



...enhancing Healthier and Safer Communities



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Acronyms

AfDB	African Development Bank
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
ART	Anti-Retroviral Therapy
BD	Business Development
BDT	Business Development Team
BENSACA	Benue State Agency for the Control of AIDS
BOT	Board of Trustees
CA	Cooperative Agreement
CAACA	Calabar Archdiocese Action Committee on AIDS
CBO's	Community Based Organizations
COF	PHS Commissioned Officers Foundation for the Advancement of Public Health
DHIS	District Health Information System
ECOWAS	Economic Community Of West African States
EQA	External Quality Assessment
EU	European Union
FACA	FCT Agency for the control of AIDS
FCT	Federal Capital Territory
FGD's	Focus Group Discussions
FGN	Federal Government of Nigeria
FMOH	Federal Ministry of Health
FMWACD	Ministry of Women Affairs and Child Development
HAF2	HIV AIDS Fund Phase 2
HIFASS	Health Initiatives for Safety and Stability in Africa

HIFASS-LOPIN3	HIFASS Local Orphans and Vulnerable Children Partners in Nigeria
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HJF	Henry Jackson Foundation for the Advancement of Military Medicine
HOD	Head of Departments
HQ	Headquarters
HR	Human Resource
HTS	HIV Testing Services
IEC Materials	Information, Education and Communication Materials
IP's	Implementing Partners
IYCF	Infant and Young Children Feeding
LGA's	Local Government Areas
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MD	Managing Director
MoU	Memorandum of Understanding
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and STIs Control Programme
NCDs	Non-Communicable Diseases
NEMA	National Emergency Management Agency
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organization
NMEP	National Malaria Elimination Programme
NMOD	Nigerian Ministry of Defence
NMOD HIP	Nigerian Ministry of Defence Health Implementation Program
NTBLCP	National TB and Leprosy Control Programme

NTDs	Neglected Tropical Diseases
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission of HIV
PPHFN	People to People Health Foundation, Nigeria
QA	Quality Assurance
QA SOP	Quality Assurance Standard Operating Procedure
SACA's	State Agency for the Control of AIDS
SINM-HAR	Strategic Integration of Nigeria Military HIV/AIDS Response
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
SUCCDEV	Catholic Dioceses of Abakaliki Succour and development Services Initiatives
SWOT	Strength, Weaknesses, Opportunities and Threats
TA	Technical Assistance
TB	Tuberculosis
ToR	Terms of Reference
ToT	Training of Trainers
USAID	United States Agency for International Development
USDoD	United States Department of Defense
USDoD WRP-N	United States Department of Defense Walter Reed Program-Nigeria
WRAHI	Women's Rights and Health Initiatives

Acknowledgement

HIFASS developed this strategic plan with assistance from a consultant, Joshua Ida Samson. With his guidance, we created a three-month process that culminated into a three-day working session (March 1st - 3rd, 2017) for the Board of Trustees, Management Team, staff and stakeholders

The Strategic Planning Committee included board members, the management team and staff. This Committee helped coordinate the planning process and provided technical and administrative support to the development of this plan.

We would like to recognize the involvement of our funding partners United States Department of Defense (USDoD), Nigerian Ministry of Defence Health Implantation Program (NMOD HIP), Henry Jackson Foundation for the Advancement of Military Medicine (HJF) and United States Agency for International Development (USAID). Other Partners include Nigerian Ministry of Defence Health Implementation Programme (NMOD HIP), National Agency for the Control of AIDS (NACA), Nigerian Ministry of Defence (NMOD), Catholic Archdiocesan Action Committee on AIDS (CAACA), Catholic Diocese of Abakaliki Succour and Development Services Initiative (SUCCDEV) and People to People Health Foundation in Nigeria (PPHFN).

We would also like to appreciate the contribution of Ministry of Health-Public Health Department, Ministry of Women Affairs and Child Development (FMWACD), National Malaria Elimination Programme (NMEP), National TB and Leprosy Control Programme (NTBLCP), National AIDS and STIs Control Programme (NASCP), other consultants and individuals such as Maj Gen TO Umar (rtd), Brig Gen O.R. Ayemoba (rtd), Dr Femi Owuoye and Moses Okpara.

Finally, I would like to thank the Staff of Health Initiative for Safety and Stability in Africa (HIFASS) for their full involvement in the workshop. This was a major commitment on their part.



Tuedon Uweja
Managing Director, HIFASS

From the President – Foreword

In the past 9 years, HIFASS in partnership with various indigenous and international organisations has engaged in different areas of healthcare and social services, governance, management, programming, advocacy, prevention, education, mentoring, capacity building, research in both military and civilian communities, using our activities to strengthen systems, build processes and sustainable strategies that can handle both present and emerging challenges ensuring they align with national goals .

Resourcing is key to restructuring and rebranding of HIFASS without compromising our uniqueness and core values, while capacity building and strategic interventions are inevitable in bridging present gaps.

Our expectation is that this strategic plan will empower us to envision a desired future, translating the vision into goals and objectives and creating a sequential way of achieving it. This is a systematic roadmap for services, collaboration and organisation development.

The board will continue to provide strategic oversight to the thematic areas of management, give the needed direction to the organisation and strengthen existing relationship with our partners while seeking for opportunity to establish new ones, committing the board to improving the overall functionality and performance in every area of engagement.

As an organisation we are excited and confident that with the careful execution of this document, HIFASS will be repositioned to handle challenges in global development for the next five years.

Thank you and God Bless

A handwritten signature in blue ink, appearing to read 'Roland Lere Oritsejafor'.

Dr Roland Lere Oritsejafor
President, HIFASS

Executive Summary

Health Initiatives for Safety and Stability in Africa (HIFASS) recently reviewed her programme response with a view to developing a five-year strategic plan to ensure that it continues to occupy a strategic niche in the health and social development sector globally.

HIFASS has thrived on strategic partnerships with the United States Department of Defense - Walter Reed Program-Nigeria (USDoD WRP-N) and the Nigerian Ministry of Defense Health Implementation Program (NMOD-HIP) collaboration. HIFASS has also worked with other partners such as Henry Jackson Foundation for the Advancement of Military Medicine (HJF), United States Agency for International Development (USAID), Project Hope, the PHS Commissioned Officers Foundation for the Advancement of Public Health (COF), the National Agency for the Control of AIDS (NACA), Federal Ministry of Health, Federal Ministry of Women Affairs and Social Development (FMWASD), Medical Laboratory Science Council of Nigeria (MLSCN), Catholic Diocese of Abakaliki Succour and Development Services Initiative (SUCCDEV), Catholic Archdiocesan Action Committee on AIDS (CAACA), Women's Right and Health Initiative (WRHI), People to People Health Foundation in Nigeria (PPHFN) and Cuso International.

HIFASS is presently working with USDoD WRP-N/NMOD HIP and Henry Jackson Foundation, managing 217 health care workers to facilitate research and strengthen service delivery across 25 sites providing comprehensive HIV/AIDS services. The President's Emergency Plan for AIDS Relief (PEPFAR) through a United States Agency for International Development (USAID) funded project, HIFASS-LOPIN3 has identified, enrolled, tested and linked 108,332 Orphans and Vulnerable Children (some of whom are HIV positive) to treatment, reintegrated adolescent young girls back to school, young women and caregivers have been empowered financially to start or expand existing businesses and learn vocational skills.

At a strategic planning workshop where stakeholders and partners dialogued on the roles and interventions areas that HIFASS should be engaging in the next five years, an analysis was carried out on the current environmental realities of HIFASS' working space.

As a result, HIFASS developed a strategy to be more responsive to the development challenges and needs in the health and social sector globally focusing on the following intervention areas; HIV Testing services, OVC care and support, Malaria, Tuberculosis/ Leprosy, Hepatitis, Sexual and Reproductive Health (SRH) and Maternal and Child Health (MCH), Health Diplomacy, Substance Abuse, Prevention of Neglected Tropical Diseases (NTDs) and Non Communicable Diseases (NCDs), Laboratory Equipment Maintenance and Trainings. In tables 1 and 2 of this document, five strategic directions were highlighted with timelines to project what HIFASS will do in the next five years dependent on availability of resources.

