

Strategic Plan

January 2008 - December 2012



“Nguvu ya Jamii” Building a Community Momentum to reduce HIV/AIDS prevalence perpetuated by Domestic Violence Against Women in the Lake Victoria Regions, Tanzania.

Contact person:

Maimuna Kanyamala
Kivulini Women’s Rights Organisation
P. O. Box 11348
Baganda Street
Mwanza Tanzania
Tel/Fax/ +255 (0) 28 250096; cell phone 0744 367484
Email: admin@kivulini.org,
www.kivulini.org

Table of Contents

Contents	Page
Vision, Core Purpose, Project Goal and Project Specific Objective	3
Acronyms and Abbreviations	4
Message from the Board of Directors	5
Situational Analysis	6
Domestic Violence/Gender Based Violence and HIV/AIDS	8
International, Regional and National Policy Frameworks On Violence Against Women	8
Tanzania Gender Policy Climate	9
Kivulini Response to HIV/AIDS and Domestic Violence	10
Expected Results from HIV/AIDS and Domestic Violence Theme	12
Addressing Assumption	15
Kivulini's Comparative Advantage	17
Organizational Capacity Statement:	
Kivulini's History and Background	18
Staff Capacity	18
Governance	18
Accountability Structures	19
Organizational Development	19
Documentation, Monitoring and Evaluation	19
Reporting Structures and Principles	20
Conclusion	20

Our vision is a society free from domestic violence in which women's rights are enforced and respected.

Our core purpose is to build a momentum for the prevention of domestic violence against women in the Lake Victoria Regions of Tanzania by: mobilizing communities to take action, strengthening the capacity of NGOs, CBO's and local Government institutions, advocating and influencing local and national key policies that empower and benefit women.

Project Goal:

To reduce the prevalence rate of domestic violence against women perpetuated by HIV/AIDS.

Project Specific objective:

To strengthen the capacities of community institutions to effectively implement prevention programs on domestic violence against women perpetuated by HIV/AIDS by 2012.

Acronyms and Abbreviations

AIDS:	Acquired Immuno Deficiency Syndrome
CBO:	Community Based Organisation
CEDAW:	Convention on the Elimination of all forms of Discrimination Against Women
DEVAW:	Declaration for the Elimination of Violence Against Women
DV:	Domestic Violence
FemAct:	Coalition of Feminist Activist NGOs
GBV:	Gender Based Violence
GoT:	Government of Tanzania
HIV:	Human Immunodeficiency Virus
MKUKUTA:	Mkakati wa Kukuza uchumi na Kuondoa umasikini Tanzania (i.e., The National Strategy for Growth and Reduction of Poverty –NSGRP)
MCDGC:	Ministry of Community Development Gender and Children
NACP:	National AIDS Control Programme
NGO:	Non-Governmental Organisation
NMSSF-HIV/AIDS:	National Multi-Sectoral Strategic Framework for HIV/AIDS
NSGRP:	National strategic Growth and Reduction of Poverty
SAHRINGON:	Southern Africa Human Rights NGO Network
TACID:	The Tanzania Commission of AIDS
TACAIDS:	Tanzania Council on HIV/AIDS
WHO:	World Health Organisation
WHO-GPA:	World Health Organization Global Programme on AIDS
VAW:	Violence Against Women

Message from the Board of Directors

In the seven years that Kivulini has been active in Tanzania, much has changed. There is a more positive political climate and willingness to intervene and break the HIV/AIDS cycle among women through addressing domestic violence against women (DVAW). There is also openness amongst community members in Mwanza in discussing and preventing DVAW as the community gradually seems to appreciate its linkages to HIV/AIDS.

Internally, we are experiencing a steady growth as an organization. We made considerable achievements during the 2004 - 2007 first strategic phase. We managed to reach unprecedented numbers of women and men in Mwanza region with messages of DVAW prevention. As a result we now receive regular requests to capacitate other organizations in Mwanza region towards the prevention of domestic violence. Kivulini has made substantial contributions towards creating awareness and understanding of DVAW in Tanzania and inspiring the community to take initiatives towards its prevention and eradication. This intervention has resulted in the improvement of the position and status of women in Mwanza. Already on existence on the ground are active community structures which are ready to tackle incidences of DVAW perpetuated by HIV/AIDS, thereby justifying our widespread interventions right from the grass-root.

To actualize our core purpose, from 2008 - 2012, we will use a combination of multiple strategies to achieve our ultimate aim of preventing DVAW perpetuated by HIV/AIDS. In the past we faced great challenges of reaching our objective because of the intertwining and connectedness between DVAW and HIV/AIDS. We eventually realised that HIV/AIDS accelerates the incidences of domestic violence. The lesson we learnt is that unless we develop strategic interventions to address HIV/AIDS in our regular interventions into domestic violence, this undesirable situation might remain un-reversed. We are taking our core programme as a new model in the next strategic period, from 2008 to 2012. The new model shall have an HIV/AIDS intervention component and further expanding it to reach more people. Strategic interventions shall be focussed towards better and more effective ways of preventing DVAW perpetuated by HIV/AIDS.

In this new strategy we place responsibility for providing direct services that Kivulini had been providing through legal aid and social counselling at the hands of the Government as the key duty bearer. Kivulini commits itself to working with other civil society service providers and various community institutions to strengthen their capacity to meet the needs of women in relation to the prevention of DVAW perpetuated by HIV/AIDS.

However, in addition, we also acknowledge that DVAW does not just happen, as it is rooted and engendered in societal norms, beliefs, ideologies and practices¹. We endeavour to tackle those root causes of DVAW as a first step towards its prevention and total eradication in the long future. By so doing we would be strategically contributing towards the prevention of continued rise of DVAW perpetuated by HIV/AIDS. We also realise that we alone cannot make meaningful impacts, as HIV/AIDS is a multi-faceted pandemic. So we shall dedicate our time and resources to identifying and working with other networks to achieve our mission, especially through building their capacities to intervene in cases of DVAW perpetuated by HIV/AIDS. Our thrust is on social change in this aspect. As social change

¹ The United Republic of Tanzania (June, 2005) National Strategy for Growth and Reduction of Poverty (p. 52).

flows from individual actions by changing what they do, people move societies in new directions and themselves change².

Chairperson (Board of Directors) and Kivulini Director.

