

NRHS

**Strategic Plan
2016–2020**

Table of Contents

Foreword.....	2
Acknowledgement	3
1 Strategic Framework.....	4
Vision.....	4
Mission	4
Strategic Themes and Goals.....	4
Core Values	5
Our Approaches	6
Where We Work	7
Our Clients	7
2 History, Achievements, Challenges and Lessons	9
4 The 2016-2020 Strategic Focus.....	12
Strategic Drivers.....	12
Results Framework	13
Strategic Themes.....	13
Thematic area 1: Voluntary Medical Male Circumcision	14
Thematic area 2: Early infant male circumcision	14
Thematic area 3: Sexually Transmitted Infections.....	16
Thematic area 4: Lesbian, Gay, Bisexual, Transgender and Intersex.....	16
Thematic area 5: Care and Treatment	17
Thematic area 6: Family Planning	18
Organization Development.....	19
5 Risk Management	23
6 Organizational Structure.....	Error! Bookmark not defined.

Foreword

Prof. Walter Jaoko
Chairperson

Acknowledgement

Dr. Edmon Obat
Executive Director

1 Strategic Framework

Vision

NRHS envisions a world where individuals and communities are healthy and have the highest possible quality of life

Mission

NRHS promotes health and quality of life of individuals and communities in Kenya through research, evidence-based programming, advocacy and capacity building

Strategic Themes and Goals

Strategic Themes	Strategic Objectives
Voluntary Medical Male Circumcision (VMMC)	To increase and sustain the uptake of comprehensive VMMC services among targeted populations through the development and application of safe, culturally appropriate and affordable male circumcision techniques and devices
Early Infant Male Circumcision (EIMC)	To lead in the national and international scale up of EIMC through the development and application of safe, culturally appropriate and affordable infant male circumcision techniques and devices
Sexually Transmitted Infection (STI)	To reduce the prevalence and incidence of sexually transmitted infections through innovative research and sound clinical practice
LGBTI	To improve the health and quality of life of lesbian, gay, bisexual, transsexual and intersexual persons
Care and Treatment	To provide comprehensive testing, care and treatment services to people living with HIV and contribute toward achieving the 90:90:90 goal (<i>of having 90% of the population tested for HIV, 90% of those found to be HIV infected linked to HIV services and 90% of those on treatment having a sustained viral suppression</i>)
Family Planning	To integrate family planning into existing programs and test new community based service provision models

Core Values

1. Community participation

- NRHS builds trust and ownership by communities on its research and programs.
- NRHS involves communities to identify and prioritize their needs, and to design, implement, evaluate and improve research and programs.

2. Professionalism

- NRHS is committed to undertaking its operations in an ethical and professional manner.
- NRHS is committed to professional development through mentorship, training and continuous learning and improvement

3. Commitment to Evidence

- NRHS conducts innovative and cutting edge research that addresses the needs of communities
- NRHS translates research findings to inform policy development and implementation of innovative programs

4. Integrity

- NRHS is committed to ethical principles, transparency and accountability in all its operations

5. Non-discrimination

- NRHS is an equal opportunity employer committed to providing and maintaining a respectful work environment free of discrimination.
- NRHS values diversity, promotes respect for all and operates without any form of discrimination

Our Approaches

NRHS implements its mission through a combination of approaches: research, training, policy advocacy, programming and partnerships. This section describes in detail how NRHS applies each of these approaches.