1. HIFASS' Overview (2007-2016)

1.1 History, Achievements and Success stories

Health Initiatives for Safety and Stability in Africa (HIFASS) is a Non-Government Organization (NGO) incorporated in October 2007 to provide strategic workforce that supports manpower needs of Military Facilities in Nigeria. HIFASS was primarily established as a continued effort of the Nigeria Ministry of Defense Health services to provide strategic manpower needs of the Military health facilities so as to meet the health needs of Military personnel, their families and the population around military health facilities, especially for the control of HIV epidemic and other related diseases. But over the years, HIFASS has grown and extended her services beyond the Barracks; working in 19 states of the federation, by supporting vulnerable population such as orphans and vulnerable children, caregivers in households, reaching pregnant women attending antenatal care facilities, and providing HIV/AIDS Testing Services.

HIFASS is committed to enhancing population health through strategic partnerships with United States Department of Defense - Walter Reed Program-Nigeria (USDoD WRP-N) and the Nigerian Ministry of Defense Health Implementation Program (NMOD-HIP) government bodies, International development partners, private sector organisations and other civil society organizations. HIFASS utilized the extensive military health infrastructure across the country and skilled health professionals (retired military personnel and civilian doctors and other health care providers) to support free and comprehensive HIV care and prevention services for the benefit of all Nigerians.

For over 9 years working with USDoD WRP-N/NMOD HIP and Henry Jackson Foundation, HIFASS has managed 141 health care workers to facilitate research and strengthen service delivery across 25 sites providing comprehensive HIV/AIDS services. This invaluable partnership has the objective of strengthening HIV/AIDS prevention, counselling and testing/diagnosis, treatment, training and quality health care service delivery in these centres. So far, more than half a million people have received counselling and testing through this program and 80% of them are civilians who live in communities surrounding the program facilities.

Also, HIFASS through a consortium provides Orphans and Vulnerable Children (OVC) comprehensive services. The HIFASS-LOPIN3 is a USAID funded five year project (2014-2019) working in Cross River and Ebonyi States to mitigate the impact of HIV/AIDS on vulnerable households through building the systems and structures of both states to sustainably meet the needs of OVC households. Since inception in 2014, the project has identified, enrolled, tested and linked 108,332 Orphans and Vulnerable Children (some of whom are HIV positive) to treatment, reintegrated adolescent young girls back to school, young women and caregivers have been empowered financially to start or expand existing businesses and learn vocational skills. Micronutrients supplements and nutritional services have also been provided to severely malnourished children.

In 2015, HIFASS completed HIV AIDS Fund Phase 2 projects in Benue State and Federal Capital Territory (FCT) which focused on demand creation for uptake of Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) services. In the FCT, the project covered 67 communities spread across 7 wards in 4 LGAs-Abuja Municipal Area Council, Bwari, Gwagwalada and Kwali and in Benue state, the project covered 35 communities spread across 4 LGAs; Tarka, Vandeikya, Makurdi and Otukpo in Benue State aiming to increase access to Maternal Child Health (MCH) and PMTCT services through the use of the mentor mother model/ volunteerism. By the end of the project in Benue state and FCT a total of 4,893 and 2,993 pregnant women were referred to facilities for MCH/PMTCT services of which 3,067 and 2,752 pregnant women received MCH/PMTCT services translating to 9.5% and 53.7% above project target respectively.

Furthermore, HIFASS has been supporting National Malaria Elimination Program in capacity building and preparations of malaria diagnostic documents. These include the Standard Operating Procedures, External Quality Assessment of Malaria Microscopy, and Training Manual for Malaria Microscopy, and how to perform malaria Rapid Diagnostic Testing as effort is geared towards total eradication of malaria in the year 2030.

1.2 Challenges

Since inception, HIFASS has never developed a strategic plan targeting a long term period of its operation making it difficult to have long-term sustainability, both in terms of funding and human resources. Most of HIFASS' funding in the past have been mainly military related, which justified why her vision and mission targets the health needs of military personnel and civilians in and around the military barracks.

Another challenge that HIFASS has been faced with is having the capacity and competency to provide general and specific management oversight to the various projects from the HQ. This means reviewing the capacity and competencies of programme and technical units, ensuring that the Admin, Finance and Logistic units, Communication and M&E units as well as the Human Resource unit have well defined functions and line of communications well-articulated.

1.3 Lessons Learnt

From the challenges and achievements listed above there are several lessons that inform HIFASS' new strategic direction. HIFASS has existed over the past 9 years on the goodwill, inspiration and network of the founder. HIFASS' strength lies in the quality of her staff, the geographic spread of programmes being implemented and the thematic areas covered by these programmes/projects especially the military health infrastructure. This is evident in the use of the military health platforms as take-off

opportunities to provide quality manpower needs of the health sector within the military health facilities. This technical support which is quite a unique arrangement has provided a lot of added advantage to the manpower needs of the various military hospitals where their services have been engaged.

While this is extremely important, HIFASS needs to put in place measures that would ensure its continued existence, sustainability and relevance in the coming years. These measures include the following among others:

1. Strengthen the involvement of the board of trustees to serve as gatekeepers and strategic link to opening new doors of opportunities for the organization.
2. Establish a strong advocacy team comprising members of the board of trustees and HIFASS Management teams to visit the corridors of powers in sourcing for funding opportunities for the organization
3. Create functional technical and programmatic teams within HIFASS with strong leadership while networking with programme associates outside the organization that can provide support to the programme response of the organization.
4. Establish a databank of Technical Associates and consultants for HIFASS in clustered programme areas whose services can be drawn upon from time to time.
5. Develop a brand identity for HIFASS – what HIFASS will be known for and that would make her stand out clearly among the “crowd”
6. Strengthen the business development unit to be able to attract funding, to develop strong partnerships with other Implementing Partners (IPs) and International Organizations
7. Develop a five-year strategic plan

2.0 HIFASS Strategic Plan and Focus (2017-2021)

2.1 Introduction

This is the first strategic plan that HIFASS has developed since inception. This is a laudable step for the organization considering her achievements over the past 9 years. The strategic plan developed by HIFASS and its partners will guide the changes that are needed to prepare HIFASS to achieve her desired objectives in the next five years.

HIFASS partners such as United States Department of Defence and Nigerian Ministry of Defence (NMOD), United States Agency for International Development (USAID), Federal Ministry of Health (FMOH), Federal Ministry of Women Affairs and Social Development (FMWASD), National Agency for the Control of AIDS (NACA), and other stakeholders believe in HIFASS' unique position to provide programme interventions that would benefit both the military and civilian populations. This therefore underscores the need to make her vision, mission, goal, core values and objectives more adaptable to the development realities in Nigeria and beyond.

2.2 Updated Vision, Mission, Goals, Core Values, and Objectives Vision

Enhancing Healthier and Safer Communities

Mission Statement

To collaborate with partners to promote comprehensive and sustainable interventions for public health, support military medicine and health diplomacy for peace, stability and development of communities

Core Values

HIFASS is anchored on integrity as the bedrock of her operations as defined by the attributes below which influences the culture and public image of HIFASS as an effective community-based organization serving a wide variety of individuals, families and communities:

Transparency- HIFASS strives to be transparent and as open as possible while taking into account clients' and beneficiaries confidentiality. This contributes to maintaining a high level of accountability.

Professionalism- HIFASS believes in a professional, team focused environment that is developed through the training and hiring of experienced professionals for the purpose of achieving our goals with creativity and integrity.

Honesty- We believe that honesty makes the best relationships because it leads to trust and faith. Strong and positive relationships that are open and honest are a big part of what differentiates HIFASS from other organisations in the NGO sector.