Situational Analysis

The United Nations defines violence against women (VAW) as: "*...any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.*"³

The definition of violence as being gender-based is to emphasise that violence has its roots in the subordinate role that women have in society; "*Gender based violence is violence that is directed at a woman because she is a woman, or affects women disproportionately.*"⁴

Domestic violence against women (or intimate partner violence) is the most common type of violence experienced by women globally. Domestic violence is any act, or threat of an act that causes physical, sexual, emotional, economical harm (or a combination of these four forms) in an intimate relationship. Physical violence includes beating, hitting, slapping, burning or choking a person. Sexual violence includes forced sex (rape), refusal to practice safe sex or forcing a person to do sexual acts against their will. Emotional violence includes threatening, intimidating, shouting, isolating or humiliating a person. Economic violence includes not allowing a person to work, taking all of their earnings or not allowing them to participate in financial decision-making.⁵

DVAW in Tanzania

According to a recent study (2006) by the World Health Organization (WHO) on women's health and domestic violence against women, Tanzania still has high rates of domestic violence. The research reveals that approximately 48%⁶ of Tanzanian women experience violence in their lifetime. 56% of the women interviewed for this study consider violence to be a normal part of their lives.⁷

The WHO study also demonstrated that women in Tanzania currently take very few actions to address the domestic violence they face; about one-third (1/3) of the women who had experienced domestic violence had told no one of their experience and 60% of all women experiencing violence had never gone for help from any formal service or authority. The majority of women remain in violent relationships in Tanzania because leaving would mean losing their homes, other property and their children.

VAW, specifically domestic violence, affects every aspect of a woman's life. It has a notable impact on her health and the wellbeing of her family. Domestic violence can result in health complications and injuries, as well as psychological harm, impacting a woman's self esteem

² Chambers, R. (1983) Rural Development : Putting the Last First, Pearson Education, London. (page 215).

³ United Nations, General Assembly Resolution 48/104. Dec. 1993

⁴ United Nations (UNHCR) quoted in Irin News, Our Bodies, Their Battleground, article available at <http://www.irinnews.org/webspecials/GBV/default.asp>

⁵ Rethinking Domestic Violence: A Training Process for Community Activists, Dipak Naker and Lori Michau, Raising Voices, 2004.

⁶ 41% in Dar-es-Salaam and 56% in Mbeya, WHO Multi-Country Study on Women's Health and Domestic Violence (2005), World Health Organization, Geneva

⁷ Ibid

and self-confidence. At its most extreme, violence against women kills. Furthermore, women who experience domestic violence are twice as likely to consider ending their lives (WHO, 2006). Beyond the woman, domestic violence has an impact on the whole family and communities. At national level, treating side effects from violence costs the country much both in health care and in lost productivity.

DVAW and HIV/AIDS

The fight against HIV/AIDS has clearly shown the interconnection between DVAW and HIV/AIDS, considering violence as both a cause and a consequence of HIV/AIDS. DVAW increases the risks of HIV infection⁸. A recent South African Study found significantly higher rates of HIV infection in women who were physically abused, sexually assaulted, or otherwise mistreated by their intimate male partners. In Tanzania, in 2003, it was estimated that 8.8% of adults between the ages of 15 - 49 were HIV positive (UNICEF cite - 2003 estimate). However, approximately 60% of these people are females (RFE report). The disproportionate effect that HIV/AIDS has on women and girls is evident within the Ilmela and Nyamagana districts of Mwanza, Tanzania. For instance, the HIV prevalence rate among pregnant women in the MaKongoro Clinic in Mwanza is 16.4%, which is almost double that of the national rate (Tanesa, 2004).

In addition to being inherently dehumanizing, domestic violence is a central cause of women's exposure to HIV. Women who are in relationships that are so unbalanced are unable to negotiate safe sex, and those who are HIV positive are likely to experience violence, stigmatisation, exclusion and isolation as a result of their status. Fear of experiencing various forms of domestic violence prevents women from seeking HIV/AIDS information, accessing treatment, care and support. Lacking their own decision-making power and economic dependency locks women in a circle of violence and HIV/AIDS. Current interventions by the various government departments and other actors do not adequately address the power imbalance between women and men in relationships and how this imbalance accelerates the HIV prevalence rates among the abused women. As such rates of HIV infection continue to soar in Tanzania, especially among women.

International, Regional and National Policy Frameworks on Violence against Women

There are a number of international instruments that address VAW. The Declaration on the Elimination of Violence against Women (DEVAW) states that VAW is a "manifestation of historically unequal power relations between men and women..." The declaration highlights that violence against women takes place everywhere; in the home, in the family, by the state and in the public sphere. It also states that everyone has a role and responsibility in eradicating violence against women. The UN General Assembly through the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) went further on this declaration by appointing a special rapporteur on VAW, its causes and consequences. This institutional mechanism gave way for in-depth review and reporting by countries on the status of VAW.

The Beijing Platform for Action consolidated all these gains by declaring that VAW has an impact on all aspects of development, equality and peace and is a violation of a woman's fundamental rights and freedoms. Recognising violence against women as a rights issue shifts the focus to state accountability and responsibility to prevent and take action to end violence against women.

⁸ .Raising Voices poster. 'www.preventbbvafrica.org'.

The African Union Protocol on the Rights of Women also has a number of clauses on violence against women; the most relevant one to the work of Kivulini is Article 4. The article enjoins state parties to enact and enforce laws that prohibit all forms of violence against women whether it takes place in private or public.

Tanzania Gender Policy Climate

In general, Tanzania has a positive record on gender. The initiatives made by the government on gender equality include:

- Establishment of the Ministry of Community Development Gender and Children (MCDGC)
- Replacement of the WID policy (1992) by Women Development and Gender Policy (2000)
- Dissemination of Kiswahili versions of CEDAW, the Beijing Platform for Action, the SADC Gender and Development Declaration
- Development monitoring indicators for CEDAW implementation
- The Land Act and Village Land Act of 1999, which repeal customary and traditional practice have been enacted to provide gender equality in the ownership use and management of land
- Affirmative action in Parliament for women at 20% and 33.3% in local government.
- Establishment of the Tanzania Council on HIV/AIDS (TACAIDS) to co-ordinate all AIDS control activities.
- Creation of The National HIV/AIDS Policy, which gives guidelines in combating HIV/AIDS
- Development of the National Plan of Action for the SADC Declaration
- Development of the Programme Support for Gender and Women's Advancement
- Limited legal reform, e.g., reviewing the inheritance law, the law of Marriage Act and Child custody laws
- The Sexual Offences (Special provision) Act of 1998. This law safeguards the indignity and dignity of women and children

There is also some progress specifically on domestic violence at a national level within the Tanzanian government. In particular, the National Strategy for Growth and Reduction of Poverty otherwise know as Mkukuta makes two main commitments:

1. To accelerate legislative processes to enable women to access legal mechanisms;
2. To raise awareness and provide education to communities on the consequences of domestic violence.