- **Research:** Health research is one of NRHS' core competencies. NRHS specializes in reproductive health and HIV/STI prevention research. NRHS is the pioneer male circumcision research organization in Kenya. NRHS has over the years completed a number of high profile researches most of which have not only been published in international scientific journals, but have also informed the development of policies and programs at national, regional and international levels.
- **Training:** NRHS acknowledges that there is continuous need for capacity building in issues of reproductive health in Africa. To this end, NRHS offers medical related trainings to a number of stakeholders including government health care professionals, community health extension workers and individual reproductive health professional. The trainings complement NRHS research and are aimed at equipping targeted participants with the required knowledge and skills in various medical fields. The trainings are also a quality assurance and improvement measure.
- **Policy advocacy:** NRHS is not primarily an advocacy organization. However, through research, NRHS generates evidence that reproductive health activists require for respective advocacy campaigns. The evidence generated also informs policy decisions by governments, international normative agencies, donors and other policy makers.
- **Evidence-based programming:** NRHS applies an evidence-based approach to design its programs. Most of the programs that NRHS implements emerge from its research projects. A number of other actors including governments, intergovernmental and non-profit organizations also use the evidence that NRHS generates from research to design programs. The evidence-based approach enables NRHS and other actors to design programs that effectively respond to the needs of the targeted populations.
- **Partnership development:** NRHS recognizes the importance of working with other stakeholders in order to strengthen reproductive health. Key stakeholders with whom NRHS has existing or potential partnerships include other NGOs, local and international universities, governments, intergovernmental organizations, biomedical and pharmaceutical companies, and individual researchers. NRHS also continues to develop strong partnerships with a number of funding agencies.

Where We Work

Over the past 8 years NRHS has mainly implemented its programs and research in Kisumu and Homa Bay counties with additional outreach services in Nairobi, Siaya, Busia, Kakamega, and Turkana counties. In this strategic plan NRHS plans to focus primarily on seven counties in Nyanza and Western regions. These include: Kisumu, Busia, Migori, Homa Bay, Kisii, Siaya, and Kakamega counties. Additionally, NRHS plans to work in Eldoret County through a partnership with Moi University and in the counties of Nairobi and Mombasa through a partnership with the MSM Research Consortium. While these are NRHS's primary focus areas, emerging opportunities in other regions nationally and internationally will be considered.

Our Clients

The primary beneficiaries of NRHS services are men, including MSM, male infants and their mothers, adult uncircumcised males, couples, and women of reproductive age. The following table outlines the needs and expectations of the primary beneficiaries:

Beneficiary	Needs and Expectations
Men	<ul style="list-style-type: none"> • Screening, diagnosis and treatment of STI/HIV • Risk reduction counseling • Circumcision - surgical and using devices • Lubricants and condoms • Psychological and social support • Alcohol and drug abuse services • Mental health services • Prevention of stigma and discrimination of MSM • Pre-exposure prophylaxis of MSM • Research ethics for MSM studies
Couples and women of reproductive age	<ul style="list-style-type: none"> • Reproductive health package • HIV/STI testing, treatment and care • Circumcision (of adult males and infants) • Marriage counseling • Cancer screening and treatment • Prevention of gender based violence • Proper care of gender based violence victims • Drug and alcohol abuse rehabilitation services • Safe post abortion care • Affordable sanitary towels • Family planning services
Male infants and their mothers	<ul style="list-style-type: none"> • Vaccination • Routine check up • Proper and age appropriate nutrition • PMTCT • Circumcision • Education of mothers on child and maternal health • Integrating mother-child health services

Street families	<ul style="list-style-type: none">• Street Families• Basic needs (food, cloth and shelter)• Protection against rape• Post rape care• Drug abuse prevention and treatment• Unwanted pregnancies• Education and rehabilitation• Prevention of stigma and discrimination• Research ethics (inclusion)
-----------------	--

2 History, Achievements, Challenges and Lessons

Overview

The Nyanza Reproductive Health Society (NRHS) is a Kenyan non-profit organization established in 2002 and is registered as a Society under the Societies Act, Laws of Kenya. NRHS was initiated when the universities of Nairobi, Illinois and Manitoba (UNIM) began the randomized controlled trial to ascertain if male circumcision reduces the incidence of HIV acquisition in heterosexual men.

