

# THETA STRATEGIC PLAN

**2006 - 2010**

**ABRIDGED VERSION**



*AFRICAN SOLUTIONS*  
*For African challenges*

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**List of abbreviations**

AAIU	Action Aid International Uganda
AIDS	Acquired Immuno Deficiency Syndrome
AJWS	American Jews World Service
BHP	Biomedical Health Practitioner
CDC	Centres for Disease Control and prevention
HIV	Human Immuno deficiency Virus
MoH	Ministry of Health
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
PEST	Political, Economical, Social, Technical
PLHA	People Living with HIV/AIDS
PREFA	Protecting Families against AIDS
RITMA	Regional Initiatives on Traditional Medicine and AIDS in Africa
SWOT	Strength, Weaknesses, Opportunities and Threats
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THETA	Traditional and Modern Health Practitioners Together against AIDS and other diseases
THP	Traditional Health Practitioner
TM	Traditional Medicine
UDHS	Uganda Demographic and Health survey
UNAIDS	United Nations Joint programme on AIDS
VCT	Voluntary Counseling and Testing

## **1.0 Introduction and background**

Traditional healing systems offer holistic care covering spiritual, psychological as well as physiological aspects of human life and acts as a first line of health care especially for rural communities. Traditional health practitioners acquire their knowledge over the years mainly through apprenticeship, direct training by other THPs 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). They live within the community and are widely consulted by over 75% of the communities in Uganda. They 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 of 1:20,000 (UDHS 2000). Available literature indicates that when THPs are equipped with referral, counselling, and communication skills 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). Despite their contribution to the health care system, recognition beyond their clients and communities is minimal. 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. This has further inhibited the free interaction between the traditional and biomedical healing systems in Uganda.

Traditional and Modern Health Practitioners Together against AIDS (THETA) is a national NGO which has over the last 13 years been involved in implementing programmes aimed at increasing access to and improving the quality of health care among the rural poor communities. THETA focuses on building relationships between traditional health practitioners (THPs) and biomedical workers to provide quality HIV/AIDS services. It further builds capacities of THPs to provide better services to their clients such as information on HIV/AIDS, counseling, treatment for opportunistic infections and referral of clients to health facilities.

THETA is a mutually respectful collaboration between THPs and 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 that can positively or negatively influence behaviour change. Their work is self sustaining and some of their herbs are potentially effective and affordable alternatives for the treatment of diseases. It is against this background that THETA started implementing programs that targeted traditional health practitioners as complimentary services providers.

### **1.1 THETA operational districts**

THETA has since operated in 15 districts in Uganda namely; Kampala, Kiboga, Tororo, Kayunga, Katakwi, Hoima, Mukono, Kaliro, Apac, Mbarara, Bushenyi, Arua, Amuria Kumi, and Luwero.

### **1.2 THETA Programmes**

#### **A. Training and Capacity Building Programme (TCB)**

This programme trains THPs and equips them with knowledge and skills to provide quality services to their clients. The programme further facilitates establishment of a mutually respectful partnership between the THPs and Biomedical Health practitioners to increase access for poor communities to improved health care.

#### **B. Community Initiatives Programme (CIP)**

THETA equips traditional health practitioners with community mobilization skills where they organize community members to engage in self help projects and sensitization of communities on HIV/AIDS prevention and care.

#### **C. Holistic Care and Research Program (HCR)**

This programme provides counseling services and treatment to clients through its Care and Training Centre. It also carries out operations research to assess safety and effectiveness of commonly used herbs in treating opportunistic infections.

#### **D. Communication and Information Development (CID)**

The function includes running a Resource Centre and advocacy unit for HIV/AIDS and Traditional Medicine information. Through this programme, THETA endeavors to document best practices and experiences from THPs to maintain a knowledge bank.

### **1.3 Support functions**

#### **A. Management Information System**

This is composed of Monitoring and Evaluation and Information Technology functions. It is responsible for effective programme implementation and the IT functions.

#### **B. Institutional support and resource development**

Provides programme support through management of the human resources, organization finances and other resources.

### **1.4 Key achievement 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.
- Referral networks have been built between THPs and BHPs resulting in timely management of patients.
- The district resource capacity has been strengthened through training of BHPs and THPs.
- An information base has been established where information on traditional medicine practice can be accessed through manual and electronic means.
- THETA has engaged THPs in mobilizing the community to prevent and mitigate the impact of HIV/AIDS and poverty. Over 30 community-support groups that are supporting orphans, widows, PLWA and families affected by HIV/AIDS were initiated and provided with seed funding.
- 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 THPs 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.

### **1.5 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

## **2.0 THETA strategic analysis**

### **2.1 Organizational Analysis (SWOT)**

THETA carried out an internal organizational analysis to assess its strengths, weaknesses, opportunities and threats. From the analysis, strategies were developed to maximize strengths, minimize weaknesses and threats and harness opportunities.