Mkukuta states that the GoT will "*pursue legislative and administrative actions to protect women against violence, promote their right to seek redress, protection and mechanisms to dispense justice to perpetrators.*"

Tanzania response to HIV/AIDS

Tanzania as a nation instituted an HIV/AIDS Policy to harness concerted responses towards the gradual eradication of HIV/AIDS. This National Policy on HIV/AIDS provides the general framework for collective and individual responses to the HIV/AIDS pandemic⁹. The responses called for are harnessed through a Multi-Sectoral approach which brings together the local government institutions, networks and various community institutions. In this forum each sector declares its collaborative niche as per its area of expertise towards the set

⁹ National AIDS Policy. United Republic of Tanzania. November 2001.

National goals of strengthening the capacity of institutions, communities and individuals in all sectors to arrest the spread of the epidemic. A Multi-Sectoral approach is adopted by the government in addressing challenges created by HIV/AIDS in the communities of Tanzania.

In its response to fight HIV/AIDS which has become a global issue, Tanzania seeks support from the World Health Organization Global Programme on AIDS (WHO-GPA).¹⁰ WHO-GPA responded by assisting Tanzania form the National AIDS Control Programme (NACP) under the Ministry of Health. The NACP formulated short and medium term plans to reverse the devastating effects of HIV/AIDS among the population of Tanzania. The National response was guided by strategies to prevent, control and mitigates the impacts of HIV/AIDS through health education, decentralization, Multi-Sectoral response and community participation¹¹. The government was driven into adopting the Multi-Sectoral response to HIV/AIDS as it faced limited financial, human and material resources, experienced ineffective coordination mechanisms and faced inadequate political commitment and support to handle this massive task on its own. The Tanzania Commission of AIDS (TACAIDS) was subsequently established to provide leadership and coordination of the Multi-Sectoral response. TACAIDS, strategically decentralized the national responses to challenges created by HIV/AIDS right down to the grass-root level. This decentralization facilitates the participation of all members of society in decision making and taking informed action on issues that affect their lives, including HIV /AIDS. Alongside, Tanzania as a country collaborates with regional and international interested partners like: UNAIDS, Global Funds, UNICEF and the World Bank.

Kivulini response to DVAW perpetuated y HIV/AIDS

So far we are the only organization that intends tackling cases of DVAW perpetuated by HIV/AIDS through strengthening capacities of community institutions to mitigate when such cases arise. Our intention is to empower communities contribute towards the gradual eradication of the occurrence of new DVAW cases fuelled by HIV/AIDS in the distance future.

Following our strategic adoption of preventing DVAW perpetuated by HIV/AIDS as a major thematic area, we use intervention as an effective strategy towards the prevention of DVAW perpetuated by HIV/AIDS. Through this intervention, we break strong bondages that link HIV/AIDS to domestic violence thereby contributing to the immediate reduction and gradual eradication of HIV prevalence rate among women facing domestic violence. Our strongest point of intervention is the community institutions whose capacities need to be strengthened to handle the current and potential cases of DVAW perpetuated by HIV/AIDS. Our strategic intervention in this regard is in line with the Cluster Strategy coded 2.9 D; which reads as 'Integrate measures to address gender inequalities and inequities that result in higher HIV prevalence rates among women and girls'; as stated under Goal 2 'Improved survival, health and well being of all children and women and of especially vulnerable groups¹².

Further, in our effort of doing that we are informed by two Guiding Principles enlisted in the National Multi-Sectoral Strategic Framework on HIV and AIDS 2003-2007. In addressing

¹⁰ National Policy on HIV and AIDS. The United Republic of Tanzania. November 2001.(page 3).

¹¹ National Policy on HIV and AIDS... (page 3).

¹² National Strategy for Growth and Reduction of Poverty (NSGRP). The United Republic of Tanzania. June 2005.

HIV/AIDS challenges, these two principles emphasise on: 'Mobilising the competence of communities to develop their own responses' and 'Investing continuously in human capacity building and development'. Goal 7 of the National Multi-Sectoral Strategic Framework for HIV/AIDS¹³ (NMSSF-HIV/AIDS) which reads as 'Increase the knowledge of HIV transmission in the population' also motivates us to intervene and break the strong bond between domestic violence and HIV/AIDS in the families. All efforts to prevent domestic violence would be obsolete reaping no meaningful results, unless communities' awareness on this interconnection is raised and increased. In addition to raising this awareness, we develop their institutional capacities to promote sustainable initiatives in the handling of DVAW perpetuated by HIV/AIDS at community level.

According to the NMSSF-HIV/AIDS (2003 - 2007) 'Poverty reduces the possibilities of larger segments of the population to have access to correct and continuous information and education about sexual health matters. Poverty also limits the economic safety nets, to provide support to individuals, families and communities hard hit by the impact of the epidemic'.¹⁴ Similarly the National Strategy for Growth and Reduction of Poverty (2005) reports that poverty escalates discrimination against women. According to us this limited information on HIV/AIDS and discrimination against women caused by poverty is responsible for fuelling DVAW perpetuated by HIV/AIDS. Thus we shall intentionally develop entrepreneurship skills among women as a means of empowering them fight poverty. We hope that they would be supported financially by different community schemes to be able to initiate own income generating projects to fight against poverty.

In our strategic interventions, we are guided by the National Policy on HIV/AIDS of Tanzania instituted in 2001. Being, an organization that advocates for the rights of women, Kivulini is mainly concerned with addressing HIV/AIDS issues that affect women. We strongly believe that the health of the entire family and society can only be attained only if the welfare of the woman is provided for in full.