NRHS has a strong track record and experience in research and in translating research findings into policies and programs. NRHS has been a lead institution in conducting research on sexual and reproductive health and HIV prevention. It is a leader in the implementation of VMMC in Kenya, providing technical assistance to the Ministries of Health and the National AIDS and STI Control Program (NAS COP) and other Kenyan governmental agencies, as well as the World Health Organization and other international agencies.

NRHS has its main office in Kisumu City and satellite offices in a number of other locations in Nyanza. The organization is led by a Board of 6 high-profile individuals and currently has about 105 members of staff who operate primarily from its head office in Kisumu City. The organization receives funding from a variety of sources including the U.S. National Institutes of Health, the U.S. Centers for Disease Control (CDC), the Bill and Melinda Gates Foundation, USAID, FHI 360, the Population Council, the UHAI Foundation, and John Snow International.

Key Milestones and Achievements

In February 2002, NRHS enrolled its first participants for the randomized controlled trial (RCT) of male circumcision in Kenya. Over the next three years, 2784 males, aged 18-49, were recruited into the study and followed every three to six months for HIV testing and for counseling and treatment of sexually transmitted infections (STI). The study underwent periodic independent review by the Data and Safety Monitoring Board (DSMB) and in December 2006, the DSMB recommended that the study team offer circumcision to the control (uncircumcised) group because VMMC was proven to be effective in reducing the risk of HIV infection (by approximately 60%). As a result of the success of this trial, along with two other trials, one in Uganda and the other in South Africa, the World Health Organization (WHO) declared in March, 2007 that VMMC should be included as part of a comprehensive HIV prevention strategy.

In December 2007, NRHS began offering VMMC to men in the control group of the trial, and in March 2007, NRHS began providing VMMC services in the context of training at UNIM to men over the age of 18 years in Kisumu. NRHS used its expertise garnered during the trial to train Medical Officers, Clinical Officers, nurses, counselors and hygiene officers in the provision of free, safe VMMC combined with HIV testing, behavioral counseling, and diagnosis and treatment of STI. During this time, NRHS also assisted the Kenyan Ministry of Health (MOH) in developing the National Guidelines for Voluntary Male Circumcision and standards for VMMC services, which took effect in September 2007. These documents and guidelines were in place when the Government of Kenya (GoK) launched the national voluntary medical male

circumcision (VMMC) program in 2008. NRHS was instrumental in all of these national endeavors, while it also was providing technical assistance to the WHO and to PEPFAR for the scale-up of VMMC internationally. NRHS has continued to play this critical role - lending its expertise to the GOK and to international agencies and donors - throughout the ensuing years of VMMC scale-up.

In 2008, NRHS became the Kenyan partner in the Male Circumcision Consortium (MCC). This was a consortium, funded under a six-year grant from the Bill and Melinda Gates Foundation, composed of FHI 360, EngenderHealth, the University of Illinois at Chicago (UIC) and NRHS. The purpose of the MCC was to assist the GOK in the scale-up of VMMC and to conduct research necessary to inform policy and safe, effective male circumcision practice. Over the next six years, NRHS conducted the following studies, all of which have been published and used by the GOK, donors and implementing partners to improve services:

- Active and passive surveillance of VMMC
- Factors associated with early resumption of sex after circumcision
- Behavioral risk compensation during 24 months of follow-up after circumcision
- Time to full wound healing, levels of viral shedding and CD4 counts among men circumcised using the forceps-guided method
- Uptake and safety of early infant male circumcision in Nyanza
- Acceptability, safety and effectiveness of the PrePex device for circumcision
- Women's beliefs about male circumcision, HIV prevention and sexual behaviors in Kisumu
- Three random household surveys assessing uptake of VMMC and changes in risk behaviors in Kisumu 2008-2013.