Sincerity- HIFASS believes it will be her sincerity and openness, combined with our own expertise that paves the way to innovations that really matter. In HIFASS, openness is the key source of change and progress.

Quality Service- We will actively pursue improvements to the health of the community by the delivery of quality service. We strive relentlessly; constantly improve ourselves, our teams, and our services to become the best.

Team work- HIFASS promotes teamwork over individual efforts in order to achieve excellence.

Discipline- Discipline is central to our management philosophy. We will always pursue efficient ways to use the organisation's resources. We will always seek new ways to drive down costs.

Accountability- HIFASS has the highest level of integrity in her administrative, service, and outreach activities; we tie these activities directly to our mission, and we maintain and report our records accurately.

Goal

Improve access to quality Health Care and Social services through Health System Strengthening, Health Manpower Management, Community Health Services, Trainings and Capacity Building and Health Care Education.

Objectives

- To create awareness, provide care and support on HIV/AIDS, Tuberculosis/ Leprosy, Malaria, Hepatitis, Neglected Tropical Diseases and other communicable and non-communicable diseases.
- To promote quality health care through operational research, clinical research and promotion of use of research results to support program development.
- To develop a stable, highly qualified and motivated workforce that actively delivers HIFASS' mission.
- To work with the military and other entities to recruit and manage qualified health personnel, ensure the right systems are in place to work within the established infrastructures and support interventions during medical emergencies.
- To promote partnership and collaboration for resource mobilization to support HIFASS programmes and interventions.

2.2 Target Beneficiaries

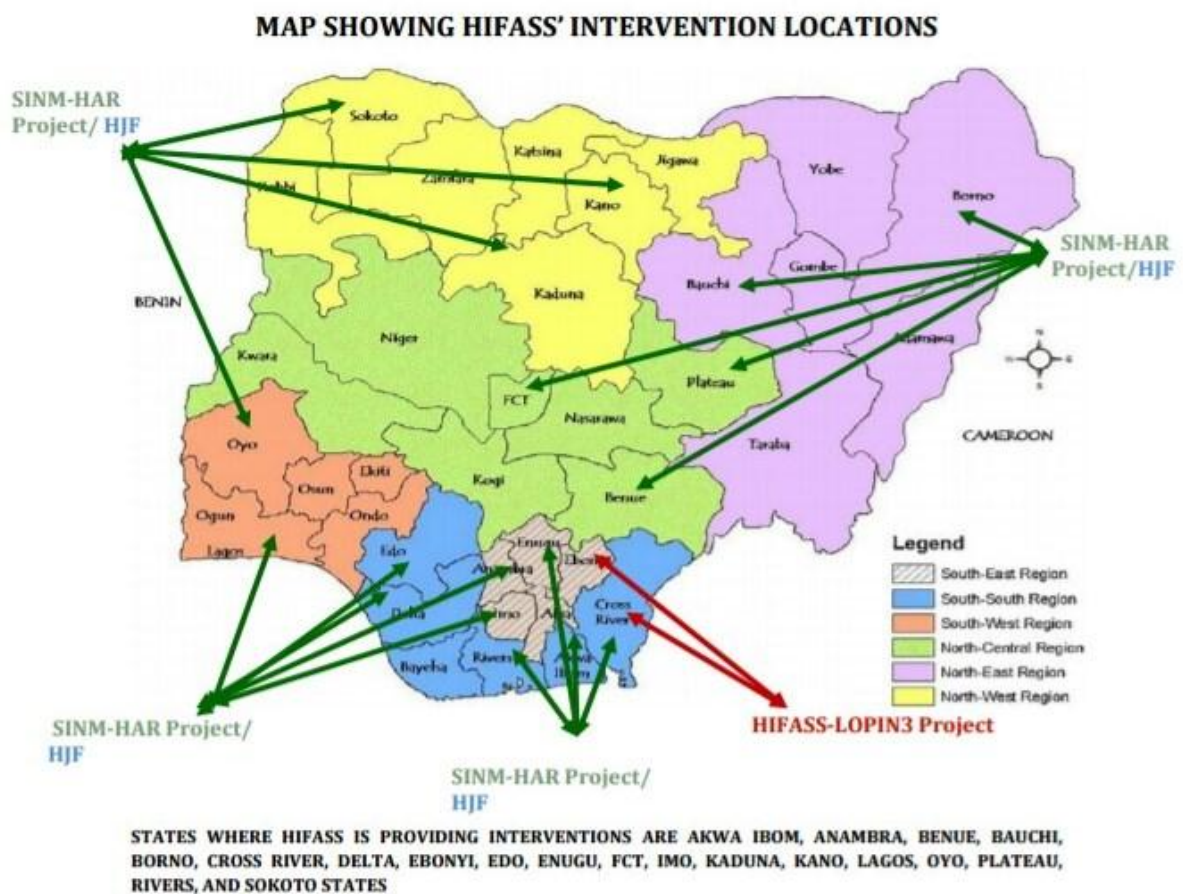
HIFASS targets a wide range of beneficiaries. They include:

- Vulnerable Groups (under five children, Adolescent girls and Young women, Pregnant women, OVCs, malnourished children, care givers, internally displaced persons and victims of natural disaster)
- People living with HIV/AIDS
- Military Personnel and Civilians around selected military locations
- Retired military personnel who are engaged to provide services

2.3 Geographical Spread of HIFASS

HIFASS beneficiaries spread across 19 states of Nigeria including the Federal Capital Territory. This map below shows HIFASS' geographical spread that would guide funders in which intervention locations to focus their programme support

FIG 1



3.0 HIFASS' Core Competencies, Opportunities, Growth and Development

HIFASS has critically looked at its operations in the past 9 years with a view to identifying her core competences, opportunities, and growth/development. Appropriate tools were used to bring out the core competence, strengths and weaknesses of HIFASS.

3.1 Environmental Scanning

HIFASS reviewed the social, cultural, political and economic situation impacting on livelihood in Nigeria and their implications for successful programme interventions and delivery. The following situations are areas that could interfere with HIFASS' programme delivery efforts.

The Global Environment

Forced changes afford opportunities that HIFASS overlooked in the past. They can lead to increased performance, higher employee morale, and ultimately, greater benefit for HIFASS. The way HIFASS responds to the changing global economy impacts our chances of survival and success. Some of these changes are:

- Global disturbances across the world that affect health - war crisis, insurgencies, terrorism
- Migration crisis that causes health disturbances – unable to track and report diseases
- Global position of sustainable development that has emerged in the last 3 years
- The demand on global resources on social development work
- The emergence of countries that have resources to invest on human development issues (e.g. China, Australia)
- Convergence on the challenges on reproductive health and disease control (especially catholic church has softened its policy on health and disease management).

The Bilateral/Donor Environment

Despite the downward trend in public spending on technical assistance, the bilateral project/program funding schemes remain important sources of financial support for developmental activities. Bilateral donors still provide one of the largest contributions to sustainable development funding. Some of these changes are:

- In the last 3 years the level of funding and donor involvement has shifted towards sustainability (increased counterpart contribution and local involvement)
- Change of the political party ruling in the United States of America - the policies of current party in power might not support foreign aid to assist developing countries

The Regional Environment

The following describes some of the issues of the regional environment that are of significance in HIFASS:

- Regional blocks constitute platforms that can present opportunities for funding development initiatives (ECOWAS, NEPAD, EU, AfDB)
- The trend in the major epidemics informs organizational direction
- Intergovernmental collaborations within the sub region in response to emergencies

The Nigerian Environment External to HIFASS

- Re-alignments in Nigeria with Global funds can present opportunities for HIFASS
- The recent political posture against corruption is resulting in increased donor confidence
- Conflicting policies with regards to funds management between government and donors
- Changes in government policies in domesticating international best practices.
- Introduction of new resources for social intervention programs
- Increased investment in promotion of primary health care
- Move to discourage medical tourism

3.2 Strength, Weaknesses, Opportunities and Threats (SWOT) Analysis

Looking inwards, HIFASS has identified the following as strengths, weakness, opportunities and threats that could influence programme impacts. The following are HIFASS' internal capabilities (strengths), liabilities (weaknesses), as well as best opportunities and threats as highlighted by the board, staff and stakeholders of HIFASS.