Due to the complications and widespread of HIV/AIDS pandemic and the undesirable consequences it has on the livelihoods of women by escalating domestic violence, through our new model, we commit ourselves towards the prevention and eradication of DVAW perpetuated by HIV/AIDS. We further intend tackling HIV prevention among women who are facing and are at risk of facing domestic violence by addressing gender issues in relation to HIV/AIDS as elaborated in the National AIDS Policy of Tanzania 2001. As, Kivulini we strongly believe that addressing issues of gender equity and promoting equal participation of men and women in negotiating safer sex is pre-requisite in reversing the undesirable high HIV prevalence rate among women facing domestic violence. We strongly believe that women have the right and should be assertive to say NO to unsafe sex or to coercions to engage in sex if undesirable. Both men and women should be accorded equal status, equal opportunities to HIV/AIDS education, equal access to reproductive health education and equal access to health care services¹⁵.

Kivulini would employ a combination of strategies that vigorously break the DVAW perpetuated by HIV/AIDS cycle among women.

¹³ National Multi-Sectoral Strategic Framework on HIV/AIDS 2003-2007. Tanzania Commission for HIV/AIDS. Republic of Tanzania. 2003. (page 26).

¹⁴ The Prime Minister's Office. Tanzania Commission for HIV/AIDS. National Multi-Sectoral A Strategic Framework on HIV/AIDS 2003-2007. (page 1).

¹⁵ National AIDS Policy ... (page 23).

Our strategic points of entry shall be:

- i. Addressing power relations between men and women in the traditional, religious and customary context which promote male dominance over women. This inhibits equal participation of men and women in decision making in all issues related to reproductive health, thereby continuously exposing women to DVAW perpetuated by HIV/AIDS. Women who claim their right to decision making frequently face different forms of domestic violence.
- ii. Exploring customary practices and cultural institutions that can provide opportunities of public awareness on the relationship between HIV and AIDS and domestic violence that can be utilised to disseminate reproductive health information and rights of women in decision making right from the family level.
- iii. Explore the already running community programmes to address issues of safe sex, gender and reproductive rights of women in relation to the spread of HIV and escalation of domestic violence.
- iv. Analysing, among others the existing inheritance laws, marriage laws, policies and regulations and advocating for change of policies, laws and regulations that oppress women's human rights thereby exposing them to poverty, DVAW and HIV/AIDS. In some cases we shall lobby for the enactment of laws that protect women against violence which exposes them to HIV infection. A lot of effort shall be put in advocating for laws that are gender sensitive and which accord women the human dignity they deserve. Through the NSGRP (2005:52) the government already states its commitment to addressing male dominance over women by stating that "The strategies to achieve this target will include strengthening the judicial system, extending its coverage of the legal reforms and continued review of succession, inheritance, customary, marriage acts and laws that address the rights of children, women and girls".¹⁶
- v. Poverty significantly influences the spread and impact of HIV/AIDS. Therefore the fight against HIV/AIDS is considered an integral part to the efforts aimed at poverty eradication as outlined in the Poverty Reduction Strategy Paper¹⁷ (NMSSFR-HIV/AIDS 2003-2007). Realising that more women than men face the consequences of poverty in the family; women are also prone to be victims of DVAW perpetuated by HIV/AIDS. Our strategic intervention, therefore, in this regard is; providing opportunities for economic empowerment for women facing and those with a potential to face DVAW perpetuated by HIV/AIDS. We shall only do that by developing entrepreneurship skills among women through our capacity building department. We have in our midst, staff members with expertise in the development of entrepreneurship skills among community members. Women eventually gain self esteem when they contribute income to the family. Their lost dignity and status is regained in the family. This forces their husbands to accord them space in decision making in the family. In the process they become self empowered to resist all forms of domestic violence that expose them to risks of HIV infection.

¹⁶ The United Republic of Tanzania, (June 2005) National Strategy for Growth and Reduction of Poverty.

¹⁷ The Prime Minister's Office (2003) National Multi-Sectoral Strategic Framework on HIV/AIDS 2003-2007. Tanzania Commission for HIV/AIDS. (page 11).

As a non-service provider, our approach shall be advocating for change in DVAW scenarios perpetuated by HIV/AIDS. As an intervention strategy, we shall attain our full mission through building capacities, empowering and supporting various community institutions at grass-root level for collaborative and complementary roles in addressing cases of HIV/AIDS and domestic violence that affect women negatively. Through a base line survey and situational analysis, we shall be in a position to tell how capacities of various community institutions shall be developed to tackle this mammoth task of preventing DVAW perpetuated by HIV/AIDS.

Expected Results from prevention of DVAW perpetuated by HIV/AIDS thematic area

There are three main expected results for this thematic area.

Capacities of community institutions including Kivulini in the 8 districts of the Lake Victoria regions strengthened to effectively respond to cases of DVAW perpetuated by HIV/AIDS by 2012.

The capacity building program is being launched to respond to the increasing demand by our staff, board members and those of other community institutions we collaborate with in the area of prevention of DVAW perpetuated by HIV/AIDS. In order to have a strategic approach, reach more people and sustain initiatives by community institutions we shall emphasise on sustained ownership and engagement with community institutions. Thus, we shall encourage community institutions to develop home grown programmes that are suitable to their different situations and environments. The programmes and initiatives they shall develop should promote the use of local resources. These are the nature of resources community institutions can easily mobilise at no or very little cost. Our thrust as Kivulini shall always be to develop the capacity of community institutions we collaborate with. By so doing we are empowering communities to look inwardly for solutions they face pertaining to DVAW perpetuated by HIV/AIDS. Based on our experiences for the last six years, we play a pivotal role in strengthening the capacity of community institutions in the Lake Victoria regions to effectively and efficiently implement prevention programmes of DVAW perpetuated by HIV/AIDS.

According to us, community institutions are those structures at different levels of society which can contribute towards the eventual reduction and gradual eradication of incidences of DVAW perpetuated by HIV/AIDS. We intend to seek the collaboration of and strengthen the capacities of these community institutions: faith based organizations, families, health facilities, schools, and networks, NGOs, CBOs, Street Committees, Ward Tribunals, Ward Development Committees, Paralegals and Social Welfare Department.