In addition to completing these studies, NRHS (as part of MCC) trained over 1900 VMMC providers, hosted delegations from 12 sub-Saharan African countries endeavoring to replicate NRHS's success in rolling out VMMC, created a VMMC surveillance system for Kenya, set up an emergency response system for VMMC, assisted with development of the VMMC media strategy for Kenya, served on the National and Provincial Male Circumcision Task Forces, and supported the GOK and donors in many other ways to ensure the successful uptake and provision of comprehensive VMMC services.

During the years 2008-2015, while achieving all of the above under the MCC, NRHS was also providing comprehensive VMMC services under a cooperative agreement with the U.S. Centers for Disease Control and Prevention (CDC). During this period, NRHS provided approximately 300,000 medical male circumcisions, approximately one third of all medical circumcisions performed in Kenya. Other projects and research conducted by NRHS since 2008 include a CDC-funded HIV prevention project devoted to promoting HIV testing and behavioral risk reduction and treating STIs among youth in the Kisumu area. Through the clients coming for STI diagnosis and treatment, NRHS conducted a study of genital ulcer disease (GUD) and antibiotic resistance, which assisted NASCOP in changing the regimen recommended for treating STI in Kenya. This line of research progressed to a study of the microbiome of circumcised versus uncircumcised penises, showing that uncircumcised men have higher levels and greater diversity of bacteria that are associated with GUD and with Bacterial vaginosis in their female sexual partners. These findings resulted in the current study, titled Afya Jozi, Afya Jamii, which is assessing the genital microbiomes of male and female sexual partners. As part of the RCT of

MC, NRHS founded a support group, called KIPE, for people living with HIV (PLWH). Through that initiative, a core group of men who have sex with men (MSM) was identified and these men, along with lesbians and bisexuals, became very active in KIPE activities. As a result, NRHS received funding from CDC to address the needs of this significant key population and formed the first and most active support group for MSM in Nyanza. This project became what is now called Anza Mapema, and NRHS is currently undertaking a CDC-funded study of recruitment and retention in care of 700 MSM in Kisumu.

Other research has included: an assessment of the PrePex device for adult VMMC; an ongoing NIH-funded study of two different models of EIMC service delivery in Rachuonyo (Mtoto Msafi Mbili); an NIH-funded assessment of the AccuCirc device for EIMC; and a NIH-funded study of wound healing and viral shedding among HIV positive men circumcised with the PrePex device.

In brief, since its inception in 2002, NRHS has played a key role in the up-take and scale up of VMMC in Kenya, implemented high quality research that has informed development of policies and maintained close working relationships with Kenya's Ministry of Health and other government agencies, with the CDC and with numerous other donors as well as regional, local and international agencies. In the process, NRHS has maintained high level of professionalism and integrity in conducting HIV/AIDS and reproductive health research and in working with vulnerable and marginalized populations. It has recruited, trained and retained high quality technical and administrative personnel and has strong management and administrative systems in place.

Challenges

The key challenges that NRHS has experienced in the past five years include:

- A lower public profile and visibility of the organization than desired
- Challenges to a healthy internal organizational culture
- Unstable funding
- The departure of some key staff
- A narrow geographical coverage

Lessons

- A positive organizational culture is critical for the efficiency and effectiveness of NRHS.
- Constant communication among staff and administration is important to foster harmony and to promote unity
- NRHS has potential for the generation of income from the services and projects that it implements.
- NRHS can strengthen its public presence and profile by building on its unparalleled contribution to reproductive health research and innovation.

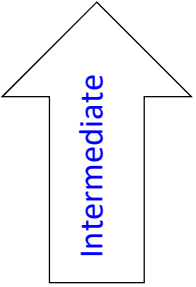
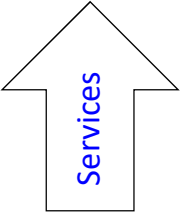
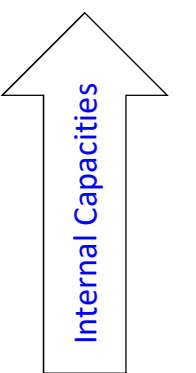
4 The 2016-2020 Strategic Focus

This section outlines our 2016-2020 strategic focus. This includes a summary of strategic drivers, a results framework, strategic themes, the strategic objectives, strategic responses, and performance indicators.