Strengths

HIFASS' key strengths include a powerful board, committed Management and Staff that demonstrates the ability to provide high quality and successful programmes

implementation. The members of the board have broad institutional knowledge, high personal guarantees and experience that are very useful in mentoring and building capacity succession plan. HIFASS has policies and procedures for effective practices and competent management staff that interprets and enforces the policies and procedures in the management of HIFASS.

HIFASS has an MOU with the Nigerian Ministry of Defence- a collaboration which utilizes the extensive military health infrastructure across the country and skilled health professionals (Retired military personnel and civilian doctors and other healthcare providers) to support free and comprehensive HIV care and prevention services for the benefit of all Nigerians. HIFASS has extended her services beyond the barracks working in 19 states in the federation by supporting vulnerable populations such as orphans and vulnerable children, caregivers in households, reaching pregnant women attending antenatal care facilities and HIV testing services. Other strengths of HIFASS are Malaria diagnostics (malaria microscopy, malaria rapid diagnostics test and Quality Assurance including malaria microscopy proficiency test). HIFASS also provides Laboratory Quality Management System, good laboratory practice, laboratory quality assessment and mentorship.

HIFASS deals with challenges through innovative and cost effective ways responding to adverse and enabling conditions, excellent reputation and strong partnerships within the communities. HIFASS has suitable infrastructures to work with, an office located strategically in the FCT, vehicles and office equipment. Improved brand identity using communication channels and tools such as Factsheets, Newsletters, HIFASS' Website and team meetings which have increasing effectiveness.

Weaknesses

HIFASS' significant growth has led to challenges to human resources, difficulty with lack of structure for supervision and management of on-going projects. There is a perceived need for improved operational planning process, resource mobilization plan, proper documentation, mentorship plan, partnership policy, annual reports to inform key constituency, increased use of volunteers with clear volunteer policy, methods of communication and the effective use of the board of trustees for greater visibility in the community. Also there are issues with enduring low financial inflows to fall back on (bridge funding) in pursuing organisational needs and loss of institutional knowledge slows down expected growth.

Opportunities

The opportunities considered most important include:

- Increased visibility, which could lead to greater access to volunteers and other resources- there is a range of resources including potential volunteer interested in working in the public health sector—all of which could be better tapped.

Implications: HIFASS could develop a program to support volunteers through screening, training and on-going supervision. The program should also celebrate and recognize volunteer efforts. Having more volunteers can help increase fundraising. At the same time, others may look more closely at the quality of services provided by volunteers.

- Partnerships and Collaborations to support HIFASS' Initiatives

Implications: Collaboration has potential advantages over unilateral action and can improve efficiency and service quality.

- Multiple streams of funding available through bilateral and multilateral, local and international sources
- There are conferences, workshops, seminars, and technical meetings available for capacity building of staff

Threats

The threats considered most important include:

- Funding Challenges - Dependence on government donors particularly from just the United States of America
- Staffing challenges - Low staff remuneration can result in staff attrition making it difficult to maintain a competent staffing pool.
- Competitors offering similar services - Stronger brand name of competitors which also have strong existing relationships with potential funders
- Insecurity- it can affect the spread of our activities

3.3 HIFASS' SWOT Analysis- Recommendations

HIFASS intends to use its strengths to effectively respond to the issues identified in this SWOT analysis, especially those considered as threats. The realistic actions that HIFASS could take to improve its competitiveness and international growth are as follows:

A. Capacity Building

HIFASS will build the capacity of her staff and ensure they are competent and capable to deliver their mandates as desired by funders and stakeholders in the coming five years. This would involve providing orientation for new staff; build capacity of older staff and introduce mentorship programme to ensure sufficient in-house capabilities. HIFASS will improve on training and capacity building guideline to ensure a structure is in place for continuous manpower training and development within the organization. This should translate into a staff development strategy for the organization.

B. Meaningful engagement of the Board of Trustees

The board of trustees will continue to provide direct leadership and oversight functions in critical programme areas. To ensure that this happens, HIFASS will conduct board development for the board members on their roles and responsibilities as strategic institution that provides clear guidance to the growth and development of the organization through leadership oversight functions; including networking with International and indigenous partners for improved funding opportunities. This will increase the visibility of the board members on HIFASS programme management and oversight functions.

HIFASS will establish a mentorship programme that includes succession plans especially at the leadership level of the organization. HIFASS will provide leadership development training for the Unit/Departmental Managers, empowering them to take on some coordinating responsibilities and challenges that the organization faces at the moment.

HIFASS will strengthen the involvement of the board of trustees to serve as gatekeepers and strategic link to opening new doors of opportunities for the organization. Board of Trustees members and Management staff will form the advocacy team.

C. Resource Mobilization

HIFASS resource mobilization strategy will focus on improved partnerships, collaboration and accountability of all funds received and utilized on programmes and projects. This is in line with the core values of the organization, ensuring funders' confidence in the operations and mandates of HIFASS. To this end, HIFASS will strengthen her staffing structures to:

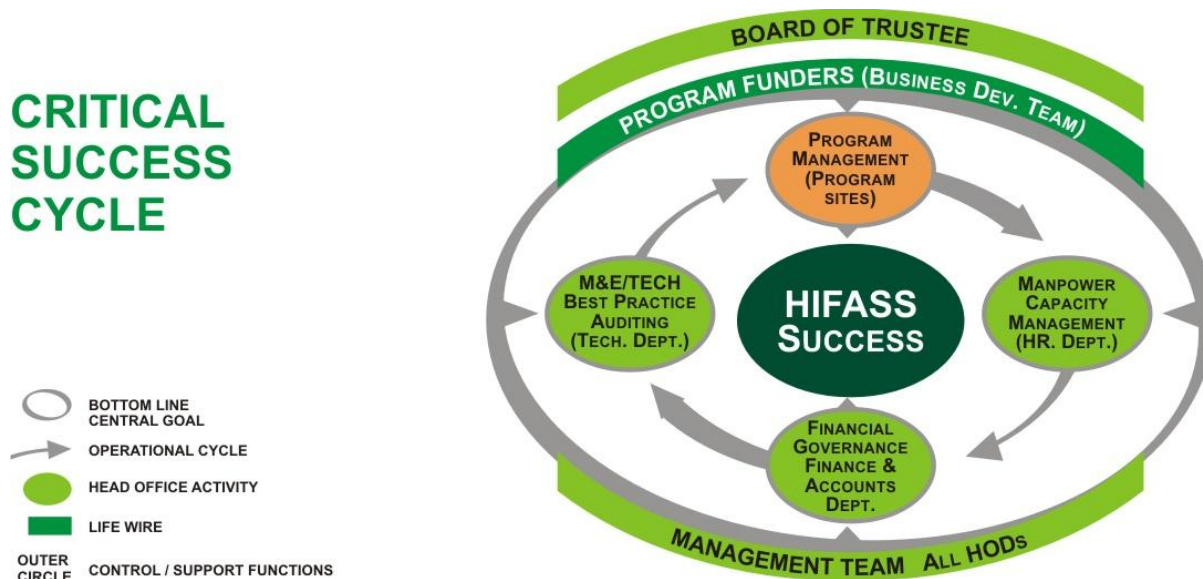
- Create functional technical and programmatic teams within HIFASS with strong leadership while networking with programme associates outside the organization that can provide support to the programme response of the organization.
- Establish a databank of Technical Associates in clustered programme areas whose services can be drawn upon from time to time.
- Develop strong partnerships with government bodies, development partners, private sector players (both for profit and non-profit organisations), implementing partners and philanthropists
- Strengthen the existing engagement strategies with current funders and link up with new funders/support mechanisms
- Strengthen the organization's M&E, finance and business development unit to adequately report on HIFASS activities and success stories which would be shared to funders, stakeholders and partners.
- Strengthen the business development unit to be able to source, respond to solicitations and attract funding for the organization.