Activities

- i. Conduct 1 organizational assessment among Kivulini staff to determine strengths and weaknesses (knowledge gaps) on how to address DVAW and HIV/AIDS. We, the Kivulini staff have wide expert knowledge on issues related to DVAW. This organizational assessment shall assist us determine our knowledge gaps in the area of HIV/AIDS. To get the best out of this assessment, we shall hire the services of a Consultant who is knowledgeable in both areas of DVAW and HIV/AIDS. The outcome of this assessment shall be useful for comparative purposes with future research and evaluations.
- ii. Conduct 5 skills building workshops with 25 (staff and board members) for 3 days each among other needs on HIV/AIDS and familiarisation on the Mkukuta Policy Framework on

elimination of sexual violence and DVAW as entry points. We shall use the outcome of the assessment to plan for the in-service trainings in the form of workshops to bridge the knowledge gap and deepen our understanding in the area of HIV/AIDS and the Mkukuta Policy. These courses should also develop our expertise in building the capacities of community institutions we shall be collaborating with in the handling of DVAW cases perpetuated by HIV/AIDS. These workshops shall be mainly guided by the National Multi-Sectoral Strategic Framework on HIV/AIDS, The Mkukuta Policy Framework on the Elimination of Sexual Violence and DVAW and The Resource Guide on Mobilising Communities to Prevent Domestic Violence. As we already work closely with health institutions, it would be easier for us to get the best facilitators, highly knowledgeable in the areas of DVAW and HIV/AIDS. These workshops shall be conducted in the premises run by one of the women groups we support. By so doing we shall not spend much funds paying for accommodation and upkeep of staff and board members during the workshops.

iii. Conduct 10 staff development sessions to effectively respond to emerging HIV/AIDS challenges. The outcome of the conducted organizational assessment shall guide us in the development of the training agendas for these staff development sessions. We should see ourselves becoming experts in the areas of prevention of DVAW perpetuated by HIV/AIDS. In some cases, the challenges we face in this new model on the ground will inform the agendas of the training workshops. It is our wish that all training workshops should be home-grown as per our needs. This will make us even more competent in our work on the ground. These workshops should help us set targets in our different areas of competence. During our routine meetings we would give feedback on our performance in terms of successes we are making and challenges faced.

iv. Organise 4 study visits involving 12 participants (staff and board members) to at least 2 regional organizations. The objectives of the study visits will guide us in selecting the suitable regional organizations to visit and also the staff and board members to visit a particular organization in each case. These study visits are unique in the sense that we shall incorporate the lessons learnt in our strategies and activities. For that reason we would visit organizations running programmes closely related to the prevention of DVAW perpetuated by HIV/AIDS. We would be grateful to have an opportunity of direct observation and participating in some activities the organizations we are visiting are involved in. This will enable us to work along with staff in the visited organizations, learn new concepts and strategies practically and even practice some techniques we shall use in our programmes later. The outcome of these study visits should increase our competence at work.

v. Hire a Resource Centre Officer. We want this Resource Centre to be fully functional, well equipped and managed. A full time Resource Centre Officer shall ensure that necessary resources are always mobilised and stored in this Resource Centre to fulfil the needs of the users. It will be important for us to always conduct some baseline survey to ensure that the right equipments and resources are stocked. The core users of this Resource Centre are all officers and persons from community institutions collaborating with us in the prevention of DVAW perpetuated by HIV/AIDS.

vi. Acquire relevant (related to DVAW and HIV/AIDS) materials for the Resource Centre. We will carry out a baseline survey to gather the needs of the staff and community institutions in terms of information related to DVAW perpetuated by HIV/AIDS. The collected information should guide us collect materials with information that shall be useful to everyone using this Resource Centre. The Resource Centre will provide a wide selection of information and resources on DVAW and HIV/AIDS. Some of the booklets, posters and

pamphlets and other materials we shall produce will also be stocked in this Resource Centre. Of particular interest would be policies, laws and various legal instruments related to DVAW and HIV/AIDS stocked in this Resource Centre.

vii. Conduct one baseline survey to determine the capacity of identified community institutions to handle DVAW perpetuated by HIV/AIDS. As we shall develop the capacities of community institutions, we need to have an understanding of their current potentials and information gaps. This baseline survey will guide us propose suitable programs to develop the capacities of the identified community institutions. Through this, these community institutions would develop a positive appreciation of the tasks they are capable of undertaking and those that can create some challenges of incapacity to them. Once they develop a positive attitude of wanting to learn, then all the proposed activities for their capacity building shall be a success. The final outcome would be success in the communities working together to prevent DVAW that is perpetuated by HIV/AIDS.

viii. Conduct 12 workshops involving 240 participants from the community institutions (20 participants for each workshop) for five days on the interconnection between DVAW and HIV/AIDS. These workshops shall directly respond to the needs of the community institutions as indicated by the outcome of the conducted baseline survey. The medium of instruction during these workshops shall be both Swahili and English. This would facilitate the simplification of complex concepts related to HIV/AIDS mainly. Participants shall be expected to assist their organizations adapt acquired knowledge into their organizational programs and communities.

ix. Organize quarterly network meetings involving one representative from the 21 community institutions from the 8 districts. This network would be comprised of the community institutions collaborating with us in the prevention of DVAW perpetuated by HIV/AIDS. Agendas for these quarterly meetings shall be selected in a way that increases the competence of the network in addressing DVAW perpetrated by HIV/AIDS. To a large extent the network's issues and concerns related to their operations on the ground shall be on the agenda all the times.

Expected Result 2: The community members (men and women) are aware and responding to DVAW cases as a result of HIV/AIDS by 2012.

Both women as victims and men as perpetrators of domestic violence related to HIV/AIDS need vigorous awareness raising on the relationship between DVAW and HIV/AIDS. This empowers women to demand for their safety and security in the family, from an informed perspective. The same scenario makes men to boldly change their negative attitudes, practices and behaviours that continuously expose women to risks of domestic violence perpetuated by HIV/AIDS. Some interventions would bring both the victim and the perpetrator together, so as to develop concerted efforts to prevent DVAW perpetrated by HIV/AIDS. Thus mobilising the community (men and women) is a strategic niche of involving them in the fight for the reversal of policies, systems and ideologies whether traditional or modern which fuel domestic violence perpetuated by HIV/AIDS. As we mobilise and empower communities to develop their own initiatives to tackle these unfavourable case scenarios against women, they become better positioned to develop their own monitoring and evaluation systems to ensure that re-occurrence of undesirable situations are eradicated. The mobilisation of the community and dissemination of information shall be done through workshops, festivals, IEC materials, radio and television spots.