Strategic Drivers

- Despite recent gains, the prevalence of HIV continues to be a major public health concern. Some regions have rates that are significantly higher than the average national rate.
- The development of new drugs and their proven efficacy has resulted in a major shift away from behavioral interventions toward biomedical approaches to prevention as well as treatment of disease.
- Contrary to public expectations, many Kenyans are still not able to access basic health services under a devolved system of government.
- With a large proportion of Kenya's population being youth aged 15-24 years, the country faces social, health and economic challenges that are typical of such a youthful population.
- The rapid advances in technology provide opportunities for the improvement of health services through the integration of modern technology
- The transition from Millennium Development Goals (MDG) to Sustainable Development Goals (SDG) may present a shift in the international development and funding priorities.

Results Framework

<p style="text-align: center;">Vision</p>	<p style="text-align: center;">NRHS envisions a world where individuals and communities are healthy and have the highest possible quality of life</p>		
	<p style="text-align: center;">Improved access to quality and affordable HIV and reproductive health services</p>		
	<p style="text-align: center;">High quality research in HIV and reproductive health</p>	<p style="text-align: center;">Effective HIV and reproductive health programs</p>	<p style="text-align: center;">Advocacy for supportive HIV and reproductive health laws and policies</p>
	<p style="text-align: center;">Competent and motivated staff</p>	<p style="text-align: center;">A positive organizational culture</p>	<p style="text-align: center;">Effective leadership</p>
	<p style="text-align: center;">A stable and diverse funding and income base</p>	<p style="text-align: center;">Effective and efficient management systems</p>	<p style="text-align: center;">Productive partnerships</p>

Strategic Themes

During the period 2016-2020 we prioritize to focus on five strategic themes, namely:

- Voluntary medical male circumcision (VMMC)
- Early infant male circumcision (EIMC)
- Sexually transmitted infections (STI)
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) health and human rights
- Family planning

The following section describes each of these strategic themes in detail, including key issues, strategic objectives, strategic responses and performance indicators.

Thematic area 1: Voluntary Medical Male Circumcision

Strategic Objective

To increase and sustain the uptake of comprehensive VMMC services among targeted populations through the development and application of safe, culturally appropriate and affordable male circumcision techniques and devices

Key Issues

- Integration of VMMC into other NRHS programs
- Quality assurance and quality improvement
- National, regional, and international scale up of VMMC
- Cost-effectiveness and optimal efficiency
- Assurance of evidence-based policies and procedures
- Circumcision devices

Strategic Responses

- Training for quality assurance and quality improvement (QA/QI)
 - Continue to offer training on VMMC
 - Acquire resources to perform QA/QI trainings
 - Further improve QA/QI tools for VMMC based on lessons learnt
- Devices
 - Partnerships with donors and biomedical firms to test new VMMC devices as they emerge
 - Perform safety and cost effectiveness studies on VMMC
 - Test Prepex device among traditionally circumcising communities
- Provide fee-for-service VMMC directly through a private clinic
- Build capacity of learning institutions to provide VMMC training
- Train private VMMC service providers
- Assert NRHS's leadership in the national scale up of VMMC (e.g. through the National Task Force on Male Circumcision and National Aids STI Control Program [NAS COP])

Performance Indicators

- Number of VMMCs achieved by NRHS within the period
- Number and quality of VMMC-related studies within the period
- Geographical coverage of VMMC by NRHS
- Scope of VMMC specific funding
- New VMMC partnerships established
- Number of adverse events recorded during the performance of VMMC services

Thematic area 2: Early infant male circumcision

Strategic Objective

To lead in the national and international scale up of EIMC through the development and application of safe, culturally appropriate and affordable infant male circumcision techniques and devices