D. Improved Communication

HIFASS will continue to improve on her communications strategy and infrastructure to provide clear guidance on how information flows and is shared within and outside the organization. This will improve efficiency in performance of staff duties and ensuring transparency in accounting for the work that is done in and outside the organization. This will also create a high visibility for the organization, making HIFASS stand out clearly among the “crowd”.

In the next phase of HIFASS, the Board has committed herself to continue to be more visible by interfacing with management and technical teams. The diagram below is a growth strategy that describes the interfacing relationship between the Board, Management and Funders which is intended to improve the communication and relationship management within and outside of the organization.

FIG 2



E. Organisational Structure

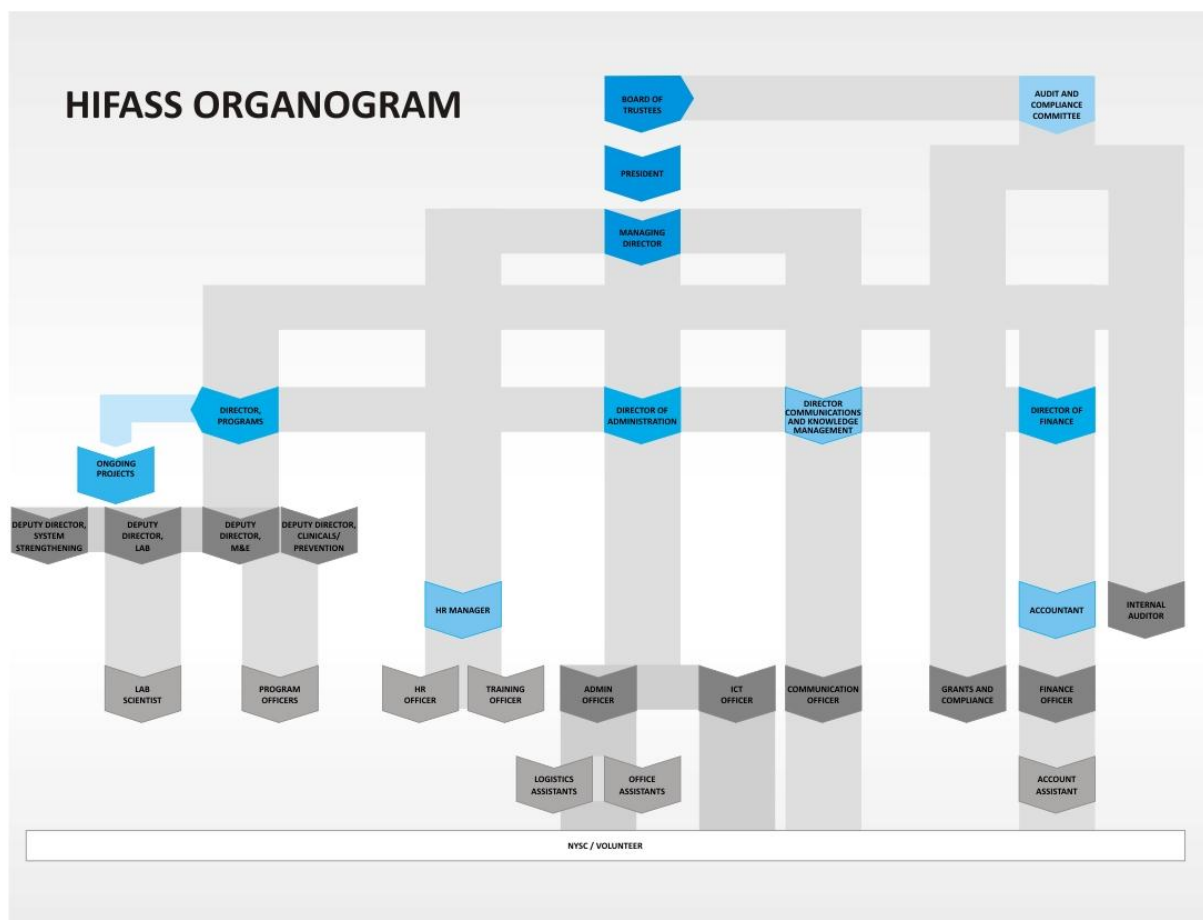
The Managing Director (MD) is the administrative head of HIFASS and provides management oversight to the organization to ensure that programmes, finance and logistics functions within the organization are carried out with minimal friction and disruption. He will interact with the Board of Trustees and funders for accountability of

all project funds expended. The MD will continue to promote close links and collaboration with partners, including government agencies, international organizations, non-governmental organisations and the private sector entities.

The Managing Director works with the management team which consists of managers and other directors that oversee administrative, financial and technical functions of the organisations. In the next five years, HIFASS will continue to strengthen the capacity of her management team to ensure continuous improvement in the day to day administration, management of projects and programmes to enable smooth running of the organisation.

Organogram

The diagram below shows the visual structure of HIFASS and the relationships and relative ranks of her parts and positions.



4.0 Strategic Focus Intervention Areas for the Next Five Years

HIFASS plans to strengthen her systems and structures to better provide services in the following areas:

- HIV Testing Services, Care, Treatment and Support
- OVC Care and Support
- Malaria Prevention and Control
- Tuberculosis/ Leprosy Prevention and Control
- Hepatitis
- Sexual and Reproductive Health (SRH) and Maternal and Child Health(MCH)
- Health Diplomacy
- Substance Abuse
- Prevention of Neglected Tropical Diseases (NTDs) and Non Communicable Diseases (NCDs)
- Laboratory Equipment Maintenance
- Trainings

4.1 Programme Strategies and Engagement Process

With a fresh perspective on HIFASS' vision, mission, goal, objectives and understanding what she does well, and the environment in which she operates, HIFASS will pursue the following strategic directions:

A. Service Delivery

HIFASS will improve the quality of her services by delivering evidence-based interventions aimed at facilitating and promoting access to prevention, care, treatment and support services within communities. She will continue to create new linkages and strengthen the existing ones to services traditionally outside of the health system (e.g. educational services, social services, community-based services) in order to improve health outcomes of individuals, families and communities.

B. Operational Research, Projects Monitoring and Reporting

HIFASS' interest in research to generate information that would improve policy decision has been significant over the years. The organization will continue to conduct operational research and health survey, project monitoring and evaluation, laboratory and research services; using data generated to inform policy.

C. Capacity building and Trainings

Capacity building and trainings has been HIFASS' strength over the years, ensuring that sufficient human capacity is available to manage the various projects and programmes that her staff are engaged in. HIFASS will continue among other trainings to provide clinical laboratory management training for laboratory scientists and technicians

including regular trainings on basic HIV management, and testing services. This includes training all newly recruited staff to provide top quality care to all clients without discrimination. HIFASS will train her in-house staff to improve their competencies and position them to be more creatively collaborative with donors and partners in the next five years.

D. Human Resources Management

With funding from several donors and partners, HIFASS will engage quality staff to manage unique projects targeting beneficiaries as defined by the project goals and objectives. This includes ensuring that staff are given appropriate orientation as necessary to make them fit to deliver on the mandates of their respective projects where they are posted to work. HIFASS will recruit a programme director that will coordinate and oversee the various programmes to ensure that there is alignment between the projects goals and the vision of the organization, while working to meet the requirements of the donors. HIFASS will continue to focus on efficient knowledge transfer, engaging consultants to provide temporary professional services to fill gaps where she lacks critical expertise.