Activities

i. Conduct 108 training workshops on skills building around legal, social relationships, self esteem, assertiveness, SRHR and entrepreneurship to 3240 women and men. We would conduct a baseline survey to determine the skill gaps among workshop participants in the stated areas. It is important for men and women to develop skills around legal, social, and assertiveness related to the prevention of DVAW perpetuated by HIV/AIDS. SRHR and entrepreneurship skills are also important in the prevention of DVAW. This will make them effective in their attempts to contribute towards the prevention of DVAW perpetrated by HIV/AIDS. Extreme poverty compounded by exclusion and gender discrimination fuels DVAW and HIV/AIDS mainly among the poor¹⁸. Developing these skills among women mainly should facilitate the reversal of this undesired situation of DVAW perpetuated by HIV/AIDS.

ii. Conduct 16 community festivals on DVAW and HIV/AIDS in the lake regions. Men and women as community members need detailed understanding of all issues pertaining DVAW perpetuated by HIV/AIDS. Community festivals would disseminate that information in their own language, setting and background. This will enable them identify with some characters, behaviours, attitudes and practices portrayed. Exposure to such theatres would enable them visualise their real and practical role in the prevention of DVAW perpetuated by HIV/AIDS.

iii. Design and print 50 000 flyers, 50 000 posters and 10 000 booklets on the interconnection between DVAW and HIV/AIDS. We would conduct a baseline survey to determine the nature of information communities need in relation to the prevention of DVAW perpetuated by HIV/AIDS. Other researches already conducted will assist us determine more information needed. The amount and type of information needed will determine the design, type and size of materials to be produced. Some of the information would be written in Swahili. This will enable us reach every member of our target group with the right information at the right place. As information is power, communities should be empowered to take up own initiatives to prevent DVAW perpetuated by HIV/AIDS after reading these materials and attending various festivals.

iv. Distribute flyers, posters and booklets on the interconnection between DVAW perpetuated by HIV/AIDS strategically during the festivals and or piggy back with other organizations in the lake region. Distributed flyers, posters and booklets should make a change in the communities in relation to DVAW perpetuated by HIV/AIDS. To ensure that these materials are used for the right purposes we shall develop a monitoring tool to follow up on the impacts they are making in the communities. The results of our monitoring exercise will assist us in future to improve on the content in our information materials and on the follow up model.

v. Design and air 4 radio/television spots on key issues raised from the baseline. Radio and television spots create public forums for exploring ideas and values among communities. They provoke debates in a free and non-threatening environment. They also have the advantage of reaching many people at minimal costs but in an effective and efficient manner. Media spots depict the real lives of the people as it happens in their society and culture. We strongly believe that through debates provoked by radio and television spots

¹⁸ Mkukuta 2005

among the community members in their different settings; they gradually contribute towards the prevention of DVAW perpetuated by HIV/AIDS.

Expected Result 3: Suitable laws, policies, resources and structural reforms in place to protect women from DVAW perpetuated by HIV/AIDS by 2012.

Increase in HIV prevalence rate is closely related to increases in domestic violence, both of which are promoted by some unfavourable traditional, religious, political, economic and environmental ideologies, policies and principles. In some violent cases, women facing domestic violence are forced into trafficking where they experience physical sexual exploitation, psychological abuse and exposure to HIV with lasting consequences on their physical, reproductive and mental health¹⁹. More disturbing is that these women are refused access to preventive health care. Most of the systems referred to here are not gender-sensitive thereby promoting the patriarchal ideologies at household level against the interest and protection of women. Mkukuta 2005, further cites cultural norms, beliefs and practices as impoverishing and discriminating against women by limiting their freedom of choice and action. This exposes women to worst case scenario of domestic violence and HIV/AIDS. We in Kivulini believe that 'As it's the community that is fully behind the enactment and application of such systems, thus it's the same community that can reverse those unfavourable practices, policies and ideologies that escalate incidences of DVAW perpetuated by HIV/AIDS.

Activities

i. Conduct 1 situational analysis to determine incidences of DVAW perpetuated by HIV/AIDS. The community members might not be aware of the extent of DVAW perpetuated by HIV/AIDS in their midst. Thus a situational analysis will make them appreciate the gravity of the problem. Raising this awareness will even challenge them to start thinking about the consequences DVAW has on women. We strongly believe that this knowledge will be user-friendly to them as they advocate at their level for changes of some community practices that discriminate against women always exposing them to DVAW perpetuated by HIV/AIDS. Findings of this situational analysis shall be written and communicated to the communities in Swahili as well.

ii. Write 10 policy papers on the impact of DVAW and HIV/AIDS and vice versa. Findings from all community surveys and project evaluations shall be considered in the development of these policy papers. Policies should directly answer the needs of the people they serve. This reinforces the importance of conducting surveys first before writing policies. We shall lobby the policy makers to consider the policy guides we would have compiled for the communities. Efforts shall be made to have policies translated into Swahili. This shall facilitate in their interpretation and demand for their enforcement by law enforcers.

iii. Conduct 4 national budget analysis and its implication to prevention of DVAW perpetuated to HIV/AIDS. Unless the community take practical steps to advocate for budgetary allocations towards the allocation of funds for the prevention of DVAW perpetuated by HIV/AIDS; authorities usually overlook that. This force will ensure that all local government authorities seriously take this issue of preventing DVAW perpetuated by

¹⁹ Ministry of Health and Social Welfare (undated) Human Trafficking and HIV/AIDS in Tanzania. A Training Guide For Health Workers. Produced by IEC Unit, National AIDS Control Programme and Ministry of Health and Social Welfare.

HIV/AIDS. The budget analysis shall be done in the formal and non-formal meetings with officers in the local authorities.

iv. Conduct 2 workshops of 5 days involving 60 participants on the national budget and public expenditure tracking on DVAW and HIV/AIDS. This workshop is unique in the sense that it intends developing very vital skills in checking whether local authorities use the funds as budgeted. These skills contribute towards successful advocacy for the commitment of local authorities in the prevention of DVAW perpetuated by HIV/AIDS. We shall ensure that the community elects brave participants who are ready to challenge local authorities if funds for the prevention of DVAW perpetuated by HIV/AIDS are not used for that purpose.

v. Organize one day consultative meeting with 30 Members of Parliament during the Parliamentary session on the findings of the situational analysis (research). Some Parliamentarians have limited understanding on the relationship between DVAW and HIV/AIDS. With this limited knowledge it is very difficult for them to influence enactment and enforcement of policies and laws that prevent DVAW perpetuated by HIV/AIDS. This session should act both as awareness creation to the Parliamentarians and also as an opportunity for us to lobby the Parliamentarians to support the enforcement of relevant laws that prevent DVAW perpetuated by HIV/AIDS.