Key Issues

- Integration of Maternal and Neonatal Child Health (MNCH) and EIMC
- Training in the provision of safe EIMC services
- Quality assurance and quality improvement
- National, regional, and international scale up of EIMC
- Cost-effectiveness studies
- Assurance of evidence-based policies and procedures

Strategic Responses

- Training for quality assurance and quality improvement (QA/QI)
 - Acquire resources to perform QA/QI trainings
 - Further improve QA/QI tools for EIMC based on lessons learnt
 - Partnership with the Ministry of Health (MoH) for the training of health personnel on EIMC
 - Awareness raising on the capability of NRHS to offer QA/QI on ACCUCIRC device services and surveillance
- Implementation science on package of maternal health with circumcision
- Devices
 - Partnerships with donors and biomedical firms to test new EIMC devices as they emerge
 - Perform cost effectiveness studies comparing ACCUCIRC to Mogen Clamp devices
 - Perform studies comparing the cost effectiveness of adult male circumcision versus EIMC
- Provide EIMC services directly through a private clinic
- Build capacity of learning institutions to provide VMMC training
- Train private VMMC service providers
- Assert NRHS's leadership in the national scale up of EIMC (e.g. through the National Task Force on Male Circumcision and NASCOP)

Performance Indicators

- Number of EIMC's performed by NRHS in the period
- Number of providers trained in EIMC
- Number and quality of EIMC related studies within the period
- Geographical scope of EIMC
- Scope of EIMC specific funding
- New EIMC partnerships established
- Number of adverse events associated with EIMC services

Thematic area 3: Sexually Transmitted Infections

Strategic Objective

To reduce the prevalence and incidence of sexually transmitted infections through innovative research and sound clinical practice

Key Issues

- Diagnosis and Treatment of STIs
- Drug resistance in STI
- Reemergence of STI
- Transmission of STI-related bacteria between couples

Strategic Responses

- STI treatment
- Integration of STI management in all NRHS programs
- Research on the genital micro biome
- Surveillance on drug resistance
- Contribute to change in national policies on STI treatment
- Sensitization campaigns and health talks on STIs

Performance Indicators

- Number of STI clients screened and offered treatment
- Number of research studies and publications on STI transmission dynamics
- Number of cases with STI recurrence
- Improvements in national policy regarding treatment of STI

Thematic area 4: Lesbian, Gay, Bisexual, Transgender and Intersex

Strategic Objective

To improve the health and quality of life of lesbian, gay, bisexual, transsexual and intersexual persons

Key Issues

- Prevention: Provision of condoms and lubricants; health education, and sero-sorting
- Stigmatization, violence and depression
- Referral and linkages of clients to other services
- Treatment as prevention: adherence to ART and viral suppression
- Drug and substance abuse
- Introduction of and adherence to Pre-exposure prophylactics (PrEP)

Strategic Responses

- Prevention messaging,
- Provision of condoms and lubricants,
- Provision of a safe space for dialogue,

- Linkages to other services e.g. anti rape, legal aid, nutrition, etc.
Leadership in MSM response research and programs
- Counseling and psychosocial support services
- Enrollment into treatment and provision of drugs
- Methadone and needle exchange programs, rehabilitation services; enumeration of IDUs
- Research studies: e.g.
 - FLTR test and link for the positives;
 - Provision of Pre-exposure prophylactics (PrEP) for at risk HIV negatives;
 - Support for adherence to treatment and PrEP
 - Behavioral risk reduction;
 - Sexual transmission of non-typical STIs

Performance Indicators

- Number and type of programs initiated
- Number of clients involved in NRHS programs
Number of clients retained on care and treatment
- Viral load count for enrolled clients
- Number of clients on PrEP; adherence to PrEP; and reduction in behavioral risk
- Number of LGBTI studies conducted by NRHS
- Stigma reduction rate
- Uptake of harm reduction program for IDU (methadone and needle exchange)