E. Business Development and Resource Mobilization

HIFASS Board of Trustees will play a significant role in advocacy, sensitization visits and meetings with government bodies, development partners, private sector players (both for profit and non-profit organisations), implementing partners and philanthropists with a view of exploring other avenues to resource mobilization. The BOT will constitute a Resource Mobilisation Committee to ensure the implementation of the resource mobilization plan.

HIFASS through the business development team will continue to position herself to respond to solicitations and new funding opportunities in programme areas as contained in her operational mandates. It will also tap local fundraising avenues and integrate community-based approaches with specific objectives of diversifying and expanding resources in addition to increasing sustainability of HIFASS and its programmes. Strategic approaches will include carrying out the following: donor tracking, donor database, donor intelligence gathering producing fundraising materials, developing key messages, partaking in events, workshops and exhibitions

F. Partnership and Collaborations

Partnership and collaboration is a strong tenet within HIFASS which forms the bedrock of all her programme response, structures and engagement. HIFASS will continue to partner with international and indigenous organizations in her programs to provide health and social services targeting various beneficiaries.

4.2 Risks and Assumptions

HIFASS recognizes that there are risks and assumptions to overcome in order to execute her five year strategic plan.

Risks

- Global challenges facing development organizations
- Deteriorating health system
- Donor dependence
- Insecurity
- Staff attrition
- Political instability

On the other hand, our assumptions include;

- Opportunities to continue occupying a niche in military medicine by working with the Military health facilities
- The continuing interest by donor partners in the strategic interface between the military and civilian programme efforts of HIFASS
- HIFASS anticipates that the Cooperative Agreement (CA) with the United States Department of Navy and the grant with Henry Jackson Foundation for the advancement of military medicine will continue in the next five years.
- New opportunity for HIFASS to venture into other programme intervention areas

4.3 Framework for Strategic Engagement

The strategic areas for growth and development of HIFASS as teased out above can only be achieved if there is a formal framework for operationalization. This framework for achieving the goal, strategies and objectives as described in the tables below will enable HIFASS achieve her mission and vision in the next five years. Table 1 and 2 are structured to link the overall goal with strategies, and then to specific objectives for each strategy and corresponding activities that would be implemented to achieve each objective as well as their year of implementation.

Table 1 speaks to broad programme and intervention areas where partners and donors might show interest in supporting HIFASS to implement such programmes. The table also focuses on the specific objectives, activities and their corresponding objectively verifiable indicators and means of verification. Table 2 focuses on the spread of the activities within the next five years as it seems HIFASS would have capacity to implement subject to availability of funds and opportunities. There are defined assumptions and risks that have been considered when developing these interventions, especially as revealed by the environmental scanning and the current political, and socio-economic situation in Nigeria, Africa and Globally.

Achieving this activity framework will require a collaborative effort among the board, management and technical leads in the organization. A conscious effort would need to be put in place to drive this process. Team work which has always been emphasised in the organization would be the binding force for achieving this success. Documentation, data generation and reporting would be required to ensure that all accomplishments

are adequately reported and shared with appropriate stakeholders and beneficiaries. HIFASS has done a lot of work within Military health infrastructure which is highly valuable and can be shared at both national and international fora. HIFASS will therefore make strategic effort to create platforms for information dissemination and sharing of lessons learned in the next five years.

Framework for strategic engagement of HIFASS

Table 1:

2017 to 2021 Strategic Plan – The Performance Monitoring Plan	
Goal	Improve access to quality Health Care and Social services through Health System Strengthening, Health Manpower Management, Community Health Services, Trainings and Capacity Building and Health Care Education.

Strategy A: Service Delivery			
Specific Objectives	Activities	Objectively Verifiable indicators	Means of Verification
1. To participate actively and contribute to fast track the national HIV response towards the achievement of the 90-90-90(By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression)target in Nigeria.	1.1 Facilitate access to treatment through Demand creation, Behavioural change communication, referrals and linkages 1.2 Support quality, free and comprehensive HIV treatment, care and prevention services	Number of referrals Number of community outreaches Number of volunteers engaged Number of people counselled and tested Number of persons on treatment Number of refresher trainings and mentorship visits conducted	DHIS and MRF Tools Reports Attendance sheets HTS, ART registers
2. To create awareness, provide care and support on Tuberculosis/ leprosy, Malaria ,	2.1 Identify community gate keepers and create systems and processes to sensitize them	Number of stakeholders participated Number of advocacy visits conducted	Minutes of meeting Reports

<p>Hepatitis and other communicable and non-communicable diseases in 3 L.G.As per state in 5 states by 2021.</p>	<p>2.2 Increase awareness through behavioural change and demand creation activities 2.3 Generate monthly, quarterly and annual reports 2.4 Screening and testing for TB/leprosy, Malaria, Hepatitis and other communicable and non-communicable diseases.</p>	<p>Number of IEC materials distributed Number of referrals Number of people tested Number of people accessing services</p>	<p>Referral forms IEC Materials Facility Registers</p>
<p>3. To provide comprehensive OVC interventions at communities level in 2 states by 2019</p>	<p>3.1 Support provision of comprehensive services to enrolled households and OVC 3.2 Conduct career counselling for AGYW and older OVC and facilitate the linkage to vocational skill acquisition 3.3 Create awareness and promote high quality infant and young child feeding (IYCF) practices 3.4 facilitate linkages, registration and continuation of OVC's in schools.</p>	<p>Number of OVC and households provided with minimum care services Number of OVC registered in school Number of AGYW linked to vocational skill centre Number of new born breast fed within 30mins of birth Number of mothers doing exclusive breast feeding</p>	<p>Forms and Registers Report Attendance sheet IEC Materials</p>
<p>4. To improve access to quality family planning services in 3 states by 2021</p>	<p>4.1 Encouraging the use of family planning services available in communities 4.2 Source for, distribute and ensure proper use of family planning commodities 4.3 Empower women and opinion leaders through health education to enable informed decisions regarding their health.</p>	<p>Number of people on a method of family planning Number of commodities distributed Number of women and opinion leaders empowered through IGA/skill acquisition/ education</p>	<p>Reports Forms and Registers Activities report</p>
<p>5. To support and contribute to FGN's intervention in medical emergencies and crisis in 2 North eastern states and the FCT by 2021</p>	<p>5.1 Support development of policy guidelines and treatment towards medical emergencies and disease management 5.2 Develop action plan towards response to medical emergencies and crisis 5.3 Set up and train an emergency response team linking to NEMA and other relevant agencies</p>	<p>Number of policies and guidelines development participated in Action plan developed Number of team members trained Number of emergency cases reported</p>	<p>Policy and Guideline Attendance sheets Training reports</p>

<p>6. To improve maternal and child health services in 2 L.G.As per state in 3 states by 2021.</p>	<p>6.1 Situational and continuous assessment of maternal and child health services and community responses</p> <p>6.2 Strengthen existing one stop platforms for addressing maternal and child health services (Child Nutrition, Family Planning, PMTCT, Reproductive and Child Health) holistically</p>	<p>Number of community dialogues, stakeholders meetings, FGDs, Key Informant Interviews and other meetings held</p> <p>Number of community volunteers trained</p> <p>No of CBOs engaged and provided with TA</p> <p>Number of monthly, quarterly and annual reports developed and disseminated</p> <p>Number of dissemination meetings held</p> <p>Number of baseline/need assessment conducted</p> <p>Number of existing comprehensive platforms strengthened</p>	<p>Filled questionnaire, checklist, activity reports</p> <p>Signed attendance list</p> <p>Recorded sessions</p> <p>Training module, Training reports</p> <p>Teaming agreement</p> <p>Reports, Signed attendance list, Acknowledged letter and email trail of report submitted/disseminated</p> <p>Completed questionnaires</p> <p>Baseline/need assessment report, contact information list</p> <p>Attendance register, referral register, training attendance</p>
<p>7. To Strengthen clinical and laboratory management towards accreditation, monitoring and mentorship annually</p>	<p>7.1 Baseline assessment of medical facilities/ laboratories</p> <p>7.2 Improvement projects based upon the findings of the baseline assessments</p> <p>7.3 Prepare/update quality manuals, documents and information control systems in all service areas including laboratory policies and standard operating procedures.</p> <p>7.4 Laboratory audits</p> <p>7.5 Adherence to equipment protocol, maintenance and repair</p>	<p>Number of Medical facilities/ laboratories assessed</p> <p>Number of laboratories implementing improvement plan</p> <p>Number of clinical/laboratory personnel mentored</p> <p>Number of laboratories accredited</p> <p>Number of equipment maintained/ repaired</p> <p>Number of manuals prepared</p> <p>Audits carried out</p>	<p>Completed SLIPTA Checklist</p> <p>Quality Manual, DCN, Laboratory Service manual</p> <p>Laboratory Handbook</p> <p>EQA reports</p> <p>Proficiency Testing results</p> <p>Biosafety manual</p> <p>Audit reports</p>