NOTE: All workshops participants would be chosen from the Community Institutions we collaborate with enlisted in the first paragraph on page 13 of this document.

Addressing Assumptions and Opportunities

Assumption 1: *The Mkukuta which promotes the elimination of sexual violence and DVAW still in force.*

Mitigation strategy: We, as Kivulini will closely follow up with the government and lobby for the enforcement of this section of the policy. It shall also take advantage of the existence of other supportive policies like the National Policy on HIV/AIDS and The Mkukuta. All these policies make reference to HIV/AIDS being related to domestic violence. The government's commitment has already been expressed in addressing male dominance over women through the enforcement of various policies and laws.²⁰The existence of these four related policies gives us a wider space to pursue our mission.

Assumption 2: *The National HIV/AIDS policy will still be implemented supported and receive the necessary recognition by stakeholders.*

Mitigation strategy: There are high chances of this policy to be still in existence owing to the fact that the set goals in this policy are still far-fetched. The big challenge is whether it shall still be recognised and promoted by stakeholders. Through our lobby strategies we shall push for its application and recognition by relevant stakeholders. The already existing structures at all levels of society that network with us will be targeted with advocacy messages for the recognition and application of this policy. At the same time we shall explore customary practices and cultural institutions that are in favour of the guidelines in this policy. We would then support these community institutions to advocate for the desired change in male practices and attitudes towards women.

Assumption 3: *Community institutions will be willing to take action.*

Mitigation strategy: In this new model, we want to work with and through other community institutions to prevent DVAW perpetuated by HIV/AIDS in the communities.

²⁰ See 'Strategic Point Number iv' on page 11.

Thus, a lot of collaboration and complementary efforts shall be looked forward to from community institutions. In this collaborative effort community institutions should address power relations between men and women in the traditional, religious and customary contexts that promote male dominance over women. To attain that support we shall always lobby for their support and commitment. It shall provide them with necessary capacity building and creation of an enabling environment. This it shall do by ensuring that local government institutions are conscientized on the need to address HIV/AIDS and domestic violence.

Assumption 4: Availability of financial and material resources:

Mitigation strategy: We shall empower community institutions to collaborate with us in the prevention of DVAW and HIV/AIDS. Community institutions shall develop local and home grown strategies which call for use of local human and material resources. This cuts down on the cost of having to export human and material resources from elsewhere. Thus, we would only need to mobilise financial, material and human resources for capacity building sessions for the community institutions mainly. Even though in most capacity building sessions local resources shall be used.

Assumption 5: Local authority will give the necessary recognition and support.

Mitigation strategy: We have been working in close collaboration with all local authorities all along. Even during the development of this strategy, one Ward Executive Officer of one local district was in attendance. We shall share our new strategy with all local authorities and develop their awareness on the relationship between HIV/AIDS and DVAW. We will seek the support of the attending Ward Executive Officer to advocate for the acceptance of this new model by all other local authorities.

Assumption 6: Community institutions collaborating.

Mitigation strategy: Following our strategy as Kivulini of collaborating and working through community institutions; we shall offer all the necessary support they need for their continued commitment. We would also develop some monitoring tools to determine the level of their commitment and the nature of support they need at each instance. These measures shall result in them being committed into their work and collaborating with one another to achieve targets they set for themselves. We would support these community institutions explore the already running community programmes they can take advantage of for in their interventions.

Assumption 7: Local government willing to support community institutions. We shall encourage the networking community institutions to work closely with the local government. This will see the local government prepared to offer them the support they need all the times. It is important that these community institutions maintain transparency in their operations with the local government and the communities.

Kivulini's Comparative Advantage:

While there are other organizations in Tanzania working on the issue of domestic violence and violence against women more directly, we as Kivulini are unique in many regards:

1. We are based in the Lake Victoria regions of Tanzania, where there are no organizations focusing directly on the issue of DVAW perpetuated by HIV/AIDS. Actually in the whole of Tanzania there is no known organization yet focussing on this strategic area of addressing HIV/AIDS issues through the prevention of domestic violence against women.

2. We have deep connections with communities at the grassroots level. We have established strong relationships with local leaders, professionals, community structures which could be traditional, religious, political and otherwise, community members and organizations. We have an understanding of the level of progress with these communities and interventions which are still required. We call all these community institutions.
3. We are able to connect grassroots and government levels. We are strategically positioned to bring concerns, issues and ideas of the general public into the national policy processes. Conversely, our close connection with communities allows us to play a bridging role, bringing national policy changes and ideas into the real lives of women and men in the Lake Victoria Regions of Tanzania.
4. Our approach has been recognized and hailed as systematic, holistic and can truly have a long-term impact on the lives of women and men at the grassroots level. The community mobilization framework we have been using and will continue to use has been hailed as a promising practice internationally, and has been cited as good practice in the Secretary General's In-Depth Study on All Forms of Violence Against Women (2006), USAID and WHO. Moreover our approach of intervention into HIV/AIDS issues among women by addressing domestic violence is cited by the National Policy on HIV/AIDS of Tanzania (2001) as one of the major strategies to prevent HIV infection among women.
5. We have an established positive track record of working towards domestic violence prevention. We have initiated the process of change, and implemented activities and interventions at the community, local and national levels. It should therefore be easy for us to use our best practices in intertwining HIV/AIDS with prevention of domestic violence.
6. We work in collaboration with other NGOs, which increases our impact and adds our voice to important processes. We are a member of FemAct, TGNP, Policy Forum and MPI. In addition, at a regional level, we are a Focal NGO for the Gender based violence Prevention Network, a Network which has over 150 members in the Horn, East and Central Africa.
7. We are a leader in DVAW prevention, and its work is beginning to be adopted by other organizations here in Tanzania and elsewhere in the Horn, East and Central Africa. Learning materials are being reproduced, and neighbouring organizations are eager to learn our strategy. We also want to remain the leaders from where all other players can learn from us in preventing HIV/AIDS by addressing domestic violence.

Organizational Capacity Statement

Kivulini's History and Background

We, Kivulini Women's Rights Organization were registered as a community based NGO based in Mwanza in 1999. On the 16th of February 2006, we were deregistered under the Companies Ordinance to become a Non-Profit Company Limited. Between 1999 and 2004 we worked on a project basis until the first strategic plan was developed (2004-2007). We currently have 16 staff members and implement a number of project activities focussing on domestic violence and women's empowerment. The word Kivulini means "in the shade". It implies a place of safety, where people meet for discussions and offer each other support. We advocate for women's and girl's rights to justice, equality, dignity and safety by emphasizing the prevention of domestic violence against women and girls. For the past seven years, we have worked in two districts, Ilemela and Nyamagana, which has a population of approximately 476,646.