Thematic area 5: Care and Treatment

Strategic Objective

To provide comprehensive testing, care and treatment services to people living with HIV and contribute toward achieving the 90:90:90 goal (*of having 90% of the population tested for HIV, 90% of those found to be HIV infected linked to HIV services and 90% of those on treatment having a sustained viral suppression*)

Key Issues

Inadequate access to HIV AIDS treatment and other services including:

- Baseline evaluation to assess ARV eligibility
- Access to ARVs
- Referral and linkages for HIV positive clients
- Enrollment into a care and treatment program
- Adherence to treatment and sustained viral suppression
- Psycho-social support
- Cotrimoxazole Preventive Therapy (CPT)
- Isoniazid Preventive Therapy (IPT)
- Management of opportunistic infections
- Continuous monitoring

Strategic Responses

- Provision of premier comprehensive HIV treatment and care program.

- Research on retention in care and adherence to treatment.
- Research into addressing psychosocial challenges faced by PLWH
- Effective linkage to services needed by PLWH and not provided by NRHS
- Research into HIV co-morbidities

Performance Indicators

- Number of clients tested for HIV
- Number of HIV positive clients enrolled for care and treatment
- Levels of satisfaction among clients treated
- Proportion of clients with sustained viral suppression
- Number and quality of studies addressing the needs of PLWH

Thematic area 6: Family Planning

Strategic Objective

To integrate family planning into existing NRHS programs and test new provision models

Key Issues

- Fertility Management
- Community based family planning
- Family planning education and services
- Integration of family planning into MNCH and EIMC services

Strategic Responses

- *Fertility Management*: Create a program for screening adolescents/young girls/women for HPV, HIV, and reproductive tract infections. Counseling on infertility, safe sex practices and unwanted pregnancies.
- *Community Based family planning*: Design and evaluate a model for a Community based FP program
- *Family planning education and services*: Train NRHS counselors and clinicians on FP services
- *Integration of MNCH*:
 - Submit proposal to JSI on continuation phase of current work
 - Submit proposal on operational studies to other donors

Performance Indicators

- Number of women accessing FP services
- Number of FP models tested within a given period
- The geographical scope
- Scope of FP specific funding
- New partnerships established

Organization Development

We are committed to the continuous improvement of our internal capacities. In the next five years we devote our efforts and resources in the strengthening 6 key capacity areas including:

- Organizational culture
- Internal communication
- Integration of modern technology
- Funding and income
- Management and administrative systems
- Networking and partnerships
- Staff capacity and motivation

The section describes strategies and performance measurements for NRHS organization development priorities.

Organizational Culture

Objective

Develop a positive organizational culture

Interventions

- Sensitize all staff about the core values of the organization and support and monitor adherence to the core values
- Review internal communication practices to identify gaps in information flow and address them.
- Consistently communicate the organization's achievements to staff and emphasize on the roles they played in attaining the achievements.
- Demonstrate fairness in the application of management and administrative policies and procedures
- Organize team-building activities for all staff at least once a year

Performance Indicators

- Organizational culture assessment
- The prevalence of interpersonal relationship issues among staff
- Number of staff who resign

Internal Communication

Objective

Improve the communication and information flow in the organization

Interventions

- Have regular meetings where as many staff as possible participate:
 - Conduct frequent debriefings of project staff
 - Regular team meetings
 - Monthly project meetings attended by at least one administrator

- Senior Management Team (SMT) monthly meetings with results passed by coordinators and section heads to other staff
- Clarify reporting relationships/chain and ensure all staff understand it
- Disseminate monthly reports by the Executive Director to all staff
- Prepare briefing reports for Board of Directors meetings and share them with staff
- Managers to regularly gather feedback from staff in respective departments and feed the information back to the SMT

Performance Indicators

- An annual staff survey rating the level of satisfaction with internal communication

Management and Administrative Systems

Objective

Improve the implementation of the management and administrative policies and procedures

Interventions

- Induct all staff on the relevant policies and procedures
- Regularly (quarterly) assess staff compliance with the policies and procedures
- Gather feedback from staff on challenges on implementation/compliance with the policies and procedures
- Use staff feedback to identify and effect required amendments of policies and procedures
- Develop an online portal with all policies and procedures that are accessible to all staff

Performance Indicators

- Level of staff compliance with the policies and procedures
- Audit rating on the effectiveness of NRHS in the implementation of common policies and procedures (finance, administration, procurement, human resource).