8. To organise 4 trainings on Malaria Microscopy annually	8.1 Basic Malaria Microscopy Training 8.2 QA in Malaria Microscopy 8.3 Malaria EQA Supervisor Training 8.4 Refresher training of malaria Microscopists 8.5 Training on malaria Rapid Diagnostic Test	Number of Trainings conducted Number of Laboratory personnel trained	Training reports Attendance sheets Certificates
9. Organise/facilitate 4 trainings on HIV prevention annually	9.1HIV rapid diagnosis 9.2 Peer Education 9.3 Educating field staff on HIV prevention programming	Number of Trainings conducted Number of peer educators/personnel trained	Training reports Attendance sheets Certificates

Strategy B: Operational Research, Projects Monitoring and Reporting

Specific Objectives	Activities	Objectively Verifiable indicator	Means of Verification
10. . To enhance continuous quality health care through operational research, clinical research and promotion of use of research results to support program development in 3 major military and non-military health facilities in 3 states by 2021.	10.1To constitute a research team 10.2Build capacity of research teams, M&E and business development staff through training and re-training. 10.3Explore incorporation of operational research into existing and future projects 10.4To review outcomes of our operational research to guide and inform social and health program implementation. 10.5Project sites coordination, clinical and laboratory services management 10.6Collaborate with various donors and Implementing Partners (IPS) such as NMOD/HIP, USDOD, FMOH, NACA and SACAs, SMOH e.tc. to carry out health surveys to inform social and health policies 10.7Develop policy briefs 10.8Develop quality assurance SOP for research 10.9Continuous project monitoring and evaluation	Number of members in the research team Number of people trained Number of projects with research component Number of site assessment conducted Number of collaborations Number of policy briefs developed QA SOP for research developed Number of M&E system in place for different projects Number of supportive supervision visits Number of data quality assurance conducted Number of M&E meetings held	Statement of Work/Job description Training reports Attendance list Training modules CA/grants/contract Assessment report TOR/MOU, contract Policy brief document QA SOP document M&E Tools Reports and Database Activity report Checklist M&E plan

Strategy C: Capacity Building and Trainings			
Specific Objectives	Activities	Objectively Verifiable indicators	Means of Verification
11. To build capacity of all HIFASS HQ staff annually	11.1Develop and implement organization-wide training and development plan 11.2Training of trainers /step down training at every level 11.3Develop a mentorship plan to enhance smooth transition and growth of manpower of the organization 11.4Supportive supervision and mentorship for staff on the job 11.5To review and update the personnel policy to encourage development of staff in order to meet with the objectives of the organization.	Number of staff with training and development plan Number of ToT conducted Mentorship plan developed Number of supportive supervision visits Personnel policy updated	Staff development plan Training report, attendance sheet Staff mentorship plan document Activity report Updated personnel policy
12. To strengthen the capacity and develop 10 board members annually to provide leadership and oversight functions for the organization	12.1 Provide board development/training on their roles and responsibilities	Number of the member of BOT trained	Training report

Strategy D: Human Resources Management			
Specific Objectives	Activities	Objectively Verifiable indicators	Means of Verification
<p>13. To engage quality and appropriate staff to manage future projects</p> <p>14. To work with the military and other entities to provide quality health personnel in 20 states annually</p>	<p>13.1Engage quality staff and provide appropriate orientation to make them fit to deliver and manage unique projects targeting beneficiaries as defined by the project goals and objectives.</p> <p>13.2Expand management structure and systems to enable HIFASS respond to various projects</p> <p>14.1Recruit and manage qualified personnel for the Military Health Program and other entities</p> <p>14.22Provide recruitment services to engage new staff with appropriate orientation and capacity as necessary to make them fit to deliver on the mandates of their respective projects where they are posted to work.</p>	<p>Number and category of staff engaged and orientated</p> <p>Existence of a structure for effective management of projects</p> <p>Number and category of staff engaged</p> <p>Number of other stakeholders that have engaged HIFASS for recruitment services</p>	<p>Contract of engagement</p> <p>Staff bio data forms</p> <p>Participant list, Pre and post test results, organogram, reports, Contracts, MOUs</p> <p>Contracts, MOUs</p>

Strategy E: Business Development and Resource Mobilization			
Specific Objectives	Activities	Objectively Verifiable indicators	Means of Verification
15. To increase HIFASS' project portfolio by 2 additional projects annually	15.1 Strengthen the business development unit 15.2 Identify and respond to new opportunities 15.3 Develop Advocacy plan	ToRs with external consultants Membership of funding networks Advocacy plan developed Number of team members trained on business development strategies Number of advocacy visits made to stakeholders Number of proposals, EOIs, LOIs developed and submitted Number of new projects embarked upon	ToRs, access to network membership sites, CAs, Grants, Contracts, Advocacy Plans, Advocacy register, photographs, minutes of meeting, reports, MOU, proposals, EOIs, LOIs
16. To promote financial independence through application of 3 resource mobilization approaches at board, BD unit and project levels annually	16.1 Develop resource mobilization plan 16.2 Conduct advocacy visits at BOT,BDT and project implementation levels to mobilize resources 16.3 Improve financial systems to increase accountability and transparency 16.4 BOT,BDT and project implementation teams to explore further linkages with funding sources	Number of advocacy visits made to stakeholders Resource mobilization plan Advanced account software packages in use Number of new funding sources accessed	Advocacy register Resource mobilization plan Reports CAs, Grants, Contracts, MoUs

Strategy F: Partnership and Collaborations			
Specific Objectives	Activities	Objectively Verifiable indicators	Means of Verification
17. To strengthen current networks for improved partnership and collaboration with stakeholders at all levels to support HIFASS' 3 programs and interventions bi-annually	17.1 Develop partnership and collaboration policy/manual or guideline 17.2 Develop a map of partners and their areas of interests to enable appropriate engagement. 17.3 Sustain partnership with strategic military health support systems and institutions. 17.4 Sustain partnerships by BOT interaction with donors and other stakeholders 17.5 Partner and collaborate with international and indigenous organizations to provide health and social services targeting various beneficiaries.	Existence of the Guideline Existence of the map of partners Constant review of the MOU Number of events attended Number and variety of partnerships established	The guideline document The map/list of partners Minutes of meeting with partner Invitation to high level events, feedback from the BOT MOU, CA, Contracts
18. To improve on 5 existing communication channels that would increase HIFASS' visibility and showcase her performance bi-annually	18.Strengthen communications channels and platforms that would enable information and report dissemination with partners 18.2Development of abstracts to be presented at international conferences and fora to showcase program achievements.	Number of people/organisations reached with information Number of Abstracts developed Number of abstract accepted for presentation	Dissemination list, feedbacks from recipients, social media platforms, websites, the abstracts

Table 2:

