. The breakdown of the estimated costs per year is indicated in the table below

Five year Budget

Activities	Budget(U shs) 1 st – 5 th Year (2006 - 2010)				
	1 st	2 nd	3 rd	4 th	5 th
Training and Capacity Building (TCB)					
Holistic care and research (HCR)					
Community initiatives programme (CIP)					
Management information system					
Staff Development					
Administration					
Monitoring and evaluation					
Total					