Integration of modern technology

Objective

Improve the efficiency and effectiveness of the organization through the integration of modern technology in programs and operations

Interventions

- Acquire an integrated programs and operations management system such as the ERP system
- Use Mpesa and other systems to minimize the handling of cash in the organization
- Increase use of social media in programming
- Text messaging, fingerprinting and other methods to enhance communication and efficiency with research participants
- Utilize Audio Computer Assisted Self Interviews (ACASI) for research interviews
- Utilize Computer Assisted Personal Interviews (CAPI) for administering research questions
- Utilize Global Information Systems (GIS) in both programs and research

- Stay abreast of new technologies applicable to the operations, programs and research activities of NRHS

Performance Indicators

- Number of new technologies acquired and integrated in operations and programs
- Assessment of the effectiveness of new technology usage

Funding and Income Base

Objective

Increase and diversify funding and income for the organization

Interventions

In order to reduce vulnerability and enhance financial sustainability NRHS has to develop a comprehensive resource mobilization plan that will explore opportunities for non-traditional sources, generate our own income and enhance our efficiency in service delivery. Some of the ideas proposed for implementation include:

- Developing income generation projects that are related to the services that NRHS offers.
Possible projects include:
 - Consultancy services in training and research.
 - Monetizing the reproductive health and circumcision training center
 - Counseling in schools and colleges
 - Increase occupancy of the guest house currently being used by collaborators and visitors
 - Developing own office premise and renting out extra space
 - Setting up a clinic for comprehensive reproductive health services including VMMC, EIMC and STI diagnosis and treatment
- Increase funding through grants by setting fundraising targets for programs, strengthening relationships with traditional donors, prospecting new donors
- Utilize expatriates' expertise to train local staff in fundraising through writing grant proposals
- Seek scholarships and other opportunities to support staff development
- Develop mechanisms for enhancing efficiency in use of resources and operations.

Performance Indicators

- The organization's overall operating budget
- The number of new grants and contracts within the period
- The amount of unrestricted income generated
- The ratio of restricted to unrestricted income
- Number of staff with new degrees and certificates relevant to their functions and the organization

Partnerships and Networks

Objective

Strengthen strategic networks and partnerships

Interventions

- Develop policy guidelines on networking and partnership development
- Vet the current partnerships to identify which ones to put more efforts on
- Apply the policy guidelines in strengthening existing partnerships and developing new ones
- Develop an external communication plan to elevate the public profile of NRHS

Performance Indicator

- Rating of the effectiveness of networks and partnerships of NRHS
- An evaluation of projects and initiatives implemented jointly with other stakeholders
- A survey of key stakeholders to evaluate public perceptions of NRHS

5 Risk Management

NRHS undertook a risk analysis as part of the strategic planning process. The following table summarizes the key risks and mitigation measures.

Risk	Mitigation Measure
Legal exposure of NRHS as a result of its programs and services	Train staff on the ethical values and sound professional practices and monitor compliance Evaluate the adequacy of appropriate insurance coverage for employees and the organization as a whole
Competition for limited funding opportunities	<ul style="list-style-type: none">• Explore funding from non-traditional sources• Explore opportunities for generating own income from projects related to the services that NRHS provides
Loss of well trained staff	<ul style="list-style-type: none">• Strive to continuously improve staff welfare and the general work environment• Develop comprehensive delegation and succession strategies for all the critical program and administration functions