Core Values

We strive to live our core values through all our programs, our relationships with each other and our stakeholders and partners.

Commitment to our core purpose and to our work

Passion for ending violence against women and peaceful families and communities

Learning from others, each other and from our achievements and mistakes

Equality and Justice for men and women

Tolerance for differences and for diversity

Respect and dignity for the communities we work with and partners regardless of age, tribe, religion or sex.

Staff Capacity

We currently have 16 staff members who are committed to creating positive change in the lives of women in our communities. The diverse backgrounds and experience of staff together build a strong team. Our staff has been responsible for project planning, management and facilitating community mobilization through awareness campaign, capacity building and training the staff of CBOs, NGOs, and local government leaders. Additionally, they have engaged in consultancy work with national and international agencies, NGOs, and CBOs. Our expertise range from: Project Designing & Management; HIV/AIDS and Gender Mainstreaming; Community Governance; Community Approach to Economic Growth and Poverty Reduction; Policy Advocacy; Participatory Research; Community Score Card; Peace building; Fundraising; Monitoring & Evaluation; Results-Based Orientation; Organizational Development, and Financial Management. Their work experiences range from 3 years to 15 years in the field of development work. This practical experience forms the basis of our competencies.

Governance

The Board of Directors, Executive Director and senior programme team will provide strategic direction for the organisation. The programme teams will focus on delivering on the strategy, but will learn from and build on each other's work. For this project, the whole organisation and staff will remain focussed on prevention of DVAW perpetuated by HIV/AIDS and we as an organisation will retain our integrity as a community based women's rights organisation.

The organisation has a Board of Directors who govern the business of the company and that is expected to enable the organization to access key Government departments but also reflect

its grassroots identity and focus. We have selected Board members who have good links with the government of Tanzania and that will help us to engage in our advocacy work.

Accountability structures:

1. The structures and principles for accountability and reporting are clearly set out in the Memorandum & Articles of Association, Financial Policies, Administration policies and Human Resource Manuals.
2. The Annual General Meeting is held yearly is the highest organ of the organization with the following powers: To determine the Policy of Company, to amend Articles in the MoU, to appoint members of the Board of Directors, to determine membership and appoint committees to act on its behalf.
3. The day-to-day management of Kivulini is entrusted to the Executive Director who is assisted by management team composed of professionals within the organization.

Organizational Development

We are and intend to remain a small NGO. However to optimise our performance, we will put in place structures and systems that will help us grow as an organisation and attract well-qualified staff. We will also ensure that policies are implemented so that the effective systems and structures are regularly and effectively implemented. Our objectives for *improving structures and systems* are:

- a) We will develop an organisational structure that is based on functions rather than positions and that reflects our core programme.
- b) Hold an organisational assessment exercise to develop the needed policies and procedures to assure strong governance and accountability internally.

Overall, Kivulini will empower staff and improve skills across the board, recognising that only well skilled committed staff can make the desired impact in our work. Our objectives for *strengthening staff capacity and clarifying roles* are:

- a) Assess the key competencies required to deliver on the programme and restructure the staff roles to correspond with the new programme direction
- b) Provide appropriate training in the areas where gaps have been identified
- c) Recruit new staff where required skills are not already on board
- d) Continue to link with institutions that provide capacity building support and opportunities as well as continue to collaborate with and get technical support from Raising Voices.

Documentation, Monitoring and Evaluation

Monitoring and Evaluation is an important part of our work at Kivulini. We seek to be open to learning about the positive and negative, intended and unintended outcomes of our work. In each program, we have developed a detailed log frame which forms the foundation of our monitoring and evaluation efforts for each program.

Reporting Structure and Principles

1. We prefer to have a basket funding for our comprehensive Strategic Plan and Budget, instead of the project approach where donors pick and choose specific lines to fund, making reporting & financial management uncoordinated undermining the coherence of its programme and operations.
2. We intend to produce one overall comprehensive set of reports for our own constituencies, Board and donors. This will reduce the workload for the staff and

allows them to focus on the work. It also gives the donors a total/ complete picture of the organization deliverables and values for money.

3. We prefer to have monthly reports produced by Programme staff, Finance/Admin presented to the Executive Director, Half year reports (Semi-annual progress) report and expenditure against budget report compiled by the Executive Director to be presented to the Board and the annual narrative reports and audited accounts compiled by the executive Director, approved by board, AGM and shared with donors after board approval. Annual work plan will be developed based on the strategic plan to enable staff and other actors have smooth operations and monitoring.

In addition, we shall undertake annual staff reviews to generate reflection and growth within each program area. The lessons learned will feed into the planning and programming for the following year. We will continue to produce an annual report and distribute it to partners, stakeholders and other interested colleagues.

Finally, the progress made on this strategic plan will be reviewed with the support of an external consultant mid-course (end of 2009). A final evaluation will be conducted towards the end of this planning period to analyze the program, assess impact and learn lessons from our experiences.

Conclusion

This project of preventing DVAW perpetuated by HIV/AIDS feeds into our vision, mission and core goal. HIV/AIDS, to a large extent fuels DVAW while DVAW escalates the spread of HIV among women facing DVAW. Therefore preventing new HIV infections while intervening in cases where the HIV infection has already happened, lessens the burdens of women facing the consequences of domestic violence. Bringing together various players into this intervention takes off the burden of women feeling that they are to blame for finding themselves victims of both HIV infection and domestic violence. Rather this makes men appreciate their responsibility of putting women in such a situation through their unsupportive attitudes, behaviour and practices in most cases. However, both men and women eventually realise the need to work together to create a safe environment for women so as to minimise chances of women being exposed to HIV infection and facing undesirable domestic violence.

The best practices and lessons learnt from this new model shall be recorded and shared with other networks and partners with similar missions. We shall also welcome suggestions and ideas to improve on our strategy from any partners.

This five year period shall inform us on how to proceed during the next strategic period between 2013 and 2017. For that reason constant monitoring of programs shall be done with end of year, mid-term and end of project evaluations conducted. These evaluations shall inform continued strategic interventions, making necessary amendments and additions to plans and activities where need be.