Table of performance Monitoring plan by year from 2017 to 2021

Strategy A: Service Delivery

Specific Objectives	Activities	Year 1	Year 2	Year 3	Year 4	Year 5
1. To participate actively and contribute to fast track the national HIV response towards the achievement of the 90-90-90 target in Nigeria by 2020	1.1 Facilitate access to treatment through Demand creation, Behavioural change communication, referrals and linkages 1.2 Support quality, free and comprehensive HIV treatment, care and prevention services	X X	X X	X X	X X	X X
2. To create awareness, provide care and support on Tuberculosis/ leprosy, Malaria , Hepatitis and other communicable and non-communicable diseases in 3 L.G.As per state in 5 states by 2021.	2.1 Identify community gate keepers and create systems and processes to sensitize them 2.2 Increase awareness through behavioural change and demand creation activities 2.3 Generate monthly, quarterly and annual reports 2.4 Screening and testing for TB/leprosy, Malaria, Hepatitis and other communicable and non-communicable diseases	X X X X	X X X X	X X X X	X X X X	X X X X
3. To provide comprehensive OVC interventions at communities level in 2 states by 2019	3.1 Support provision of comprehensive services to enrolled households and OVC 3.2 Conduct career counselling for AGYW and older OVC and facilitate the linkage to vocational skill acquisition 3.3 Create awareness and promote high quality infant and young child feeding (IYCF) practices 3.4 Facilitate linkages, registration and continuation of OVC's in schools.	X X X X	X X X X	X X X X	X X X X	X X X X
4. To improve access to quality	4.1 Encouraging the use of family planning services available in communities	X	X	X	X	X

family planning services in 3 states by 2021	4.2 Source for, distribute and ensure proper use of family planning commodities 4.3 Empower women and opinion leaders through health education to enable informed decisions regarding their health.	X X	X X	X X	X X	X X
5. To support and contribute to FGN's intervention in medical emergencies and crisis in 2 North eastern states and the FCT by 2021	5.1 Support review of policy guidelines and treatment towards medical emergencies and disease management 5.2 Develop action plan towards response to medical emergencies and crisis 5.3 Set up and train an emergency response team linking to NEMA and other relevant agencies	X X X	X X	X 	X 	X
6. To improve maternal and child health services in 2 L.G.As per state in 3 states by 2021.	6.1 Situational and continuous assessment of maternal and child health services and community responses 6.2 Strengthen existing one stop platforms for addressing maternal and child health services (Child Nutrition, Family Planning, PMTCT, Reproductive and Child Health) holistically	X 	X X	X X	X X	X X
3. To Strengthen clinical and Laboratory management towards accreditation and monitoring and mentorship annually	7.1 Baseline assessment of medical facilities/ laboratories 7.2 Improvement projects based upon the findings of the baseline assessments 7.3 Prepare/update quality manuals, documents and information control systems in all service areas including laboratory policies and standard operating procedures. 7.4 Laboratory audits 7.5 Adherence to equipment protocol, maintenance and repair	X X X X X	X X X	X X X X	X X X X	X X X X
8. To organise 4 trainings on Malaria Microscopy annually	8.1 Basic Malaria Microscopy Training 8.2 QA in Malaria Microscopy 8.3 Malaria EQA Supervisor Training 8.4 Refresher training of malaria Microscopists 8.5 Training on malaria Rapid Diagnostic Test	X X X X X	X X X X X	X X X X X	X X X X X	X X X X X
9. Organise/facilitate 4 trainings on HIV prevention annually	9.1 HIV rapid diagnosis 9.2 Peer Education 9.3 Educating field staff on HIV prevention programming	 	X X X	X X X	X X X	X X X

Strategy B: Operational Research, Projects Monitoring and Reporting

Specific Objectives	Activities	Year 1	Year 2	Year 3	Year 4	Year 5
10. To enhance continuous quality health care through operational research, clinical research and promotion of use of research results to support program development in 3 major military and non-military health facilities in 3 states by 2021.	10.1To constitute a research team	X				
	10.2Build capacity of research teams, M&E and business development staff through training and re-training.	X	X	X	X	X
	10.3Explore incorporation of operational research into existing and future projects		X		X	
	10.4To review outcomes of our operational research to guide and inform social and health program implementation.		X		X	
	10.5Project sites coordination, clinical and laboratory services management	X	X	X	X	X
	10.6Collaborate with various donors and Implementing Partners (IPS) such as NMOD/HIP, USDOD, FMOH, NACA and SACAs, SMOH e.tc. to carry out health surveys to inform social and health policies	X	X	X	X	X
	10.7Develop policy briefs	X	X	X	X	X
	10.8Develop quality assurance SOP for research	X				
	10.9Continuous project monitoring and evaluation	X	X	X	X	X

Strategy C: Capacity building and Trainings

Specific Objectives	Activities	Year 1	Year 2	Year 3	Year 4	Year 5
11. To build capacity of all HIFASS HQ staff annually	11.1Develop and implement organization-wide training and development plan	X	X	X	X	X
	11.2Training of trainers /step down training at every level	X	X	X	X	X
	11.3Develop a mentorship plan to enhance smooth transition and growth of manpower of the organization	X	X			
	11.4Supportive supervision and mentorship for staff on the job	X	X	X	X	X
	11.5To review and update the personnel policy to encourage development of staff in order to meet with the objectives of the organization	X		X		X
12. To strengthen the capacity and develop 10 board members annually to provide leadership and oversight	12.1Provide board development/training to board members on their roles and responsibility		X	X	X	X

Strategy D: Human Resources Management

Specific Objectives	Activities	Year 1	Year 2	Year 3	Year 4	Year 5
13. To engage quality and appropriate staff to manage future projects	13.1Engage quality staff with appropriate orientation and capacity as necessary to make them fit to deliver and manage unique projects targeting beneficiaries as defined by the project goals and objectives.	X	X	X	X	X
	13.3Expand management structure and systems to enable HIFASS respond to various projects	X	X			
14. To work with the military and other entities to provide quality health personnel in 20 states annually	14.1 Recruit and manage qualified personnel for the Military Health Program and other entities	X	X	X	X	X
	14.2 Provide recruitment services to engage new staff with appropriate orientation and capacity as necessary to make them fit to deliver on the mandates of their respective projects where they are posted to work.	X	X	X	X	X

Strategy E: Business development and Resource Mobilization Strategy

Specific Objectives	Activities	Year 1	Year 2	Year 3	Year 4	Year 5
15. To increase HIFASS' project portfolio by 2 additional projects annually	15.1 Strengthen the business development unit 15.2 Identify and respond to new opportunities 15.3 Develop Advocacy plan	X X X	X	X X	X	X X
16. To promote financial independence through application of 3 resource mobilization approaches at board, BD unit and project levels annually	16.1 Develop resource mobilization plan 16.2 Conduct advocacy visits at BOT,BDT and project implementation levels to mobilize resources 16.3 Improve financial systems to increase accountability and transparency 16.4 BOT,BDT and project implementation teams to explore further linkages with funding sources	X X X X	X X X X	X X X X	X X X X	X X X X

Strategy F: Partnership and Collaborations

Specific Objective	Activities	Year 1	Year 2	Year 3	Year 4	Year 5
17. To strengthen current networks for improved partnership and collaboration with stakeholders at all levels to support HIFASS' 3 programs and interventions bi-annually	17.1 Develop partnership and collaboration policy/manual or guideline 17.2 Develop a map of partners and their areas of interests to enable appropriate engagement. 17.3 Sustain partnership with strategic military health support systems and institutions. 17.4 Sustain partnerships by BOT interaction with donors and other stakeholders 17.5 Partner and collaborate with international and indigenous organizations to provide health and social services targeting various beneficiaries.	X X X X X	X X X	X X X	X X X	X X X
18. To improve on 5 existing communication channels that would increase HIFASS' visibility and showcase her performance bi-annually	18.1 Strengthen communications channels and platforms that would enable information and report dissemination with partners 18.2 Development of abstracts to be presented at international conferences and fora to showcase program achievements.	X X	X X	X X	X X	X X



Stakeholders
and Participants
at HIFASS'
Strategic Plan
Development
Workshop



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