## 2.2 Stakeholders Analysis

### Primary stakeholders

The rural poor communities are the primary beneficiaries of THETA interventions since over 75% of the communities in Uganda utilize Traditional Medicine.

### Secondary stakeholders

These include NGO partners, District Local Governments, biomedical workers, founders and traditional health practitioners.

### Key stakeholders

These play a key role in THETA programme funding and support and include AJWS, AAIU, and Rockefeller foundation, CDC, PREFA, Ministry of Health and Uganda National Drug Authority (NDA).

## 2.3 Political, economical, social, technical (PEST) Analysis

The general environment within which THETA operates has different bearings on its programmes. THETA will continue to provide services with neutrality and non-partisan approaches. It will further work towards designing and implementing programmes that are tailored to the needs of the different stakeholders while focusing on the government policy priority areas under the poverty eradication action plan.

## 2.4 THETA strategic direction

THETA has identified priority areas of intervention and over the next 5 years and will focus on: Training and capacity building, strengthening the health care delivery systems, mitigating the effects of HIV/AIDS, care and treatment, environmental conservation, research and documentation, Communication, Advocacy, health rights, Resource mobilization; and monitoring and evaluation

### 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

- **Professionalism:** Performance according to stakeholders’ expectations leads to quality services.
- **Teamwork** requires effective consultation in decision making, sharing information, experiences and challenges.
- **Commitment:** We appreciate traditional health practitioners as a vital resource in the provision of health care to the community and the need for collaboration with 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.
- **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

### Goal

To increase community access to improved health care services through partnership with Traditional health practitioners, Bio-medical Health Practitioners and the larger community.

**Strategic objectives**

**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.

**Strategies**

To implement this strategic plan, THETA will use the rights based approach under the following strategies; Partnership building, Interactive group discussions, Peer influence networks, Livelihood improvement through group seed funding, Educational support for OVC, Material support to HIV/AIDS affected families, Community capacity building in project management, Psychosocial support, Operational research and strategic partnership to implement projects at community level.

**2.5 The log frame**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Key Assumptions
<p><b>Strategic objective I:</b> 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 THPs</p> <p>% increased capacity of THPs to identify HIV/AIDS patients using signs and symptoms</p> <p>Proportion of THPs with improved patients’ records</p> <p>% increase in distribution of condoms to clients by THPs</p> <p>% increase in patient referrals by THPs to BHPs</p> <p>% increase in number of HIV/AIDS patients encouraged by THPs 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 THPs</p>

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Key Assumptions
<p><b>Strategic objective II:</b> To strengthen the responsiveness of the biomedical and traditional health care delivery systems to clients' needs through a rights base approach.</p>	<p>Proportion of community reporting improved response to their health care needs by health facilities and THPs</p> <p><b>Improved responsiveness will include:</b></p> <ol style="list-style-type: none"> <li>1. Health facilities sensitive to rights of the clients</li> <li>2. THP providing Primary Health Care services to the communities</li> <li>3. Functional referral system between THPs and BHPs</li> </ol>	<p>Evaluation reports</p>	<p>Enactment of relevant laws regulating traditional medicine practices will be expedited to streamline the relationships between the two health care delivery systems.</p>
<p><b>Strategic objective III:</b> To improve the quality of health care - both biomedical and traditional - through increased knowledge on health rights and policy advocacy.</p>	<p>At least 50 % of clients of THPs and BHPs feel that the services provided have improved.</p>	<p>Evaluation reports</p>	<p>Communities will be able to come out and openly express their feelings about the quality of care.</p>
<p><b>Strategic Objective IV:</b> 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</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><b>Strategic Objective V:</b> To initiate an integrated health care delivery model that offers diverse options that are safe and effective</p>	<p>Functional joint care centre in place</p>		
<p><b>Strategic objective VI:</b> To advocate for recognition of traditional health system in the health care system</p>	<p>Increased acceptability of TM by communities</p> <p>Increased access to TM by communities</p>	<p>Evaluation reports</p>	<p>More stakeholders will join to willingly embrace TM and THPs contribution</p>
<p><b>Strategic Objective VII:</b> To build THETA's institutional capacity to mobilize and efficiently utilize resources for improved organizational performance.</p>	<p>Adequate and Sustainable resource base</p> <p>Efficient programme implementation</p>	<p>Annual reports</p> <p>Audited accounts</p>	<p>Partners willingness to support institutional capacity development</p>

## 2.6 Strategic plan implementation

The monitoring and evaluation function will guide the implementation process. The plan will be regularly reviewed to reflect emerging changes.

## 2.7 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 <sup>st</sup> – 5 <sup>th</sup> Year (2006 - 2010)				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Training and Capacity Building (TCB)					
Holistic care and research (HCR)					
Community initiatives programme (CIP)					
Communication and Information Development					
Management Information System					
Administration					
<b>Total</b>					